



**Cohere Medical Policy -  
Computed Tomography (CT), Upper Extremity**  
*Clinical Policy for Medical Necessity Review*

**Version: 5**

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# Important Notices

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## Guideline Information:

**Specialty Area:** Diagnostic Imaging

**Policy Name:** Cohere Medical Policy - Computed Tomography (CT), Upper Extremity

**Type:**  Adult (18+ yo) |  Pediatric (0-17yo)

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# Medical Necessity Criteria

## ***Service: Computed Tomography (CT), Upper Extremity***

Cohere Health takes an evidence-based approach to reviewing imaging and procedure requests, meaning that sufficient clinical information must be provided at the time of submission to determine medical necessity. Documentation must include a recent and detailed history, physical examination related to the onset or change in symptoms, relevant lab results, prior imaging, and details of previous treatments. Advanced imaging or procedures should be requested after a clinical evaluation by the treating provider, which may include a referral to a specialist.

- When a specific clinical indication is not explicitly addressed in the Cohere Health medical policy, medical necessity will be determined based on established clinical best practices, as supported by evidence-based literature, peer-reviewed sources, professional society guidelines, and state or national recommendations, unless otherwise directed by the health plan.
- Requests submitted without clinical documentation, or those that do not align with the provided clinical information—such as mismatched laterality, body part, or CPT code—may be denied for lack of medical necessity due to insufficient or inconsistent clinical information.
- Repeat diagnostic testing due to technical issues—such as patient motion, incomplete exams, or incorrect imaging sequences—may not be considered medically necessary, as it is the responsibility of the imaging center to deliver appropriate, high-quality studies as originally authorized. Similarly, repeat imaging requested at a different facility based solely on provider preference may not be approved for medical necessity.
- When there are multiple diagnostic or therapeutic procedures requested simultaneously or within the past three months, each will be reviewed independently. Clinical documentation must clearly justify all of the following:
  - The medical necessity of each individual request
  - Why prior imaging or procedures were inconclusive or why additional/follow-up studies are needed

- How the results will impact patient management or treatment decisions
- Requests involving adjacent or contiguous body parts may be considered not medically necessary if the documentation demonstrates that the patient's primary symptoms can be adequately assessed with a single study or procedure.
- Cohere Health evaluates imaging exams based on medical necessity, regardless of contrast use. If an initial non-contrast study is completed and the radiologist later determines that contrast is needed to clarify a finding, the original authorization number may be used—provided the contrast-enhanced exam is performed at the same imaging center and within the original request's validity period, unless otherwise directed by the health plan.

### **Description**

Computed tomography (CT) is a common, noninvasive imaging modality that allows for the visualization of the upper extremities. It allows for the visualization and evaluation of the morphology and pathology of the upper limbs. CT of the upper extremity can be performed with and without contrast, depending on the indication.

## Medical Necessity Criteria

### Indications

**Computed tomography (CT), upper extremity** is considered appropriate if **ALL** of the following are **TRUE**:

- Plain radiographs or ultrasound of the area of concern are nondiagnostic or inconclusive, and have been completed during the current episode of symptoms and/or change in symptoms; **AND**
- **ANY** of the following:
  - Acute traumatic upper extremity injury (e.g., fracture, dislocation) with **ALL** of the following<sup>1-3</sup>:
    - **ANY** of the following:
      - More detail is required than is available with plain radiographs; **OR**
      - Magnetic resonance imaging (MRI) is contraindicated; **AND**
    - **ANY** of the following:
      - Bone injury and **ANY** of the following is **TRUE**:
        - Fracture (known) and additional detail needed; **OR**
        - Acute injury with occult fracture suspected; **OR**
        - Joint dislocation or instability; **OR**
        - Stress/insufficiency fracture (known) and follow-up imaging needed; **OR**
        - Stress/insufficiency fracture (suspected) with negative radiographs, when MRI cannot be performed or is contraindicated<sup>4</sup>; **OR**
      - Suspected soft tissue injury (e.g., rotator cuff tear), when MRI cannot be performed or is contraindicated; **OR**
    - Neoplastic conditions (including masses and mass-like conditions) requiring evaluation (e.g., for treatment planning, treatment response, or prognostication) and **ANY** of the following is **TRUE**<sup>1-3</sup>:
      - Malignant or aggressive primary bone tumor<sup>1</sup>; **OR**
      - Malignant or aggressive primary soft tissue tumor<sup>1</sup>; **OR**
      - Metastatic lesions of the upper extremity; **OR**
      - Nonsuperficial (deep) soft tissue mass<sup>2</sup>; **OR**
      - Soft tissue mass **AND** magnetic resonance imaging (MRI) or ultrasound is unable to be performed or is contraindicated<sup>2</sup>; **OR**
      - A primary bone tumor is suspected, and radiographs indicate **ANY** of the following<sup>3</sup>:

