

Provider Checklist-Outpatient -Imaging

Checklist: Computed Tomography (CT) Extremity

If suspected fracture, indicate **AT LEAST ONE** of the following:

Intra-articular/long bone **WITH ALL** of the following:

- Pain at site;
- Pain with passive ROM;
- X-ray nondiagnostic for fracture at initial evaluation;
- Pain unimproved after immobilization ≥ 2 wks **WITH** repeat x-ray nondiagnostic for fracture **AND** bone scan nondiagnostic for fracture

Nondisplaced femoral neck fracture **WITH ALL** of the following:

- Hip pain;
- Hip pain increased by weight bearing/passive ROM;
- Hip x-ray nondiagnostic for fracture;

OR Scaphoid fracture **WITH ALL** of the following:

- Pain at scaphoid;
- Pain with passive ROM/palpation of scaphoid;
- X-ray nondiagnostic for fracture at initial evaluation;
- Pain unimproved after immobilization ≥ 2 wks **WITH** repeat x-ray nondiagnostic for fracture **AND** bone scan/MRI nondiagnostic for fracture

Indicate preoperative evaluation of osteomyelitis

If suspected fracture nonunion, indicate **AT LEAST ONE** of the following:

Nondisplaced fracture **WITH ALL** of the following:

- Symptoms at site **WITH** pain by Hx **OR** sensation of motion;
- Findings at site **WITH AT LEAST ONE** of the following: tenderness; deformity; swelling **OR** motion;
- X-ray nondiagnostic for nonunion
- AND** Continued symptoms after immobilization ≥ 12 wks

Displaced fracture **WITH ALL** of the following:

Symptoms at site **WITH** pain by Hx OR sensation of motion;
Findings at site **WITH** tenderness; deformity > 10 degrees in any plane; swelling
OR motion;
X-ray **WITH BOTH** nondiagnostic for nonunion **AND** position of bone **WITH**
angulation > 10 degrees in any **OR** displacement of fracture;
AND Continued symptoms after immobilization ≥ 12 wks

If suspected tarsal coalition, indicate **BOTH** of the following:

Sx/findings **WITH AT LEAST ONE** of the following:

Pain at site;
Rigid flatfoot;
Pain increased with activity;
OR Decreased ROM in midfoot and hindfoot

AND X-ray nondiagnostic for tarsal coalition

If suspected bone tumor, indicate **BOTH** of the following:

Indicate sx/findings **WITH** pain at site OR bone lesion at site by imaging;

Bone scan **WITH** negative **OR** single positive site

Indicate follow-up single bone metastasis after Rx **WITH BOTH** initial CT positive at site **AND**
after chemotherapy/radiation Rx completed

Indicate follow-up primary bone tumor **WITH BOTH** initial CT positive at site **AND** periodic
assessment **WITH AT LEAST ONE** of the following:

During chemotherapy;
After chemotherapy/radiation Rx/surgery completed;
OR New/worsening sx/findings at site **WITH** pain **OR** swelling/mass