**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