- Radiograph is negative; **OR**
- Benign features (osteoid osteoma is not suspected); **OR**
- Osteoid osteoma is suspected; **OR**
- Lesion is present on plain radiographs; **OR**
- Indeterminate or aggressive appearance for malignancy; **OR**
- Incidental osseous lesion on MRI or CT scan for unrelated indication; **OR**
- Presence of a mass with **ANY** of the following<sup>2</sup>:
  - Absence of trauma; **OR**
  - Rapid growth; **OR**
  - Recurrence after prior surgery; **OR**
  - Nondiagnostic ultrasound or other inconclusive imaging; **OR**
- Follow-up exam to further characterize a bone or soft tissue lesion diagnosed on the initial radiologic exam, including radiograph, ultrasound, magnetic resonance (MR), and nuclear medicine studies<sup>3</sup>; **OR**
- Known malignancy with unexpected, localized upper extremity pain or swelling; **OR**
- Persistent palpable abnormality with nondiagnostic imaging (e.g., radiograph, ultrasound); **OR**
- Routine surveillance of known malignancy; **OR**
- Preoperative imaging for **ANY** of the following<sup>5</sup>:
  - Prior to shoulder arthroplasty<sup>6,7</sup>; **OR**
  - Prior to nonarthroplasty surgical management of glenohumeral osteoarthritis (e.g., arthroscopy, distal clavicle resection/excision) only when there is clinical concern for rotator cuff compromise, or when there is advanced glenoid wear<sup>8</sup>; **OR**
  - Prior to surgical management of congenital condition, injury, recurrent instability, malignancy, mass, infectious disorder, or vascular abnormality<sup>9</sup>; **OR**
- The patient requires a CT with arthrogram and **ALL** of the following are **TRUE**:
  - **ANY** of the following:
    - Suspected shoulder labral tear; **OR**
    - Suspected rotator cuff tear; **AND**
  - **ALL** of the following:
    - Concern for rupture or tear based on clinical history, imaging, or physical exam; **AND**

- Joint-specific orthopedic evaluation and maneuvers suggest a tear; **OR**
- Diagnosis, surveillance, or follow-up of autoimmune, collagen vascular diseases, or inflammatory conditions (e.g., inflammatory arthritis) and MRI is contraindicated or cannot be performed<sup>10</sup>; **OR**
- Vascular conditions, known or suspected, including **ANY** of the following:
  - Osteonecrosis, known or suspected, with negative radiographs, when MRI is contraindicated or cannot be performed<sup>11</sup>; **OR**
  - The patient requires evaluation for vascular malformation (with or without pain) due to **ANY** of the following findings<sup>8</sup>:
    - Diffuse or focal enlargement; **OR**
    - Discoloration; **OR**
    - Soft tissue mass; **OR**
    - Ulceration; **OR**
    - Vascular bruit or thrill; **OR**
- Infection or an infectious disorder, including **ANY** of the following:
  - Septic arthritis with **ANY** of the following:
    - Elevated laboratory markers (e.g., erythrocyte sedimentation rate (ESR), C-reactive protein (CRP)/CRP, white blood cell count); **OR**
    - Findings are suggestive of joint effusion or soft tissue swelling<sup>12</sup>; **OR**
    - Clinical history of **ANY** of the following:
      - Adjacent infection; **OR**
      - Diabetes; **OR**
      - Intravenous IV drug use; **OR**
      - Previous surgery on the suspected joint of concern (e.g., joint replacement/ligament, labral, meniscus repair); **OR**
    - Physical exam that supports suspicion of septic arthritis; **OR**
    - Positive joint aspiration; **OR**
    - Septic arthritis is suspected with normal initial radiographs<sup>12</sup>; **OR**
  - Osteomyelitis suspected and MRI cannot be performed or is contraindicated<sup>12,13</sup>; **OR**
  - Soft tissue infection suspected with **ANY** of the following:
    - Normal initial radiographs or with findings suggestive of joint effusion or soft tissue swelling; **OR**
    - History of puncture wound with possible retained foreign body; **OR**
    - High clinical suspicion of necrotizing fasciitis<sup>14</sup>; **OR**

