

MEDICAL POLICY UPDATE

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Policy

Policy Titles	Anticipated Issue Date	30 Day Notification Information
A-0048 - Breast MRI	01/01/2024	This is a new policy for NY and will publish on January 1, 2024.
A-0101 - Breast Ultrasound	01/01/2024	This is a new customized MCG policy for NY and will publish on January 1, 2024.
E-15 Diabetic Services, Continuous Glucose Monitoring and Supplies	01/08/2024	Recommend maintaining the current POS listed in the policy as Outpatient with the default statement.
E-16 - Cranial Electrical Stimulators	01/15/2024	This policy is scheduled for annual review. Administrative changes made. The policy will publish on January 15, 2024.

E-87 - AposTherapy System	01/08/2024	This policy is scheduled for annual review. Policy criteria has been revised. Administrative changes were made. The policy will publish on January 8, 2024.
G-41 - Wireless Capsule Endoscopy as a Diagnostic Technology	01/08/2024	This policy will be archived effective January 8, 2024.
I-11 - Botulinum Toxin (Chemodenervation)	01/08/2024	Policy was revised to establish criteria for DaxibotulinumtoxinA-lanm (Daxxify) which recently received an FDA expanded indication for cervical dystonia. Policy will publish on January 8, 2024.
I-24 - Belatacept (Nulojix®)	01/08/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Denial statement was updated to not medically necessary. Policy will publish on January 8, 2024.
I-31 - Tocilizumab (Actemra®)	12/18/2023	This policy is scheduled for annual review. Policy updates include language revisions, and addition of new to market biosimilar tocilizumab-bavi (Tofidence). Policy will publish December 18, 2023.
I-58 - Enzyme Replacement Therapies	12/11/2023	This policy is being updated with the addition of new to market therapy cipaglucosidase alfa-atga (Pombiliti). Policy will publish December 11, 2023.
I-85 - Natalizumab (Tysabri®)	01/08/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish January 8, 2024.
I-88 - Granulocyte Colony-Stimulating Factors	01/08/2024	This policy is scheduled for annual review. Updates also includes addition of new indication for Stimufend. Policy will publish January 8, 2024.
I-92 - Naltrexone Extended Release Injection (Vivitrol®)	12/04/2023	The policy criteria was revised to remove the requirement to try oral naltrexone therapy and participate in ongoing psychosocial support. Policy will publish on December 4, 2023.
I-94 - Intravitreal Injections	12/18/2023	This policy is being updated with new indication of macular edema following retinal vein occlusion for Vabysmo. Policy will publish December 18, 2023.
I-120 - Oncologic Indications for PD-1 Blocking Antibody	01/08/2024	This policy was updated to capture new FDA approved expanded indications for both Jemperli and Keytruda. Criteria was established for Jemperli for the treatment of endometrial cancer and for Keytruda for neoadjuvant treatment of NSCLC. Policy will publish on January 8, 2024.
I-129 - Vedolizumab (Entyvio®)	12/11/2023	This policy is being updated with new to market Entyvio SC. Policy will publish December 11, 2023.

I-146 - Monoclonal Antibodies for the Treatment of Asthma and Eosinophilic Conditions	01/01/2024	The policy was revised to remove the step therapy requirements for Tezspire. Policy will publish on January 1, 2024.
I-151 - Site of Care	01/01/2024	Policy was updated to add Aduhelm and Leqembi to the site of care program.
I-157 - Treatment of Spinal Muscular Atrophy	01/01/2024	The coverage criteria for Zolgensma was revised to allow for four or fewer copies of SMN2. Denial statements for both Zolgensma and Spinraza were updated to not medically necessary. Policy will publish on January 1, 2024.
I-172 - Cerliponase Alfa (Brineura™)	01/15/2024	This policy scheduled for annual review. There is no indication for change in coverage. Policy will publish January 15, 2024.
I-244 - Aducanumab-avwa (Aduhelm)	01/01/2024	Policy was revised to add site of care language. Policy will publish on January 1, 2024.
I-244 - Aducanumab-avwa (Aduhelm)	01/01/2024	This policy was up for annual review. Coverage stance was reversed from experimental/investigational due to Delaware mandate. Coverage criteria was established and Aduhelm was added to site of care. Policy will publish on January 1, 2024.
I-254 - Spesolimab (Spevigo)	01/15/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish January 15, 2024.
I-259 - Entranacogene dezaparvovec (EntranaDez)	12/04/2023	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on December 4, 2023.
I-263 - Mirvetuximab soravtansine-gynx (Elahere)	01/08/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on January 8, 2024.
I-266 - Lecanemab-irmb (Leqembi)	01/01/2024	Policy was revised to add site of care language. Policy will publish on January 1, 2024.
I-266 - Lecanemab-irmb (Leqembi)	01/01/2024	Due to comments from legal, policy is being updated to include an applicable Delaware mandate. Coverage stance has been reversed from experimental/investigational to establish criteria. Leqembi was also added to site of care. Policy will publish on January 1, 2024.
I-271 - Valoctocogene roxaparvovec (Roctavian)	01/01/2024	Policy was revised to include criteria regarding the ongoing participation in clinical outcome data collection. Policy will publish on January 1, 2024.
I-279 - Motixafortide (Aphexda)	12/04/2023	This is a new policy for the recently Federal Drug Administration approved medication Aphexda. This policy will publish on December 4, 2023.
I-280 - Secukinumab (Cosentyx)	01/08/2024	This is a new policy for the recent Federal Drug Administration approved intravenous dosage form of Cosentyx. Policy will publish on January 8, 2024.

M-50 - Cardiac Monitors	01/08/2024	This policy will be archived as of January 8, 2024. It will be replaced by MCG A-0121, A-0122, A-0734, and new Highmark policy M-88.
M-54 - Ambulatory and Outpatient Cardiac Hemodynamic Monitors	01/08/2024	This is an annual review. There are no changes to criteria. Publication date is 01/08/2024.
M-88 - Mobile Cardiac Outpatient Telemetry (MCOT)	01/08/2024	This is a new policy. It replaces the MCOT section of policy M-50, which is being archived. This policy will publish on January 8, 2024.
S-15 - Second Surgical Assistant for Cardiovascular Surgery	01/08/2024	This policy is scheduled for annual review. Recommending to archive policy.
S-36 - Removal of Skin Lesions	01/15/2024	This policy is being updated due to an inquiry received. Additional coverage of procedure codes 11300-11313 (except 11304 and 11309) under L57.0 diagnosis code. The policy is scheduled to publish January 15, 2024.
S-55 - Surgical Treatment of Varicose Veins	01/08/2024	S-55- Surgical Treatment of Varicose Veins has been revised to add definitions for treatment session, vein anatomy and common abbreviations. The Criteria for Specific Procedures section was removed and replaced with a procedure code and policy/guideline number chart that contains a list of the procedure codes addressed by S-55 and the location of their associated 8 new Highmark policies and 7 custom MCG guidelines. The policy will publish on January 8, 2024.
S-125 - Heart/Lung Transplantation	01/15/2024	This policy is up for annual review. Policy language has been updated to include current ISHLT consensus based guidelines, HIV specific guidelines, administrative edits and removal and addition of diagnosis codes. The Policy will publish on January 15, 2024.
S-172 - Ovarian and Internal Iliac Vein Embolization as	01/08/2024	This policy is scheduled for an annual review. Administrative changes made. Policy criteria updated from experimental/investigational to medically necessary when the individual meets specific criteria. Operational guidelines have been updated to post-pay. The policy will publish on January 8, 2024.
S-232 - Transcatheter Aortic Valve Replacement (TAVR)	01/08/2024	This policy will be archived as of January 8, 2024. It will be replaced by a customized version of MCG S-1320.
S-238 - Transcatheter Mitral Valve Repair (TMVR)	01/15/2024	This is an annual review. Professional guidelines have been updated and ICD diagnosis codes have been added. The policy will publish on January 15, 2023.
S-551 - Echosclerotherapy	01/08/2024	This new policy was developed to include specific medical necessity criteria for Echosclerotherapy. Definitions for treatment session, vein anatomy and common

