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| Subject: Lower Extremity CT, (73700, 73701, 73702) Lower Extremity Non-Joint (73718, 73719, 73720) | | Original Effective Date: 12/13/17 |
| Policy Number: MCR: 631 | Revision Date(s): 11/20/18, 9/23/19 | |
| Review Date: 12/13/17, 12/19/18, 12/10/19 | | |

DISCLAIMER

This Molina Clinical Review (MCR) is intended to facilitate the Utilization Management process. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Molina Clinical Review (MCR) document and provide the directive for all Medicare members.

DESCRIPTION OF PROCEDURE/SERVICE/PHARMACEUTICAL

CT (Computed Tomography) or CAT (Computed Axial Tomography) is an imaging scan that electronically processes many X-ray images obtained at different angles to produce detailed cross sectional views of soft tissues, bones and vascular structures. These cross sectional views can be reconstructed, rotated and displayed in many different planes. A CT scan can be performed either without (non-enhanced) or with (contrast enhanced) injection of iodine containing contrast material into a vein.

APPROVAL SUPPORT

For most clinical indications, MRI is the preferred imaging study. CT provides excellent bony detail and is needed for some preoperative evaluations. CT arthrogram can be performed for evaluation of joint pathology when MRI imaging is contraindicated.

For certain clinical situations ultrasound has been shown to have similar diagnostic accuracy when compared to advanced imaging and can be considered in lieu of advanced imaging for evaluation. Ultrasound can be useful for evaluation of the ankle and knee. It is recommended that the ultrasound be completed at a facility competent in performing and interpreting musculoskeletal ultrasound studies. Ultrasound has the benefit of being portable, does not expose the patient to ionizing radiation, and has dynamic imaging capabilities.

In Children and adolescents, joint imaging is not necessarily subject to a failed course of conservative therapy. Early intervention may be appropriate.

Known tumor or mass

- Initial evaluation of a recently diagnosed cancer
- Follow up of a known tumor or mass after completion of treatment or with new signs/symptoms
- Surveillance of a known tumor or mass according to accepted clinical standards.

Suspected tumor or mass not confirmed as cancer

- Evaluation of an abnormality seen on x-ray or other imaging
- Evaluation of an abnormality on physical examination and initial evaluation with x-ray or ultrasound has been completed.

Evaluation of known or suspected infection

Suspected osteomyelitis and initial x-ray has been completed

Evaluation of known or suspected fractures

- Suspected fracture and x-ray is non-diagnostic
- Evaluation of fracture involving the joint space
- Suspected non-union of a fracture

Pre/Post Procedural

- Pre-operative evaluation
- Post-operative for routine recommended follow up or for potential post-operative complications. (E.g. hardware failure or loosening)
- A repeat study may be needed to help evaluate a patient's progress after treatment procedure intervention or surgery. The reason for the repeat study and that it will affect care must be clear.

Other

- Evaluation of suspected avascular necrosis (AVN) when initial x-ray is non-diagnostic
- Evaluation of known or suspected autoimmune disease and x-rays are non-diagnostic and there is consideration to change the treatment regimen. Imaging should be limited to the most symptomatic joint.
- Evaluation of osteochondral defects or osteochondritis dessicans
- Evaluation of an abnormality seen on other imaging and the diagnosis remains uncertain

Ankle Pain (MRI preferred for most indications)

*Conservative therapy consists of a combination of passive modalities such as rest, ice, activity modification, splinting or bracing, and/or failed injections, and active modalities such as physical therapy or a supervised home exercise program.

- Initial x-ray has been performed and there has been at least 4 weeks of conservative therapy *
- Hemarthrosis – blood in the joint
- Locked ankle
- Suspected tarsal coalition
- Suspected tendon (Achilles, peroneal, posterior tibial) tear with findings of weakness, palpable abnormality of the tendon, or instability of the ankle
- Suspected ligament tear with instability on examination (drawer sign or laxity with varus/valgus testing) or with joint space widening on stress view x-rays
- CT Arthrogram

Knee Pain (MRI preferred for most indications)

*Conservative therapy consists of a combination of passive modalities such as rest, ice, activity modification, splinting or bracing, and/or failed injections, and active modalities such as physical therapy or a supervised home exercise program.

- Initial x-ray has been performed and there has been at least 4 weeks of conservative therapy *
- Hemarthrosis – blood in the joint
- Exam findings suggestive of a meniscal tear (McMurray, Apley, Steinman, Thessaly)
- Exam findings suggestive of an anterior cruciate ligament (ACL) or posterior cruciate ligament (PCL) tear (Lachman, Drawer Sign, Pivot Shift Test)
- Locked knee
- CT arthrogram
- Pre-operative evaluation for sizing of custom knee replacements

Hip Pain (MRI preferred for most indications)

*Conservative therapy consists of a combination of passive modalities such as rest, ice, activity modification, splinting or bracing, and/or failed injections, and active modalities such as physical therapy or a supervised home exercise program.

- Initial x-ray has been performed and there has been at least 4 weeks of conservative therapy *
- Hemarthrosis – blood in the joint
- Locked hip
- CT or CT arthrogram for evaluation of suspected labral tear. Clinical symptoms of hip pain and clicking or catching and positive FABER testing.

ADDITIONAL CRITICAL INFORMATION

The above medical necessity recommendations are used to determine the best diagnostic study based on a patient's specific clinical circumstances. The recommendations were developed using evidence based studies and current accepted clinical practices. Medical necessity will be determined using a combination of these recommendations as well as the patient's individual clinical or social circumstances.

- Tests that will not change treatment plans should not be recommended.
- Same or similar tests recently completed need a specific reason for repeat imaging.

REFERENCES USED FOR DETERMINATIONS

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| CPT | Description |
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| 73700 | CT (Computed Tomography) Lower Extremity (leg) without contrast CT (Computed Tomography) Lower Extremity (leg) without contrast |
| 73701 | CT (Computed Tomography) Lower Extremity (leg) with contrast CT (Computed Tomography) Lower Extremity (leg) with contrast |
| 73702 | CT (Computed Tomography) Lower Extremity (leg) without and with contrast CT (Computed Tomography) Lower Extremity (leg) without and with contrast |

| ICD-10 |
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