- High clinical suspicion of gout in the absence of monosodium urate (MSU) crystals in synovial fluid (dual energy CT preferred)
- Postintervention evaluation when **ANY** of the following is **TRUE**:
  - Imaging after shoulder arthroplasty and **ALL** of the following are **TRUE**<sup>9</sup>:
    - **ANY** of the following:
      - More detail is required than is available with plain radiographs; **OR**
      - MRI is contraindicated; **AND**
    - **ANY** of the following:
      - Hardware fracture; **OR**
      - History of acute injury; **OR**
      - Metal-on-metal prosthesis with an adverse reaction to metal debris; **OR**
      - Trunnionosis (corrosion or metallosis), suspected; **OR**
      - Pain with **ANY** of the following (infection excluded):
        - Aseptic loosening; **OR**
        - Instability; **OR**
        - Osteolysis; **OR**
      - Periprosthetic fracture; **OR**
- Concern for rupture or tear of a tendon, ligament, or other soft tissue injury (including labrum tear) with **ALL** of the following:
  - MRI is contraindicated or could not be performed; **AND**
  - **ANY** of the following:
    - Symptoms were the direct result of a preceding acute injury **AND** surgery is being considered; **OR**
    - Joint-specific orthopedic evaluation and maneuvers suggest a tear; **OR**
    - **ALL** of the following:
      - Symptoms were not the direct result of a preceding acute injury (i.e., new symptoms but they are not the result of a traumatic injury); **AND**
      - Surgery is being considered; **AND**
      - **ANY** of the following:
        - Documented failure of at least 6 weeks of conservative treatment within the past 6 months, including **ALL** of the following:

- Anti-inflammatory medications, non-opioid analgesics, or prescription medications (e.g., oral steroids, neuropathic pain medications) if not contraindicated; **AND**
    - Physical therapy or a physician-prescribed home exercise program<sup>A</sup>; **OR**
  - Worsening of symptoms during the trial of conservative treatment; **OR**
- Radiographs are negative for osseous injury, an alignment abnormality is suspected based on physical examination, and **ALL** of the following are **TRUE**:
  - MRI and/or ultrasound are contraindicated or cannot be performed; **AND**
  - Radiographs that suggest **ANY** of the following:
    - Dislocation; **OR**
    - Syndesmotic injury; **OR**
    - Other ligamentous injury; **OR**
- Evaluation of **ANY** of the following uncategorized/miscellaneous symptoms when applicable, when MRI cannot be performed or is contraindicated:
  - Marrow abnormalities<sup>11,15</sup>; **OR**
  - Joint-specific orthopedic evaluation and maneuvers suggest a tear; **OR**
  - Persistent joint/muscle pain or weakness unresponsive to conservative treatment, as indicated by **ALL** of the following<sup>16,17</sup>:
    - Nondiagnostic or indeterminate imaging (e.g., radiographs, ultrasound); **AND**
    - Symptoms were not the direct result of a preceding acute injury (i.e., new symptoms but they are not the result of a traumatic injury); **AND**
    - Documented failure of at least 6 weeks of conservative treatment within the past 6 months, including **ALL** of the following:
      - Anti-inflammatory medications, nonopioid analgesics, or prescription medications (e.g., oral steroids, neuropathic pain medications) if not contraindicated; **AND**
      - Physical therapy or a provider-directed home exercise program (HEP)<sup>A</sup>; **OR**
- Repeat imaging (defined as a repeat request following recent imaging)

of the same anatomic region with the same or similar modality) will be considered reasonable and necessary if **ALL** of the following are **TRUE**:

- There are no established guidelines; **AND**
- **ANY** of the following:
  - There are new or worsening symptoms not addressed in the guidelines, such that repeat imaging would influence treatment; **OR**
  - There is need for a one-time clarifying follow-up of a prior indeterminate finding; **OR**
  - In the absence of change in symptoms, there is an established need for monitoring which would influence management.

### **Non-Indications**

**Computed tomography (CT), upper extremity** is not considered appropriate if **ANY** of the following is **TRUE** if contrast is used:

- The patient has undergone advanced imaging of the same body part within 3 months without undergoing treatment or developing new or worsening symptoms.<sup>18</sup>

\*NOTE: CT in patients with claustrophobia should be requested at the discretion of the ordering provider.

\*\*NOTE: CT in pregnant patients should be requested at the discretion of the ordering provider and obstetric care provider.

\*\*\*NOTE: The referring professional and radiologist should discuss the risks and benefits of contrast media administration, including possible prophylaxis, in patients with chronic or worsening kidney disease or severe renal failure.

### **Definitions**

<sup>A</sup>**Provider-directed home exercise program (HEP)** should include<sup>19</sup>:

- Patient education of prescribed exercises with written instructions,
- Documentation of patient compliance with the HEP.