		abbreviations were also included. This policy will publish on January 8, 2024.
S-552 - Sclerotherapy (Liquid or Microfoam)	01/08/2024	This new policy was developed to include specific medical necessity criteria for Sclerotherapy (Liquid or Microfoam). Definitions for treatment session, vein anatomy and common abbreviations were also included. This policy will publish on January 8, 2024.
S-553 - Subfascial endoscopic perforator surgery (SEPS)	01/08/2024	This new policy was developed to include specific medical necessity criteria for subfascial endoscopic perforator surgery (SEPS). Definitions for treatment session, vein anatomy and common abbreviations were also included. This policy will publish on January 8, 2024.
S-554 - Endovenous Cryoablation	01/08/2024	This is a new policy that is scheduled to publish on January 8, 2024.
S-555 - Laser Treatment, Non-Invasive	01/08/2024	This is a new policy that is scheduled to publish on January 8, 2024.
S-556 - Ligation or Ablation, Incompetent Perforator Veins	01/08/2024	This is a new policy that is scheduled to publish on January 8, 2024.
S-557 - Spider Veins, Treatment	01/08/2024	This is a new policy that is scheduled to publish on January 8, 2024.
S-558 - Ligation, Division, and/or Excision of Varicose Vein Cluster(s)	01/08/2024	This is a new policy that is scheduled to publish on January 8, 2024.
S-1320 - Aortic Valve Replacement, Transcatheter	01/08/2024	This is a new customized MCG guideline. It will replace S-232, which will be archived. This policy will publish on January 8, 2024.
V-1 - Cardiac Rehabilitation Programs, Phase II Outpatient	01/08/2024	This is an annual review. Coding revisions and updates are being completed this version. Criteria has not changed. Publication date is January 8, 2024.
Y-9 - Manipulation Services	01/01/2024	This policy is scheduled for annual review. There is no change in the policy criteria. The policy will publish on January 1, 2024.
Z-67 - Experimental/Investigational Services	01/01/2024	This policy is being updated due to Annual Review and HCPCS/ICD 10 updates. Procedure codes are being added and removed from the policy. This policy will publish on January 1, 2024.



Coverage Guidelines Established for DaxiotulinumtoxinA-lanm (Daxxify)



Highmark Blue Cross Blue Shield has established new guidelines for daxiotulinumtoxinA-lanm (Daxxify). DaxiotulinumtoxinA-lanm (Daxxify) recently received an FDA approved expanded indication for the treatment of cervical dystonia in adult individuals.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is January 8, 2024.

Place of Service: Outpatient

Please refer to Medical Policy I-11, Chemodenervation - Botulinum Toxin, for additional information.

Coverage Criteria Established for Actemra Biosimilar



Highmark Blue Cross Blue Shield has established new criteria for I-31, Tocilizumab (Actemra). This policy is being updated with criteria for the new to market biosimilar of Actemra, tocilizumab-bavi (Tofidence™).

This revised Medical Policy will apply to professional providers and facility claims. The effective date is December 18, 2023.

Place of Service: Outpatient-Infusion

Please refer to Medical Policy for I-31, Tocilizumab (Actemra) for additional information.

Coverage Guidelines Established for Bevacizumab-adcd (Vegzelma)



Highmark Blue Cross Blue Shield has established new guidelines for bevacizumab-adcd (Vegzelma).

This revised Medical Policy will apply to professional providers and facility claims. The effective date is November 28, 2022.

Place of Service: Outpatient

Please refer to Medical Policy I-86, Bevacizumab (Avastin) and Bevacizumab Biosimilars, for additional information.

Coverage Criteria Established for Eflapegrastim-xnst (Rolvedon)



Highmark Blue Cross Blue Shield has established coverage criteria for eflapegrastim-xnst (Rolvedon) as a non-preferred granulocyte colony-stimulating factor product.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is November 28, 2022.

Place of Service: Outpatient

Please refer to Medical Policy I-88, Granulocyte Colony-Stimulating Factors, for additional information.

Coverage Guidelines Established for Toripalimab-tpzi (Loqtorzi)



Highmark Blue Cross Blue Shield has established new guidelines for the recently FDA approved toripalimab-tpzi (Loqtorzi) for the treatment of nasopharyngeal carcinoma in adult individuals.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is January 8, 2024.

Place of Service: Outpatient

Please refer to Medical Policy I-120, Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies, for additional information.

Coverage Criteria Established for Subcutaneous Entyvio



Highmark Blue Cross Blue Shield has established new criteria for I-129, Vedolizumab (Entyvio). This policy is being updated with criteria for the new to market subcutaneous formulation of Entyvio.

This revised Medical Policy will apply to professional providers and facility claims). The effective date is December 11, 2023.

Place of Service: Outpatient

Please refer to Medical Policy for I-129, Vedolizumab (Entyvio) for additional information.

Coverage Guidelines Established for Motixafortide (Aphexda)



Highmark Blue Cross Blue Shield has established new guidelines for the recently FDA approved motixafortide (Aphexda). Motixafortide (Aphexda) is considered medically necessary when **ALL** of the following criteria are met:

- Individual is 18 years of age or older; **and**
- Individual is diagnosed with multiple myeloma; **and**
- Used in combination with filgrastim; **and**
- Motixafortide will be used to mobilize hematopoietic stem cells for collection prior to autologous transplantation.

This new Medical Policy will apply to professional providers and facility claims. The effective date is January 8, 2024.

Place of Service: Outpatient

Please refer to Medical Policy I-279, Motixafortide (Aphexda), for additional information.

Coverage Guidelines Established for Secukinumab (Cosentyx) Intravenous Injection



Highmark Blue Cross Blue Shield has established new guidelines for secukinumab (Cosentyx) intravenous injection. Secukinumab is FDA approved for the treatment of ankylosing spondylitis, psoriatic arthritis and non-radiographic axial spondyloarthritis.

This revised new Policy will apply to professional providers and facility claims. The effective date is January 8, 2024.

Place of Service: Outpatient

Please refer to Medical Policy I-280, Secukinumab (Cosentyx), for additional information.

Policy Updates to October MPU



The following four policies were added to the October MPU inadvertently and will not be published for New York on January 1, 2024.

A-0006 Renal Angiography
A-0007 Carotid or Cerebral Angiography
A-0039 Mammography
A-0103 Sonohysterography
A-0538 Bone Marrow Density, CT

Criteria Revision for Respiratory Infection Pathogen Panel (RIPP) Molecular Testing



Highmark Blue Cross Blue Shield is providing an update to all providers.

Member is symptomatic and is under the age of 18 year is being removed as criteria for respiratory pathogen panel testing for panels of 6 or more pathogens.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is February 1, 2024

Please refer to eviCore, Respiratory Infection Pathogen Panel (RIPP) Molecular Testing, for additional information.

REMINDER: Laboratory Management Coverage Guidelines



Highmark Blue Cross Blue Shield is providing a reminder to all providers.

The Laboratory Management coverage guideline will be updated and take effect January 01, 2024. This applies to both professional provider and facility claims.

The changes to the Laboratory Guidelines are as follows:

- 8 New clinical guidelines include:

Guideline Name	Guideline #	Procedure Code(s) Impacted	Summary of change (to be reviewed in conjunction with guideline)
Plasma Cell Dyscrasias Laboratory Testing	MOL.CS.397.X	86335, 86334, 83521, 0077U, 84166, 84165	New claims guideline addressing laboratory testing for plasma cell dyscrasias.
Infectious Disease Laboratory Testing	MOL.CU.398.X	0086U, 0311U, 0010U, 0301U, 0302U, 0323U, 0152U, 0351U, 0112U, 0109U, Infectious disease MAAA codes (81490-81599, 0002M-0018M); Other Infectious disease PLA codes (ending in U); Infectious disease* Immunology codes (86015-86849); Infectious Disease HCPCS codes (beginning with G, P, S, or U); Infectious Disease codes in range: 87003-87999	New clinical use guideline addressing laboratory testing for infectious disease, not otherwise addressed in an eviCore clinical guideline.
Natriuretic Peptide Laboratory Testing	MOL.CS.399.X	83880	New claims guideline addressing laboratory testing of natriuretic peptide.

Cognitive Impairment Biomarkers	MOL.CS.400.X	83520, 81599, 0206U, 0207U, 0346U, 0393U	New claims guideline addressing laboratory testing of biomarkers for the purpose of evaluation or management of cognitive and neurodegenerative disorders.
Liver Fibrosis Assessment Biomarkers	MOL.CS.401.X	0002M, 82172, 82247, 82465, 82947, 82977, 83010, 83883, 84450, 84460, 84478, 0003M, 81596, 0014M, 0166U, 83520, 83883, 82397	New claims guideline addressing laboratory testing for liver fibrosis. This guideline replaces and expands on FibroSure/FibroTest (MOL.TS.262)
Urinary Tract Infection Molecular Testing	MOL.CS.403.A	0321U, 87480, 87481, 87482, 87490, 87491, 87492, 87496, 87510, 87511, 87512, 0416U, 87528, 87529, 87530, 87531, 87532, 87533, 87797, 87798, 87799, 87800, 87801, 87555, 87556, 87557, 87563, 87590, 87591, 87592, 0371U, 0372U, 87640, 87641, 87650, 87651, 87652, 87653, 87660, 87661, 0374U, 87500	New claims guideline addressing molecular testing for diagnosis of urinary tract infections, identification of causative pathogens in UTI, and assessment of antibiotic resistance in UTI.
Nail Disorder Infectious Disease Testing, Including Onychomycosis	MOL.CS.402.X	82542, 87107, 87101, 87149, 87150, 87153, 87480, 87481, 87482, 87800, 87801, 87797, 87798, 87799, 87650, 87651,	New claims guideline addressing laboratory testing in the evaluation and management of infectious causes of nail disorders,

		87652, 87640, 87653, 87500, 88304, 88305, 87205, 87206, 88312, 88313, 87220	including onychomycosis.
Pancreatitis Laboratory Testing	MOL.CS.404.X	82150, 83690	New claims guideline addressing laboratory testing of amylase and lipase in the evaluation and management of pancreatitis.

