

CLINICAL INDICATIONS FOR EXTREMITY CT IMAGING

Extremity CT scans are billed using for CPT 73200 (CT Upper Extremity w/o Contrast) and CPT 73700 (CT Lower Extremity w/o Contrast). Please note the CurveBeam LineUP and InReach have both upper and lower extremity protocols, and pedCAT is indicated for lower extremity imaging only.

In general, payers do not differentiate conventional medical CT imaging from extremity cone beam CT imaging. There are few steadfast rules for indications that will or will not be accepted by payers for extremity CT imaging. Therefore, it is best to contact your payer liaisons for specific policies.

EVICORE AND AIM SPECIALTY HEALTH CLINICAL APPROPRIATENESS GUIDELINES

CurveBeam examined the clinical appropriateness guidelines of eviCore and AIM Specialty Health, two specialty medical benefits management companies that provide clinical appropriateness review for several health plans. In general, both companies state:

- CT is often the preferred modality for evaluation of displaced fractures and subluxations.
- In osteomyelitis, if radiographic findings are not typical, CT may be helpful in defining bony sequestra.

Per the benefits management companies, common diagnostic indications for 73200 & 73700 are:

- Fracture evaluation to confirm
 - > Suspected fracture following initial radiographs
 - > To define the extent of an acute fracture and position of fracture fragments
 - >To evaluate fracture healing for delayed union or non-union.
- Pre-operative evaluation
- Post-operative evaluation
- Evaluation of radiopaque foreign bodies (after X-Ray)
- Osteochondral fragment (if it cannot be adequately assessed on follow-up X-Ray)
- Aseptic loosening of orthopedic joint replacements (if X-Ray is non-diagnostic)

CLINICAL INDICATIONS FOR WEIGHT BEARING CT IMAGING

Weight bearing CT imaging is relatively new, with the first commercial systems available in the United States and Europe in 2012. Weight bearing CT is also billed with CPT Code 73700. Due to the load bearing component, the indications for weight bearing CT are more encompassing than those for traditional medical CT imaging. Although weight bearing CT is not specifically mentioned in medical benefit management companies' clinical appropriateness guidelines, several articles have been published in journals such as The Journal of Bone & Joint Surgery (JBJS) and Foot and Ankle Surgery detailing the potential benefits of evaluating certain conditions in 3D weight bearing.

WEIGHT BEARING FOOT & ANKLE INDICATIONS

- Arthritic joint space evaluation
- Hindfoot alignment evaluation
- Forefoot evaluation for hallux valgus (bunion)
- Orthopedic deformity evaluation
- Impingement symptoms
- Midfoot evaluation for subtle Lisfranc
- Subtle syndesmosis
- Severe flat foot deformities
- Adult acquired flat foot deformities
- Charcot joint
- Tarsal coalition
- Evaluate fusion or malunion/nonunion in 3D weight bearing
- Persistent lower extremity pain where history and exam are non-specific; patient has had X- Rays and has failed conservative treatment (usually for 4-6 weeks)

WEIGHT BEARING KNEE INDICATIONS

- Meniscal extrusion (weight bearing CT arthrogram)
- Osteophytes and cysts

CLINICAL INDICATIONS FOR 3D POST-PROCESSING FOR PRE-OPERATIVE PLANNING

3D post-processing is billed using CPT code 76376 if performed on the scanner workstation or 76377 if performed on an independent workstation.

Per the benefits management companies, 3D post-processing can be indicated for preoperative planning of complex fractures/dislocations (comminuted or displaced) of any joint