**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