**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 p**ain by Hx OR sensation of motion;

Findings at site **WITH** tenderness; deformity > 10 degrees in any plane; swelling **OR** motion;

X−ray **WITH BOTH n**ondiagnostic for nonunion **AND p**osition 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 p**ain 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