- 3 clinical guidelines that are being retired include:

Guideline Name	Guideline #	Summary of change (to be reviewed in conjunction with actual GL)	Reason for Change
BRCA Ashkenazi Jewish Founder Mutation Testing	MOL.TS.135.A	Retired test-specific guideline. Criteria and test information incorporated into BRCA Analysis (MOL.TS.238); No change in coverage	Retired guideline
FibroTest/FibroSURE	MOL.TS.262.A	Retired test-specific guideline. Criteria and test information incorporated into a new guideline, Liver Fibrosis Assessment Biomarkers (MOL.TS.401.X); No change in coverage	Retired guideline
Macula Risk	MOL.TS.300.A	Retired test-specific guideline. Test now managed by	Retired guideline

		Investigational and Experimental Laboratory Testing (MOL.CU.117); No change in coverage	
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- 14 clinical guideline updates for content clarification or information including:

Guideline Name	Guideline #	Procedure Code Impacted by Update, if applicable	Summary of change (to be reviewed in conjunction with guideline)
Genitourinary Conditions Molecular Testing (NEW TITLE: Sexually Transmitted and Other Reproductive Tract Infection Testing)	MOL.CS.106.A	0402U; Added 0330U	<p>Criteria: added new section for multiple organism detection panels, added new 0330U to code table in BV section as I/E, clarification of intent edit to introduction redirecting to other guidelines when needed, additional clarification of intent edits throughout to remove most uses of "genitourinary conditions" (except in relation to NOS organisms and symptoms), removed HPV block in criteria as this testing is addressed by a separate guideline;</p> <p>Billing and Reimbursement: Clarification of intent edit to BV section (changed "procedure codes in table above" to "proprietary laboratory analysis (PLA) codes in table above"), removed HPV block in criteria as this testing is addressed by a separate</p>

			<p>guideline; TITLE CHANGE: Sexually Transmitted and Other Reproductive Tract Infection Testing; Procedure codes table: updated; Test Information: updated; Guidelines & Evidence: updated; References: updated</p>
Cystic Fibrosis Testing	MOL.TS.158.A	81223	<p>Criteria: for Carrier Testing- removed requirement to have a negative targeted mutation panel prior to sequencing</p> <p>Background: updated; Test Information: updated; Guidelines and Evidence; updated; References: updated</p>
Lynch Syndrome Genetic Testing	MOL.TS.197.A	81403, 0238U, 81294, 81292, 81297, 81295, 81300, 81298, 81319, 81317	<p>Criteria: added 2 criteria in the predisposition/asymptomatic section (can now approve for asymptomatic individuals if their family member's IHC results are unavailable and they have</p> <ol style="list-style-type: none"> 1. A first degree relative with colorectal or endometrial cancer diagnosed before age 50. 2. A first degree relative with colorectal or endometrial cancer and another synchronous or metachronous Lynch syndrome-associated tumor), removed references to turcot and muir-torre as these are outdated terms, Figure A: updated related NCCN quote, updated to separate out Billing & Reimbursement section.

			<p>Billing and Reimbursement: Updated language in Billing and Reimbursement section; Background: updated; Guidelines and Evidence: updated; References: updated.</p>
Non-Invasive Prenatal Screening	MOL.TS.209. A	81420, 81507, 0327U	<p>Criteria: updated to allow for approval of twin pregnancies; clarification of intent edits (added bullet regarding how repeat testing following low fetal fraction will be considered on a case-by-case basis);</p> <p>Billing and Reimbursement: added ICD code table and updated language to align with coverage of twin pregnancy testing; Guidelines and Evidence: updated; References: updated</p>
Somatic Mutation Testing-Solid Tumors	MOL.TS.230. A	81201, 81210, 81163, 81165, 81216, 81235, 0037U, 0334U, 81273, 81272, 81275, 81276, 81287, 0211U, 81292, 81400, 81401, 81402, 81403, 81404, 81405, 81406,	<p>Criteria: Substantive criteria updates:</p> <ol style="list-style-type: none"> 1. Inclusion of MSI as an approvable tumor marker. 2. Updated criteria related to ovarian cancer. Previously required "recurrent or relapsed" ovarian cancer to approve a panel. Now can be approved for any ovarian cancer 3. Updated criteria related to cutaneous melanoma. Could previously approve a tumor marker panel for Stage IV cutaneous melanoma. Now, a panel could also be approved for recurrent cutaneous melanoma regardless of stage

		81407, 81408, 81479, 88271, 81295, 81298, 0048U, 0172U, 81311, 81191, 81192, 81193, 81194, 0022U, 0244U, 81307, 81314, 0250U, 81309, 81317, 0111U, 81321, 81347, 81445, 81455, 0379U, 81345, 0154U, 0155U, 81351, 81352	<p>Non-substantive changes: updated to separate out Billing & Reimbursement section, removed table of common cancer types and associated markers and references to the table, but coverage of those cancer types will not change as they meet the 5 gene minimum for panel coverage, clarification of intent edits.</p> <p>Background: admin update. Guidelines and Evidence: updated, removed specific CDx tests from FDA section. References: updated</p>
Somatic Mutation Testing - Hematological Malignancies	MOL.TS.313. A	81170, 81401, 81175, 81176, 81206, 81207, 81208, 0016U, 81219, 81168, 81218, 81237, 81236, 88271, 0046U, 81245, 81246, 81450, 81120,	<p>Criteria: updated criterion for AML from 'diagnosed' to 'confirmed or suspected diagnosis of AML' since testing can be performed for work-up of this malignancy, updated to separate out Billing & Reimbursement section. Updated language in Billing and Reimbursement section; removed table of common cancer types and associated markers and references to the table, but coverage of those cancer types will not change as they meet the</p>

		81121, 81278, 0027U, 0017U, 81279, 81270, 81272, 81273, 81338, 81339, 0040U, 0050U, 0171U, 0049U, 81310, 81311, 81334, 81347, 81455, 81348, 81345, 81351, 81352, 81360, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81479, 88271	5 gene minimum for panel coverage, clarification of intent edits Guidelines and evidence: updated; References: updated
BRCA Analysis	MOL.TS.238. A	81166, 81165, 81167, 81216, 81164, 81163, 81162	Criteria: Clinically substantive: added criteria to BRCA full sequencing to include coverage for breast cancer at age 50 or younger (previously 45 and younger) and two primary breast cancers (previously approved for 3 primaries or 2 primaries where one was diagnosed before 50), added criteria for AJ founder mutations (previously managed by a

			<p>separate guideline - no change in clinical management), Non-substantive: admin edits, updated to separate out Billing & Reimbursement section. Updated language in Billing and Reimbursement section;</p> <p>CPT code table: added AJ founder CPT code (81212), Background: updated, admin update; Test Information: added AJ founder mutation test info, admin update; Guidelines and Evidence: updated; References: updated</p>
Facioscapulohumeral Muscular Dystrophy Genetic Testing	MOL.TS.290.A	81404, 81479	<p>Criteria: removed "absence of ptosis" from criteria, clarification of intent edit: added description of ocular muscle involvement</p> <p>Background: updated; References; updated</p>
Noonan Spectrum Disorder Genetic Testing	MOL.TS.371.A	81442	<p>Criteria: Substantive update: In two places, updated "Nuchal edema (e.g. increased nuchal translucency, increased nuchal fold, or cystic hygroma)" to "Nuchal edema (e.g. increased nuchal translucency, increased nuchal fold, or cystic hygroma) and/or hydrocephalus fetalis", updated intro and admin edits, Added "other considerations" block, updated to separate out Billing & Reimbursement section. Updated language in Billing and Reimbursement section;</p>

