CT LOWER EXTREMITIES

When calling Anthem (1-800-533-1120) or using the Point of Care authorization system for a Health Service Review, the following clinical information may be needed to process your request. Being prepared with complete information will help expedite our response.

**Generally with all requests, we will need:**
- Diagnosis or symptoms that the patient is displaying and the duration of symptoms
- Any “rule out” conditions
- Any previous radiological studies and results
- Any previous therapeutic treatment and the results of that treatment

*In some instances we will only need the diagnosis and symptoms. For these conditions, the following information may be asked.*

<table>
<thead>
<tr>
<th>Lower Extremity</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>73700</td>
<td>CT lower extremity; w/o contrast</td>
<td></td>
</tr>
<tr>
<td>73701</td>
<td>CT lower extremity; with contrast</td>
<td></td>
</tr>
<tr>
<td>73702</td>
<td>CT lower extremity; w/o contrast followed by contrast</td>
<td></td>
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</tbody>
</table>

**General**

**Bone tumors**
- Suspect bone tumors, osteoid osteoma suspected;
  - Confirm positive plain films or scan
  - For surgical localization
- Follow up of primary bone tumor
- Follow up of single bone metastasis after treatment
- Metastatic bone disease with history of treated breast cancer;
  - Now has hot single hot lesion in sternum
  - For localization if biopsy is required
- Pain in limb

**Hip/Pelvic**
- Chronic hip pain with
  - Negative x-rays
  - Suspected osteoid osteoma
- Suspected fracture or fracture non union when x-ray or bone scan non diagnostic, symptoms persist despite immobilization
- Diagnose osteomyelitis
- Osteoarthritis
  - MRI contraindicated
    - Suspected osteonecrosis
    - Suspected tumor
    - Suspected occult fracture
  - Evaluation of acetabular fracture as seen on x-ray
  - Evaluate fracture displacement or rotation especially femoral head
  - Occult fracture of pelvis/sacrum
**Leg/Knee**
- Suspected tibial plateau fractures with no ligament or meniscal injury is suspected
- Suspected fracture or fracture non union when x-ray or bone scan non diagnostic, symptoms persist despite immobilization
- Diagnose osteomyelitis
- Chronic leg pain;
  - Pain of unclear etiology with normal x-rays
  - Suspected avascular necrosis
  - Suspected stress fracture with negative or indeterminate bone scan
- Pain in limb

**Ankle/Foot**

**Chronic foot pain**
- Tarsal coalition;
  - With painful rigid flat foot with or without weight bearing
  - x-ray exam revealed
    - braking of anterior talus
    - calcaneonavicular coalition or talocalcaneal condition
- Athlete with pain and tenderness over the tarsal navicular with unremarkable plain films
- Suspected tarsal stress fracture with
  - History of overuse or excessive activity
  - Localized pain
  - Symptoms persist or recur despite rest
  - 2 normal plain films at least 3 weeks apart
  - Increased uptake on bone scan
- Follow – up of healing fractures
- Persistent unexplained foot pain;
  - Pain with unclear etiology with normal x-rays
  - Suspected osteochondral injury of unclear etiology
  - Suspected osteochondritis dissecans
  - Suspected avascular necrosis
  - Loose body in joint space
  - Suspected stress fracture
- Diagnose osteomyelitis (foot or ankle)
- Chronic ankle pain for
  - Persistent pain of unclear etiology with normal x-rays
  - Suspected osteochondral injury of unclear etiology
  - Suspected osteochondritis dissecans
  - Suspected avascular necrosis
  - Loose body in joint space
  - Suspected stress fracture
- Suspected fracture or fracture non union when x-ray or bone scan non diagnostic, symptoms persist despite immobilization

**Pre-procedure, procedure or treatment**
- Guidance for invasive procedures like biopsy, implant, repair
- Pre-operative evaluation

**Post procedure**
- Hip arthroplasty
- Knee arthroplasty

**Other** – provide clinical information