

Provider Checklist-Outpatient -Imaging

**Checklist: Computed Tomography (CT) Lumbar Spine
(For CPT codes: 72131, 72132, 72133)**

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

Neurologic deficit at/distal to injury and MRI not feasible;
Possible unstable fracture by x-ray;
OR X-ray nondiagnostic for fracture and Hx of trauma

If suspected lumbar radiculopathy, indicate BOTH of the following:

MRI not feasible;
Sx/findings WITH AT LEAST ONE of the following:

Severe unilateral weakness/mild atrophy in nerve root distribution by PE;
Mild to moderate unilateral weakness WITH BOTH of the following:

- 1 Weakness in nerve root distribution by PE
- 2 Conservative Rx ineffective WITH AT LEAST ONE of the following:

A) Continued weakness after Rx WITH BOTH of the following:

- 1) NSAID WITH Rx \geq 3 wks OR Contraindicated/not tolerated;
- 2) Activity modification \geq 6 wks

B) Worsening weakness/motor deficit

Refractory severe pain WITH BOTH of the following:

- 1 Severe unilateral pain in nerve root distribution WITH BOTH of the following:

- A) Unrelieved by change in body position;
- B) Interferes with ADLs

- 2 Continued severe pain after Rx WITH ALL of the following:



- A) NSAID WITH Rx \geq 3 wks OR Contraindicated/not tolerated;
- B) Opiate WITH Rx \geq 3 wks OR Contraindicated/not tolerated;
- C) Complete rest \geq 3 days

Mild to moderate pain WITH BOTH of the following:

- 1 Unilateral pain in nerve root distribution
- 2 Conservative Rx ineffective WITH AT LEAST ONE of the following:

A) Continued pain after Rx WITH BOTH of the following:

- 1) NSAID WITH Rx \geq 3 wks OR Contraindicated/not tolerated;
- 2) Activity modification \geq 6 wks

B) Worsening pain after Rx WITH BOTH of the following

- 1) NSAID WITH Rx \geq 3 wks OR Contraindicated/not tolerated;
- 2) Activity modification \geq 2 wks

If suspected lumbar spinal stenosis, indicate ALL of the following:

MRI not feasible;

Low back/bilateral lower extremity pain, indicate ALL of the following:

- Pain worse with walking;
- Pain worse with spinal extension;
- Pain improved with forward flexion;

Symptoms interfere with ADLs, indicate AT LEAST ONE of the following: [One]

Refractory severe pain

Continued pain after Rx, indicate BOTH of the following: [Both]

- 1 NSAID WITH Rx \geq 3 wks OR contraindicated/not tolerated
- 2 Activity modification \geq 6 wks

If suspected cauda equina compression, indicate BOTH of the following:

MRI not feasible;

Sx/findings, indicate AT LEAST ONE of the following [One]

Bowel incontinence;
Bladder dysfunction, indicate BOTH of the following:

-1 Sx/findings, indicate AT LEAST ONE of the following [One]

- A) Frequency/hesitancy/urgency;
- B) Incontinence;
- C) OR Urinary retention

-2 No other urologic cause identified;

Neurogenic claudication by Hx;
Severe motor deficit by PE;
Diminished rectal sphincter tone by PE;
Profound sensory deficit by PE;
Perianal/perineal "saddle" anesthesia by PE;
OR Bilateral radiculopathy

Indicate preoperative evaluation of osteomyelitis

If suspected bone metastasis, indicate ALL of the following [All]

MRI not feasible;
Sx/findings, indicate AT LEAST ONE of the following [One]

Lumbar spine pain by Hx ;
OR Lumbar spine lesion by bone scan/x-ray ;

No neurologic Sx/findings;
Bone scan, indicate AT LEAST ONE of the following [One]
Negative/nondiagnostic for bone metastasis
OR Single positive site in lumbar spine

Indicate follow-up single bone metastasis after Rx WITH ALL of the following: [All]

No neurologic Sx/findings;
Initial lumbar spine CT positive;
Chemotherapy/radiation Rx completed