			Background: updated; Test information: updated, Guidelines and Evidence: updated; References: updated.
Special Circumstances Influencing Coverage Determinations	MOL.AD.364. A	all	<p>Federal legislation: no update. State mandates: admin update. Applicable laws: reformatted - separated sections into “Biomarker Bills” (presented as a list) and “Other Applicable Bills” (retained descriptions) for clarification purposes; removed descriptions for the bills under the “Biomarker Bills” section.</p> <p>Biomarker Bills – added Arkansas HB 1121, Georgia HB 85, Kentucky HB 180, Louisiana SB 104, Maryland HB 1217, Nevada AB 155, New Mexico HB 73, Oklahoma SB 513, Rhode Island HB 7587, Texas SB 989</p> <p>Other Applicable Bills – added AR HB 1042 (and description) and IL HB 2109 (and description).</p> <p>References: Added references and links for all of the added states</p>

<p>In-vitro testing for cardiovascular disease (CVD) and CVD risk</p>	<p>MOL.CS.316. X</p>	<p>83695 Added 0019M, 0377U, 0415U</p>	<p>Criteria: updates to Lp(a) criteria adding an option for approval once per lifetime for ASCVD risk; added criteria for Lp(a) also allowing approval in individuals less than 18 years of age who have had hemorrhagic or ischemic stroke; Billing & Reimbursement, Criteria: added to the Tests with no coverable indications section - SOMAmer (0019M – new code), SmartHealth Vascular Dx (0415U – new code); Liposcale (0377U – moved from I&E guideline;</p> <p>Procedures addressed: updated; Background: updated; Test Information: updated; Guidelines & Evidence: updated; References: updated; CPT code table: added 0019M, 0377U, 0415U</p>
<p>Thyroid Disorder Laboratory Testing</p>	<p>MOL.CS.320. X</p>	<p>83519, 83520, 84445</p>	<p>Criteria: frequency limits updated for TSH Receptor Antibodies (TRAb/TSI) to allow approval twice per year instead of once,</p> <p>Throughout: admin updates; Billing & Reimbursement: frequency limits updated for TSH Receptor Antibodies (TRAb/TSI); Guidelines and Evidence: updated; References: updated.</p>

<p>Micronutrient testing</p>	<p>MOL.CS.372. X</p>	<p>83090, 84630</p>	<p>Criteria: homocysteine criteria relocated from CVD guideline w/ clinical decision making change reducing the number of units allowed from 2 to 1 per DOS (per claims analysis) to align with clinical standards (result - marginally more denials; less than 0.04% of claims for that cot were for more than 1 unit); clarification of intent and formatting edits (symptoms no longer listed in criteria but in ICD table, no longer states homocysteine is not approved for ASCVD risk assessment since already addressed by other statements); essential fatty acids and acylcarnitine profile criteria relocated from CVD guideline to this guideline, with no clinical decision making change (symptoms now listed in ICD table, no longer explicitly states not approved for ASCVD risk since addressed by other statements); result of claims analysis: removed frequency limitation that only allowed for zinc testing once per year (result - more approvals); updates to ICD tables, and reorganization of medical necessity and B&R criteria.</p> <p>Procedure code table: updated; Test information: updated; Guidelines & Evidence: updated; Billing & Reimbursement:</p>
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			updated; References: updated
Testosterone Testing	MOL.CS.376. X	84403, 83001, 83002, 82670, 82681, 82671, 82626, 82627	Criteria: Billing and Reimbursement section- Removed ICD E29.1 (Testicular hypofunction) from the Table: ICD Code Indications for Testosterone Testing in the Setting of Possible Low Testosterone or Testosterone Replacement

There are an additional 65 coverage guidelines that criteria were changed with no impacts including administrative updates, content edits, and background updates.

As of January 1, 2024, coverage guidelines can be accessed utilizing the live link from the medical policy website.

If you wish to see the updates prior to the implementation date, please go to eviCore website under the Future tab for Laboratory Management utilizing the following pathway:

- Provider Resource Center → Medical Policy Search → Medical Policies → EVICORE CLINICAL GUIDELINES (top blue bar) → EVICORE CLINICAL GUIDELINES (body of page) → Access Guidelines → Laboratory Management → Search Health Plan by typing in Highmark → Click on Highmark and then click on magnifying glass → Click on FUTURE → Click on the Laboratory Management Guideline

Reminder: Cardiology & Radiology Coverage Guideline Update



Highmark Blue Cross Blue Shield is providing a reminder to all providers.

The Cardiology & Radiology coverage guideline will be updated and take effect February 1, 2024. This applies to both professional provider and facility claims.

The changes to the Cardiology & Radiology guidelines are indicated below:

Abdomen Imaging Guidelines Changes:

Section Name	Section Number/Policy Number	Summary of change
Throughout	Throughout	Grammar, punctuation, and spelling edits as needed throughout
General Guidelines	AB-1.0	Updated discussion of clinical evaluation to clarify that history relevant to current complaint must be included
General Guidelines	AB-1.0	Added low WBC as new red flag finding
General Guidelines	AB-1.0	Updated discussion of experimental, investigational, and/or unproven techniques to align with cross-guideline standardized statements
General Guidelines	AB-1.0	Added discussion of imaging recommended by drug manufacturers
General Guidelines	AB-1.0	Added discussion of complications related to COVID-19. Imaging is guided by condition specific guideline relevant to the presenting signs or symptoms
General Guidelines	AB-1.0	Clarified pre-operative radiologic imaging to state that if imaging is request by the operating surgeon to support planned surgery the imaging may be approved
General Guidelines	AB-1.0	Added discussion of 3D rendering to mirror Preface section but with only the abdomen-specific clinical scenarios included
Suspected Renal/Ureteral Stone(s)	AB-4.1	Restructured bullets for clarity

Suspected Renal/Ureteral Stone(s); Observation of Known Renal/Ureteral Stone(s); Follow-Up of Treated Renal/Ureteral Stone	AB-4.1, AB-4.2, AB-4.3	Added imaging of staghorn calculi
Gastroenteritis/Enterocolitis	AB-5.1	Added reference to Mesenteric Ischemia (AB-6.1) or Colonic Ischemia (Including Ischemic Colitis) (AB-6.2)
Mesenteric Ischemia	AB-6.1	Removed "including secondary to COVID-19" due to inclusion of COVID-19 discussion in AB-1.0
Abdominal Lymphadenopathy	AB-8.1	Clarified that if biopsy or PET suggest benign etiology, imaging may be repeated at 3 months for follow up
Percutaneous Gastrostomy	AB-9.2	Added examples of prior abdominal surgery
Blunt Abdominal Trauma	AB-10.1	Clarified positive findings of ultrasound as definitive abnormalities or inconclusive results
Inguinal or Femoral Hernia, or Indeterminate Groin Pain	AB-12.1	Restructured section for clarity
Indeterminate Intra-Abdominal Mass	AB-13.2	Clarified ultrasound may be approved in lieu of CT if requested
Lower Extremity Edema, Abdominal Aortic Aneurysm (AAA), Iliac Artery Aneurysm (IAA), Visceral Artery Aneurysm, AAA, IAA, Post Endovascular or Open Aortic Repair, Aortic dissection and Other Aortic Conditions, Imaging for Other Aortic Conditions	AB-14, AB-17.1, AB-17.2, AB-17.3, AB-18.1, AB-19.1, AB-19.2	Updated links to Peripheral Vascular Disease Imaging Guidelines
Asymptomatic Adrenal Cortical Lesions	AB-16.1	Clarified that imaging may be performed if an incidental adrenal lesion is seen only on US of the abdomen
Adrenal Nuclear Imaging	AB-16.4	Clarified link out to imaging of adult patients with neurofibromatosis
Nausea and Vomiting as the Primary Symptom	AB-20.3	Added link to General Guidelines - Other Imaging Situations (HD-1.7) in the Head Imaging Guidelines
Bloating, Gas, and Distention	AB-20.5	Added low WBC to align with update to red flags
GI Bleeding	AB-22.1	Moved bullet addressing when colonoscopy cannot be performed to the top of the bulleted list; aligned GI bleeding and severe abdominal pain with red flag language
Celiac Disease	AB-24.1	Reworded section to better align with other guidelines that address Celiac disease
Chronic Liver Disease, Cirrhosis and Screening for HCC	AB-26.1	Reworded section for simplicity. Added link to AB-1.0 for HCC screening in individuals using medication or treatments which increase risk of HCC.
Monitoring After Fontan Procedure	AB-26.4	Clarified HCC monitoring timeframes
Gallbladder	AB-28.1	Added imaging for ultrasound findings inconclusive for adenomyomatosis
Liver Lesion Characterization	AB-29.1	Added CPT code for clarity
Asymptomatic Elevation of Pancreatic Enzymes	AB-33.4	Added CPT code for clarity