## **Disclaimer on Radiation Exposure in Pediatric Populations**

Due to the heightened sensitivity of pediatric patients to ionizing radiation, minimizing exposure is paramount. At Cohere, we are dedicated to ensuring that every patient, including the pediatric population, has access to appropriate imaging following accepted guidelines. Radiation risk is dependent mainly on the patient's age at exposure, the organs exposed, and the patient's sex, though there are other variables. The following technical guidelines are provided to ensure safe and effective imaging practices:

**Radiation Dose Optimization:** Adhere to the lowest effective dose principle for pediatric imaging. Ensure that imaging protocols are specifically tailored for pediatric patients to limit radiation exposure.<sup>20,21</sup>

**Alternative Modalities:** Prioritize non-ionizing imaging options such as ultrasound or MRI when clinically feasible, as they are less likely to expose the patient to ionizing radiation. For instance, MRI or ultrasound should be considered if they are more likely to provide an accurate diagnosis than CT, fluoroscopy, or radiography.<sup>20,21</sup>

**Cumulative Dose Monitoring:** Implement systems to track cumulative radiation exposure in pediatric patients, particularly for those requiring multiple imaging studies. Regularly reassess the necessity of repeat imaging based on clinical evaluation.<sup>20,21</sup>

**CT Imaging Considerations:** When CT is deemed the best method for achieving a correct diagnosis, use the lowest possible radiation dose that still yields reliable diagnostic images.<sup>20,21</sup>

**Cohere Imaging Gently Guideline:** The purpose of this guideline is to act as a potential override when clinically indicated to adhere to Imaging Gently and Imaging Wisely guidelines and As Low As Reasonably Possible (ALARA) principles.

### **Level of Care Criteria**

Inpatient or Outpatient

### **Procedure Codes (CPT/HCPCS)**

<b>CPT/HCPCS Code</b>	<b>Code Description</b>
73200	Computed tomography (CT), upper extremity; without contrast material
73201	Computed tomography (CT), upper extremity; with contrast material
73202	Computed tomography (CT), upper extremity; without contrast material, followed by contrast material(s) and further sections
76380	Computed tomography, limited or localized follow-up study

# Medical Evidence

Drezin et al. (2022) review the role of computed tomography (CT) and computed tomography angiography (CTA) in trauma and salvaging a threatened or mangled extremity. When reviewing CT scans to assess complications around the amputation site, close attention should be paid to signs such as surgical wound opening, ulceration, infection, post-surgical blood collections, lingering bone fragments, abnormal bone growth, excessive scarring, and the maintenance of vascular function. Damage control techniques involve swift actions to manage bleeding and restore blood circulation. Early implementation of fasciotomies may be required, along with immediate temporary realignment and stabilization using splints, traction, or external fixation. The measures aim to safeguard the repaired blood vessels and ensure a smooth connection without tension.<sup>22</sup>

Saliken et al. (2015) performed a systematic review of glenohumeral instability related to traumatic anterior shoulder dislocation. Among the primary risk factors contributing to recurrent instability are glenoid and Hill-Sachs bone loss. The efficacy of arthroscopic Bankart repairs is notably impacted by the extent of bone loss, with larger degrees of bone loss correlating with higher failure rates. The review addressed optimal imaging techniques for quantifying glenohumeral bone loss. Various imaging modalities such as radiography, CT scans, and MRI scans are utilized; however, there is currently no universally accepted gold standard method. The authors concluded that radiography serves as a valuable tool in screening patients for significant glenoid bone loss, while CT imaging, employing methods such as the Glenoid Index or Pico Method, demonstrates substantial evidence supporting its efficacy in accurately quantifying glenoid bone loss. Further research is needed to establish the optimal imaging modality and method for precisely quantifying glenohumeral bone loss.<sup>23</sup>

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# Policy Revision History/Information

Original Date: April 29, 2022		
Review History		
Version 2	08/29/2024	Annual review and policy restructure.
Version 3	10/30/2024	Edited repeat imaging criteria language.
Version 4	02/20/2025	Replaced conservative care requirement with current standard language. Provided avenue for approval for preoperative imaging. Loosened requirement for injury evaluation - no longer requires suspicion of "high-grade" tear.
Version 5	09/11/2025	<p>Annual review</p> <p>Updated content layout to align with revised template, including repeat imaging criteria</p> <p>Removed relative contraindications (contrast allergy, renal insufficiency). Added additional clarification around expectation for preceding acute injuries in acute and chronic soft tissue pain</p> <p>Aligned overall indications and flow with CT Lower Extremity policy</p>