**Provider Checklist-Outpatient –Imaging\_**

**Checklist: Computed Tomography (CT) Lumbar Spine**

**(For CPT codes: 72131, 72132, 72133)**

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

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

 1) NSAID WITH Rx ≥ 3 wks OR Contraindicated/not tolerated;

 2) Activity modification ≥ 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 ≥ 3 wks OR Contraindicated/not tolerated;

 B) Opiate WITH Rx ≥ 3 wks OR Contraindicated/not tolerated;

 C) Complete rest ≥ 3 days

 Mild to moderate pain WITH BOTH of the following:

 -1 Unilateral pain in nerve root distribution

 -2 Conservative Rx ineffective WITH AT LEASET ONE of the following:

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

 1) NSAID WITH Rx ≥ 3 wks OR Contraindicated/not tolerated;

 2) Activity modification ≥ 6 wks

 B) Worsening pain after Rx WITH BOTH of the following

 1) NSAID WITH Rx ≥ 3 wks OR Contraindicated/not tolerated;

 2) Activity modification ≥ 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 LEASET ONE of the following: [One]

 Refractory severe pain

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

 -1 NSAID WITH Rx ≥ 3 wks OR contraindicated/not tolerated

 -2 Activity modification ≥ 6 wks

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

 MRI not feasible;

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

 Bowel incontinence;

 Bladder dysfunction, indicate BOTH of the following:

 -1 Sx/findings, indicate AT LEASET 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 LEASET 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 LEASET 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