Liver Transplant, Pre-Transplant	AB-42.1	Restructured section into table format. Added cardiac studies.
Liver Transplant, Pre-Transplant; Kidney Transplant, Pre-Transplant Imaging Studies	AB-42.1, AB-42.5	Clarified introduction statement to say that imaging may be performed by the institution's protocol or per the intervals and studies listed in the chart
Hepatic Arteries and Veins	AB-43.1	Added echocardiogram indications
Abdominal Veins Other than Hepatic and Portal Veins	AB-43.2	Redirecting suspicion of iliac vein thrombus and suspicion of inferior vena cava thrombus to PVD guidelines
Liver Elastography	AB-45	Reworded section. Clarified repeat timeframe. Added FIB-4 score of >2.67, liver stiffness of ≥8 kPa, and fibrosis stage F2-F4 as additional indications for MRE.
Hiccups	AB-46.0	Updated links to Head imaging guidelines
Fistulae	AB-48	Added reference to Pilonidal Cyst (PV-21.4)

Breast Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
Entire Guideline	entire policy	Editorial changes (formatting; capitalization and grammar corrections)
Abbreviations for Breast Guidelines	Abbreviations	Removed abbreviations related to chest imaging because these abbreviations are currently in the Chest Imaging Guidelines and are not relevant to the Breast Imaging Guidelines
General Guidelines	BR-Preface 1.0	Clarified that when CPT® 77047 (MRI Breast Bilateral, without contrast) is requested for an individual with breast implants, the code is supported when the MRI Breast is requested to assess integrity of breast implants AND is also indicated in the guidelines.
Breast Ultrasound	BR-1.1	<ul style="list-style-type: none"> changed "is inappropriate" to "is not indicated" changed 'see also' link from BR-5.1 to BR-5
Breast Reconstruction	BR-3.1	<p>Added a bullet related to CTA Chest to evaluate recipient vessels in the chest:</p> <ul style="list-style-type: none"> Routine use of CTA Chest (CPT® 72175) to evaluate recipient vessels is not supported. Criteria exception: In circumstances, where there has been previous cardiac/vascular surgery and/or known vascular anomalies in the chest, it may be warranted.
MRI Breast is NOT Indicated	BR 4.1	Moved criteria from BR-4.1 to BR 5.1 to ease review
MRI Breast Indications	BR-5.1- MRI Breast Considerations	<ul style="list-style-type: none"> changed 'see also' link from BR-1.1 to BR-1
MRI Breast Indications	BR-5.1	Added bullet: Breast MRI is NOT indicated for evaluation of capsular contracture
MRI Breast Indications	BR-5.1- Suspected Rupture of Breast Implants sub-section	<ul style="list-style-type: none"> Reformatted bullets related to suspected rupture of Breast implants Added opening bullet title "Suspected Rupture of Breast Implants"
MRI Breast Indications	BR-5.1- Risk Factors sub-section	moved genetic mutation "NBN" from BR-5.1 High-Risk Indications Table-> table section 5 (allow begin at age 40) to table section 6 (not indicated);
Breast Pain (Mastodynia)	BR-7.1	<ul style="list-style-type: none"> changed 'see also' link from BR-5.1 to BR-5

Breast Pain (Mastodynia)	BR-7.1	Clarified evaluation criteria that are required to be negative with the following changes: <ul style="list-style-type: none"> • Moved evaluation criteria for history and physical exam to a separate bullet because they are required, but are not required to be "negative" (where as the mammogram and ultrasound are required to be negative). • Removed evaluation criteria "pregnancy test" as this is not required to be "negative" (where as the mammogram and ultrasound are required to be negative)
Alternative Breast Imaging Approaches	BR-8.1- Molecular Breast Imaging (MBI) sub-section	<ul style="list-style-type: none"> • changed 'see also' link from BR-5.1 to BR-5
Alternative Breast Imaging Approaches	BR-8.1- Molecular Breast Imaging (MBI) sub-section	<ul style="list-style-type: none"> • Added indication for Molecular Breast Imaging (CPT® 78800) in individuals who meet criteria for breast cancer screening with MRI (per BR-5.1), but for whom MRI is contraindicated.
Suspected Breast Cancer in Males	BR-9.1	<ul style="list-style-type: none"> • changed 'see also' link from BR-1.1 to BR-1
References	References	<ul style="list-style-type: none"> • editorial changes (AMA format, punctuation, updated NCCN® information) • Removed references that are no longer applicable • Removed duplicate reference: original reference # 60 removed as is a duplicate of original reference # 42
References	References	<ul style="list-style-type: none"> • Added 3 new references: see new reference #'s 15, 54, and 56

Cardiac Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
General Information	general	Added definitions for frequently misunderstood terms exertional fatigue Added abbreviation CAD-RADS
All sections		Throughout document editorial changes were made for consistency to include changing statements such as "may be approved" to "is indicated", added or removed punctuation, corrected spelling errors, typos, capitalization, formatting.
General Information	CD-1.0	Updated definitions of chest pain based on updated evidence 2023 AUC.
General Information	CD-1.0	Added information for clarification about clinical assessment
General Information	CD-1.0	Added information about CAD-RADs for CCTA
General Information	CD-1.0	Remove the pre-test probability table to align with current literature
General Guidelines	CD-1.0	<8 as changed to < or equal to for clarification as the next definition is >8
General Guidelines	CD-1.0	Added "at least 2 contiguous leads to align with the change made in section 1.4 for uninterpretable EKG
Stress Testing without Imaging – Procedures (CD-1.2)	CD-1.2	Added information to clarify abnormal ETT findings
Stress Testing without Imaging – Procedures	CD-1.2	Editorial changes, space added between 4 mph, removed empty bullet
Stress Testing with Imaging -	CD-1.4	Section reorganized into sub-sections specific to symptoms/findings/cardiac history to make more accessible

Indications (CD-1.4)		
Stress Testing with Imaging - Indications (CD-1.4)	CD-1.4	Formatting change to assessing myocardial viability in individuals with significant ischemic ventricular dysfunction
Stress Testing with Imaging - Indications (CD-1.4)	CD-1.4	Further information provided for clarification: Evaluation of documented NSVT (defined as ≥ 3 consecutive ventricular beats at >100 BPM) or sustained VT (defined as a ventricular rhythm >30) when coronary artery disease is the suspected etiology of the VT
Stress Testing with Imaging - Indications (CD-1.4)	CD-1.4	Updated definition
Stress Testing with Imaging - Indications (CD-1.4)	CD-1.4	Updated definition of abnormal CCTA for clarification
Stress Testing with Imaging - Indications (CD-1.4)	CD-1.4	Under syncope of suspected etiology added not otherwise explained
Stress Testing with Imaging - Indications (CD-1.4)	CD-1.4	Under asymptomatic uninterpretable EKG reorganized definition for clarity
Stress Testing with Imaging - Indications (CD-1.4)	CD-1.4	For symptomatic with abnormal ETT added example for inconclusive ETT (for example due to development of rate-related left bundle branch block during exercise)
Stress Testing with Imaging - Indications (CD-1.4)	CD-1.4	Changes made to align with most current evidence ACC/AHA/ASE/ASNC/ASPC/HFSA/HRS/SCAI/SCCT/SCMR/STS 2023 Multimodality Appropriate Use Criteria for the Detection and Risk Assessment of Chronic Coronary Disease. Indications not supported by this update are described in the following 3 rows:
Stress Testing with Imaging - Indications (CD-1.4)	CD-1.4	Inability to exercise on treadmill – subjective and often misrepresented criteria prone to inappropriate use for symptoms unlikely to be ischemic leading to overutilization of imaging stress testing as well as downstream CCTA/Cardiac cath
Stress Testing with Imaging - Indications (CD-1.4)	CD-1.4	Routine testing for asymptomatic patients post PCI/CABG – low yield and not supported by contemporary evidence
Stress Testing with Imaging - Indications (CD-1.4)	CD-1.4	Symptomatic with diabetes age >40 years – not supported by strong evidence, prone to inappropriate use for symptoms unlikely to be ischemic leading to overutilization of imaging stress testing as well as downstream CCTA/Cardiac cath
Stress Testing with Imaging - Indications (CD-1.4)	CD-1.4	Based on updated evidence the following indications have been added: Likely anginal symptoms - meets without need for additional criteria, not confounded by pitfalls of pre-test probability determination, substantially expands indication to age/gender categories not covered by current guideline
Stress Testing with Imaging - Indications (CD-1.4)	CD-1.4	For symptomatic with uninterpretable EKG added exertional dyspnea and exertional fatigue to symptoms
Stress Testing with Imaging - Indications (CD-1.4)	CD-1.4	For uninterpretable EKG T wave inversion updated for clarification to be in at least two contiguous leads
Stress Testing with Imaging - Indications (CD-1.4)	CD-1.4	Under Heart failure or left ventricular systolic dysfunction removed the recurrent from heart failure, defined new and worsening LV systolic dysfunction
Stress Testing with Imaging – Preoperative (CD-1.5)	CD-1.5	Added indication for medium and high risk surgery and editorial changes
Stress Testing with Imaging – Preoperative	CD-1.5	Added hyphen in High-risk and low-risk, and added "risk" to intermediate for consistency

Transplant	CD-1.6	Added hyphen to one-year
Transthoracic Echocardiogram (TTE) - Coding (CD-2.1)	CD-2.1.1	Editorial changes, added CPT code
Myocardial strain imaging (CPT® 93356) (CD-2.12)	CD-2.12	Added reference to CD-12 for additional criteria for myocardial strain
Transthoracic Echocardiography (TTE) – Indications/initial evaluation (CD-2.2)	CD-2.2	Section reformatted and reorganized for easier access to information
Transthoracic Echocardiography (TTE) – Indications/initial evaluation (CD-2.2)	CD-2.2	Indications added for TIPS pre-op indication added for elevated biomarkers
Transthoracic Echocardiography (TTE) – Indications/initial evaluation (CD-2.2)	CD-2.2	Section reorganized for easier access and added indication for VT ablation
Transthoracic Echocardiography (TTE) – Indications/initial evaluation (CD-2.2)	CD-2.2	Changed implant to implantation for correct grammar Changed post PFO repair to after PFO repair Moved Pulmonary Arterial Systolic Pressures (PASP): Mild (35–50 mm Hg), moderate PAH (50–70 mm Hg), and severe pulmonary hypertension (> 70 mm Hg). Mildly elevated PASP without right ventricular dysfunction - repeat imaging is not indicated in absence of new clinical signs or symptoms into a note to emphasize that this is informational and not a requirement
Frequency of Echocardiography Testing (CD-2.3)	CD-2.3	Information reorganized for ease of access. Language added for clarification. Some information addressed in other sections such as hypertrophic cardiomyopathy was removed from this section.
Frequency of Echocardiography Testing (CD-2.3)	CD-2.3	Updated and reorganized section, some changes conflict with current guidelines, will need review
Frequency of Echocardiography Testing (CD-2.3)	CD-2.3	Added indication for post TIPS
Frequency of Echocardiography Testing (CD-2.3)	CD-2.3	Added indication for one-time follow up within 12 months of implantation of a CRT-D device
Transesophageal Echocardiography (TEE) (CD-2.4) (CD-2.5)	CD-2.5	Additional indication for peri-device gap
Stress echocardiography (stress echo) (CD-2.6) (CD-2.7)	CD-2.7	Addition of indication for gradient <30 on initial stress echo under hypertrophic cardiomyopathy Added CPT codes
3D Echocardiography (CD-2.8)(CD-2.9)	CD-2.9	Removed criteria relating to 76376 and 76377 as these codes are not addressed in the cardiac guideline, 93319 is used for cardiac studies
MUGA Study – Cardiac Indications (CD-3.4)	CD-3.4	Removed section 3.5 not necessary just links to 12.1. updated formatting creating subsections
MUGA Study – Cardiac Indications	CD-3.4	changed may be appropriate to is indicated for consistency throughout the document
Cardiac Amyloidosis (CD-3.8)	CD-3.8	Added statement cardiac follow-up should be based on Echocardiogram, Tn, NT-proBNP, clinical exam and symptoms for clarification
Cardiac Sarcoidosis	CD-3.9	Under suspected cardiac sarcoid, removed prior to treatment as this is addressed in monitoring established sarcoid, and reworded the bullet under monitoring treatment

		Content from 6.4 for chest sarcoid is placed under background and supporting information
CT for coronary calcium scoring (CPT® 75571) (CD-4.2)	CD-4.2	Section reorganized State mandates removed from background and supporting information as this information is not updated by eviCore. Removed section numbers from criteria because they are no longer needed.
CT Calcium Scoring- Asymptomatic and for CAD Screening (CD-4.2.1)	CD-4.2.1	Added LDL-C parameters
CT Calcium Scoring Indications- Symptomatic (CD-4.2.2)	CD-4.2.2	Remove indication for Symptoms concerning for cardiac ischemia. Added Coronary artery calcium score (CPT® 75571) is not supported for evaluation of CAD in symptomatic individuals
CCTA – Indications for CCTA (CD-4.3)	CD-4.3	Updated indications for symptoms to match new descriptions AUC
CCTA – Regardless of symptoms (CD-4.4)	CD-4.4	Added indication for pre-op liver transplant, moved CPT into sub-heading to remove it from the section title
CT Heart – Indications (CPT® 75572) (CD-4.8)	CD-4.6	Added indication for post-TAVR CT
Cardiac PET – Perfusion – Indications (CD-6.2)	CD-6.2	Removed example in parenthesis (such as BMI >40)
Cardiac PET – Metabolic – Indications/Cardiac Sarcoidosis	CD-6.4/3.9	Moved the content in 6.4 about cardiac sarcoid into CD-3.9 so the information for sarcoid would be located in one place. There is a reference link to 3.9 in CD-6.4.
LHC – Stable Established CAD Post Revascularization with CABG or PCI (CD-7.3.2)	CD-7.3.2	Shortened the title and removed LHC for consistency with the rest of the section. moved the stable syndrome statement into the note so that it would not be confused as part of criteria
LHC – Stable Established CAD Post Revascularization with CABG or PCI (CD-7.3.2)	CD-7.3.2	Change in symptom description, supports indication for symptoms similar to prior ischemic episode and for likely anginal symptoms
LHC – Stable Established CAD Post Revascularization with CABG or PCI (CD-7.3.2)	CD-7.3.2	Provided parameters for LV dysfunction
LHC – Stable Established CAD Post Revascularization with CABG or PCI (CD-7.3.2)	CD-7.3.2	Removed optimal medical therapy requirement
Stable Symptomatic Suspected or Established Coronary Artery Disease (CD-7.3.3)	CD-7.3.3	Updated symptom terminology to likely anginal symptoms in place of typical angina to align with AUC. added link to top of criteria to definitions, removed references to the table 1 pre-test probability
Stable Symptomatic Suspected or Established Coronary Artery Disease (CD-7.3.3)	CD-7.3.3	Updated indication to include age ≥50 years and/or ≥2 CAD risk factors in place of pre-test probability based indication to align with AUC
Exclusion of Significant Coronary Artery Disease	CD-7.3.4	Added definition for new LV dysfunction and worsening dysfunction

Involvement in other Cardiac Pathology (CD-7.3.4)		
Evaluation of structural heart disease (CD-7.3.5)	CD-7.3.5	Indications added for pre-op organ transplant and pre catheter ablation
Right Heart Catheterization and Right and Left Heart Catheterization without Coronary Angiography (CD-7.4)	CD-7.4	Added info for clarification and Additional codes for approval Updated title to reflect section contents.
Combined Right and Left Heart Catheterization Indications (CD-7.5)	CD-7.5	Added intro statement with codes for consistency
Planned (Staged) Coronary Interventions (CD-7.6)	CD-7.6	Provided additional information for clarification of staged intervention.
Pulmonary Hypertension (PH) (CD-8.1)	CD-8.1	Provided additional information for clarification .
Pulmonary Hypertension	CD-8.1	Changed gradient to velocity the correct term
Left ventricular assist devices (LVAD) (CD-9.4)	CD-9.4	Added indication for pre-implant echo and CT scans for LVAD malfunction and infections
Subaortic Stenosis (SAS) (CD-11.2.8)	CD-11.2.8	Added statement This section relates to subaortic stenosis caused by a discrete membrane or tunnel-like obstruction. for clarification
Fontan Palliation of Single Ventricle Physiology (CD-11.3.11)	CD-11.3.11	Adding surveillance every 10 years with cath
Pregnancy – Maternal Imaging	CD-11.4	Added WHO classification next to II, III, IV for clarification reformatted with bullets and wording change for clarification under complex
Cardiotoxic agent/Cancer Therapeutics-Related Cardiac Dysfunction (CD-12.1)	CD-12.1	Section reformatted for easier access
Cardiotoxic agent/Cancer Therapeutics-Related Cardiac Dysfunction (CD-12.1)	CD-12.1	Added indication for 3D echo 93319. Added indications for MRI, CT coronary calcium.
Cardiotoxic agent/Cancer Therapeutics-Related Cardiac Dysfunction (CD-12.1)	CD-12.1	Updated frequency of screening with language for clarification reformatted section
Hypertrophic Cardiomyopathy (HCM) (CD-14)	CD-14	Updated to align with change made in CD-2.7
Maternal Imaging in Individuals with Aortopathy	CD-15.3	In table added transthoracic and transesophageal for clarification

Chest Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
References	Throughout the Chest Imaging Guidelines	References and in-text citations updated.
Chest Imaging Guidelines	Throughout the Chest Imaging Guidelines	Various editorial/administrative updates throughout.
Abbreviations for Chest Guidelines	CH.GG.Abbreviations.A	Formatting and removed abbreviations related to Breast imaging - content is in Breast Imaging Guideline.
General Guidelines – MRI Chest without and with Contrast (CPT® 71552)	CH-1.5/CH.GG.0001.5.A	Added indication of pectoralis tendon rupture with link to MS-19.
General Guidelines – Nuclear Medicine	CH-1.6/CH.GG.0001.6.A	Added CPT codes to table and links to section in guidelines with the indications for the codes.
Axillary Lymphadenopathy (and Mass)	CH-2.2/CH.LA.0002.2.A	Updated timeframe for observation of ipsilateral COVID vaccination-related adenopathy.
Axillary Lymphadenopathy (and Mass)	CH-2.2/CH.LA.0002.2.A	Follow-up imaging (US) for axillary adenopathy added.
Axillary Lymphadenopathy (and Mass)	CH-2.2/CH.LA.0002.2.A	Updated content in Background and Supporting Information.
Cough	CH-3.1/CH.CH.0003.1.A	Added indications for CT Maxillofacial or CT Sinus for individuals with suspected Upper Airway Cough Syndrome.
Cough	CH-3.1/CH.CH.0003.1.A	Updated requirements in trial and investigation for CT chest in non-smokers.
Cough	CH-3.1/CH.CH.0003.1.A	Corrected spelling of "glucocorticoid"
Cough	CH-3.1/CH.CH.0003.1.A	Added information to Background and Supporting Information.
Non-Cardiac Chest Pain-Imaging	CH-4.1/CH.CP.0004.1.A	Reformatted bullets for CT chest with contrast for sub-sternal non-cardiac chest pain.
Non-Cardiac Chest Pain-Imaging	CH-4.1/CH.CP.0004.1.A	Reformatted bullets on Sub-Sternal Non-Cardiac Chest Pain.
Interstitial Lung Disease (ILD)/Diffuse Lung Disease (DLD)	CH-11.1/CH.ID.0011.1.A	Added indication for detection of Progressive Pulmonary Fibrosis (PPF) in individuals with Interstitial Lung Disease (ILD).
Interstitial Lung Disease (ILD)/Diffuse Lung Disease (DLD)	CH-11.1/CH.ID.0011.1.A	Added information to Background and Supporting Information.
Pneumonia	CH-13.1/CH.PN.0013.1.A	Added indications for CT Chest without or with contrast for immunocompromised individuals.
Coronavirus Disease 2019 (COVID-19)	CH-13.2/CH.PN.0013.2.A	Information added to Background and Supporting Information.
PPD or TB (Mycobacterium tuberculosis and Nontuberculous Mycobacterial Pulmonary Disease (NTM-PD))	CH-14.1/CH.CI.0014.1.A	Editorial edit for clarification.
Fungal Infections (Suspected or Known)	CH-14.2/CH.CI.0014.2.A	Added indication for imaging asthmatics with suspected Allergic Bronchopulmonary Aspergillosis (ABPA).
Suspected Sternal Dehiscence	CH-14.4/CH.CI.0014.4.A	Added option for CT Chest with contrast for imaging.

Suspected Sternal Dehiscence	CH-14.4/CH.CI.0014.4.A	Added differentiating sternal wire migration from sternal dehiscence as indication for imaging.
Suspected Sternal Dehiscence	CH-14.4/CH.CI.0014.4.A	Added redirection to MS-9.1 for concerns for osteomyelitis or soft tissue infection.
Sarcoid	CH-15.1/CH.SA.0015.1.A	Editorial edit for clarification
Solitary Pulmonary Nodule – Imaging	CH-16.1/CH.SN.0016.1.A	Clarification on Maximum intensity projection (MIP), and Minimum intensity projection (MinIP) in evaluation of pulmonary nodules
Solitary Pulmonary Nodule – Imaging	CH-16.1/CH.SN.0016.1.A	Added information addressing how nodules should be measured.
Incidental Pulmonary Nodules Detected on CT Images	CH-16.2/CH.SN.0016.2.A	Reformatted table - no clinical change.
Incidental Pulmonary Nodules Detected on CT Images	CH-16.2/CH.SN.0016.2.A and CH-16.4/CH/SN.0016.4.A	Information on pulmonary cysts was moved from the Background and Supporting Information section of CH-16.4 and into the guideline section of CH-16.2, just below the table.
Pleural-Based Nodules and Other Abnormalities	CH-17.1/CH.PB.0017.1.A	Updated Background and Supporting Information section.
Pleural Effusion	CH-18.1/CH.EF.0018.1.A	Added indication for CT Chest.
Pneumothorax/Hemothorax	CH-19.1/CH.PT.0019.1.A	Added indications for MRI Chest.
Pneumothorax/Hemothorax	CH-19.1/CH.PT.0019.1.A	Added new indication for CT Chest.
Pneumothorax/Hemothorax	CH-19.1/CH.PT.0019.1.A	Content added for clarification of imaging.
Chest Wall Mass	CH-22.1/CH.CM.0022.1.A	Reformatted section for CT or MRI Chest.
Chest Wall Mass	CH-22.1/CH.CM.0022.1.A	Removed option of CT Chest without contrast and specified MRI Chest preferred study over CT.
Chest Wall Mass	CH-22.1/CH.CM.0022.1.A	Updated Background and Supporting Information section.
Pectus Excavatum and Carinatum	CH-23.1/CH.EC.0023.1.A	Updated Background and Supporting Information section.
Pulmonary AVM	CH-24.1/CH.AV.0024.1.A	Added option for CT Chest without contrast.
Pulmonary AVM	CH-24.1/CH.AV.0024.1.A	Clarified that CTA Chest is the preferred modality for pre-intervention planning.
Pulmonary AVM	CH-24.1/CH.AV.0024.1.A	Added information about HHT to criteria and Background and Supporting Information.
Pulmonary Embolism	CH-25.1/CH.PE.0025.1.A	Added option of SPECT/CT in section on ventilation-perfusion scans.
Pulmonary Embolism	CH-25.1/CH.PE.0025.1.A	Editorial edit for clarification

Head Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
All sections	All sections	Editorial changes throughout for consistency such as punctuation, typos, capitalization, and formatting
References throughout guideline sections	All sections	Removed/updated references throughout the guideline
I&E language	All applicable sections	Updated language to remove "investigational and experimental" to state "not medically necessary" where applicable
General Guidelines	HD-1.0	Updated list of providers to exception of neuro exam requirement prior to advanced imaging to include: neuro-ophthalmologist, gynecologist, or any provider in consultation with one of the above specialists.
General Guidelines	HD-1.0	Added additional imaging for when MRI is contraindicated: CT head contrast as requested (CPT® 70450 OR CPT® 70460 OR CPT® 70470)
General Guidelines - Anatomic Issues	HD-1.1	Updated CT orbital to orbit to match CPT code description
General Guidelines - Anatomic Issues	HD-1.1	Added sub section for cranial neuropathies
General Guidelines - Anatomic Issues	HD-1.1	Without contrast added an optional contrast level for MRI brain and MRI orbit/face/neck CT Neck with contrast (CPT® 70491) added for abnormalities of specific cranial nerves
General Guidelines - Anatomic Issues	HD-1.1	Statement added that the brain and orbit, face and/or neck may be performed concurrently when indicated
General Guidelines - Anatomic Issues	HD-1.1	List of corresponding guidelines regarding cranial neuropathies added
General Guidelines - Anatomic Issues	HD-1.1	Added background information along with a chart describing nerve dysfunction on exam and the relevant guideline section in HD
General Guidelines - MRI Brain	HD-1.3	Removed timeframe for when an MRI brain with contrast can be done as f/u to MRI brain wo
General Guidelines - MRI Brain	HD-1.3	Added additional guidance regarding providers to include "neurologist, a neurosurgeon, or a neuro-ophthalmologist, or any provider in consultation with a neurologist, neurosurgeon, or neuro-ophthalmologist" that can order f/u MRI brain with contrast after MRI brain wo
General Guidelines - MRI Brain	HD-1.3	Added that gadolinium is relatively contraindicated in pregnancy and MRI brain wo is supported.
General Guidelines - CT and MR Angiography (CTA and MRA)	HD-1.5	Added link to HD 10.1 for trigeminal neuralgia Added link to Neck 10.3 for Eagle Syndrome Added CPT codes for MRA head

		for f/u aneurysm clipping or coiling procedures
General Guidelines - CT and MR Angiography (CTA and MRA)	HD-1.5	Added " is supported" to the last sub bullet point in the last part of this section regarding "MRA without and with contrast with venous sinus thrombosis to differentiate total from subtotal occlusion"
General Guidelines - Other Imaging Situations	HD-1.7	Added CPT 76376 (3D rendering not requiring image post-processing on an independent workstation) to indication for "performing in conjunction with conventional angiography (i.e.: conventional 4 vessel cerebral angiography)"
General Guidelines - Other Imaging Situations	HD-1.7	Removed "MRI Brain without and with contrast (CPT® 70553) AND/OR MRI Cervical Spine without and with contrast (CPT® 72156) AND/OR MRI Thoracic Spine without and with contrast (CPT® 72157) is appropriate for consideration of neurosarcoidosis"
General Guidelines - Other Imaging Situations	HD-1.7	Added link to Neck 10.3 for Eagle Syndrome
General Guidelines - Other Imaging Situations	HD-1.7	Reformatted wording for CT head wo (CPT 70450) to add the word "Additionally" at the front of the sentence and removed the word "added" for indication for indications of h/o prior cranial surgery, h/o head trauma, presence of neurological signs and symptoms
Taste and Smell Disorders	HD-2.1	Removed MRI brain wo or wwo regarding indication for SARS-CoV-2 for neurological symptoms or signs, other than change in taste or smell, for consideration of other pathology. Instead left the link to HD 14.2 and HD 21.1 since discussed in these guidelines
Ataxia	HD-3.1	Updated CT orbital to orbit to match CPT code description Reworded the order of the CPT codes already listed in the guideline to make more clear
Ataxia	HD-3.1	Removed the imaging and criteria for Normal pressure hydrocephalus from the ataxia guideline and instead left the already established link to that guideline.
Mental Health Disorders and Mental Status Change	HD-4	Updated main section title from "Behavioral Disorders (HD-4)"
Autism Spectrum Disorders	HD-4.0	Retitled section to "Autism Spectrum Disorders HD-4.0" from "Behavioral Disorders - General Information HD-4.0" Removed the subtitle for "Autism" since this is now its own guideline section
Autism Spectrum Disorders	HD-4.0	Added that the MRI brain wwo is indicated for any of the indications listed.
Mental Health Related Disorders	HD-4.1	Retitled section to "Mental Health Related Disorders HD-4.1" from "Behavioral Disorders and Mental Status Change HD-4.1"

Mental Health Related Disorders	HD-4.1	Updated word "Psychiatric" to the words "Mental Health"
Mental Health Related Disorders	HD-4.1	Added inclusion of ADHD
Mental Health Related Disorders	HD-4.1	Added there are exceptions for certain mental health indications that do require advanced imaging Capitalized the word "OR" between the appropriate imaging for exceptions to mental health diagnoses
Mental Health Related Disorders	HD-4.1	Removed timeframe for "acute psychosis"
Mental Health Related Disorders	HD-4.1	Gave definition of what "ECT" stands for and clarified the statement, along with capitalizing the word "OR" between the appropriate imaging.
Mental Health Related Disorders	HD-4.1	Added CPT codes for when imaging is supported prior to DBS therapy for medically refractory OCD
Mental Health Related Disorders	HD-4.1	Removed verbiage "so imaging is not indicated" from Deep Brain Stimulation Therapy
Mental Status Change	HD-4.2	Addition of new section with indications and CPT codes along with background and supporting information
Chiari I Malformations	HD 5.1	Reformatted indications and CPT codes from HD-5.1, 5.2 and 5.3 into a single chart to include all types of Chiari malformation (I, II, III, and IV)
Chiari I Malformations	HD 5.1	Added "background and supporting information" section to include the definitions for Chiari I, Chiari II and Chiari III Added into the "background and supporting information" section the information about repeat brain and spine imaging for patients with Chiari I malformations.
Chiari I Malformations	HD 5.1	Reworded "Repeat imaging at the discretion of or in consultation with the specialist coordinating the individual's care for this condition" and added definition of the specialist to read "Repeat imaging for one of the following: At the discretion of or in consultation with a neurologist and/or neurosurgeon coordinating the individual's care" for any type of Chiari malformation in the new chart
Chiari I Malformations	HD 5.1	Removed "Repeat brain and spine imaging in individuals with Chiari II, III, and IV malformations is highly individualized and is indicated at the discretion of or in consultation with the specialist coordinating the individual's care for this condition."
Chiari I Malformations	HD 5.1	Under former Chiari II section, removed that US is the initial examination in infants
Chiari II Malformations (Arnold Chiari Malformation)	HD 5.2	

Chiari III and IV Malformations (HD-5.3)	HD 5.3	
Basilar Impression/Basilar Invagination	HD-5.4	Added Basilar invagination as new indication and additional imaging
Basilar Impression/Basilar Invagination	HD-5.4	Removed that basilar impression should appear genetic to get one time screening of first degree relatives
Basilar Impression/Basilar Invagination	HD-5.4	Moved descriptive information under background and supporting information regarding basilar impression and added information about basilar invagination
Platybasia	HD-5.5	Updated wording to state MRI brain or CT head is for suspected or known platybasia
Platybasia	HD-5.5	Added new indication for surgery and additional imaging
Platybasia	HD-5.5	Moved descriptive information under background and supporting information regarding basilar impression and added information about basilar invagination
Facial Palsy	HD-6.1	New CPT and Indications added
Facial Palsy	HD-6.1	Moved descriptive information under background and supporting information regarding basilar impression and added information about basilar invagination
Hemifacial Spasm	HD-6.2	Clarification for terms that can be used
Recurrent Laryngeal Palsy	HD-7.1	Moved to Neck 7.1
Dementia	HD 8.1	Updated link for acute mental status change to match the title change and subsection update to HD 4.2
Dementia	HD-8.1	Added additional mental status test with score required
Dementia	HD-8.1	Removed the imaging and criteria for Normal pressure hydrocephalus from the dementia guideline and instead left the already established link to that guideline.
Dementia - PET	HD-8.2	Added additional mental status test with score required
Dementia - PET	HD-8.2	Removed indication for relevant lab tests.
Dementia - PET	HD-8.2	Added indication for FDG-PET/MRI Brain w/o OR w/w on case by case basis for those imaging centers that use this imaging for initial evaluation
Dementia - PET	HD-8.2	Additional information added to background and supporting information regarding utility of PET/MRI for evaluation of patient with dementia
Lewy Body Dementia (LBD) - SPECT Brain Scan	HD-8.3	Added additional mental status test with score required
Lewy Body Dementia (LBD) - SPECT Brain Scan	HD-8.3	Removed indication for relevant lab tests.

Normal Pressure Hydrocephalus (NPH)	HD-8.4	Added additional mental status test with score required
Normal Pressure Hydrocephalus (NPH)	HD-8.4	Removed indication for relevant lab tests
Epilepsy/Seizures	HD-9.1	Capitalized the word "OR" between the appropriate imaging for indications related to seizures editorial with CPT code removed for CT head - clarification clarification/reformatting with wording for follow up CT head CPT codes added - code clarification
Epilepsy/Seizures	HD-9.1	New 3D rendering codes added - clinical change
Perioperative Evaluations for Drug- Resistant Epilepsy	HD-9.2	Clarified CPT code for MRI brain
Perioperative Evaluations for Drug- Resistant Epilepsy	HD-9.2	Added F/U MRI brain imaging indication for "epilepsy protocol"
Perioperative Evaluations for Drug- Resistant Epilepsy	HD-9.2	Added Brain PET/MRI imaging for pre-surgical evaluation of refractory seizure
Perioperative Evaluations for Drug- Resistant Epilepsy	HD-9.2	Added additional information from HD 24.2 regarding MRA Head and Functional MRI
Perioperative Evaluations for Drug- Resistant Epilepsy	HD-9.2	MRI brain wo OR wwo if co-registered with Magnetoencephalography (MEG)
Perioperative Evaluations for Drug- Resistant Epilepsy	HD-9.2	Added 3 D rendering codes
Perioperative Evaluations for Drug- Resistant Epilepsy	HD-9.2	Clarified the type of electrodes are considered "depth" electrodes
Perioperative Evaluations for Drug- Resistant Epilepsy	HD-9.2	Clarified the provider that can request post-op imaging
Perioperative Evaluations for Drug- Resistant Epilepsy	HD-9.2	Additional background and supporting information regarding MEG
Perioperative Evaluations for Drug- Resistant Epilepsy	HD-9.2	Added acronym for Laser Interstitial Thermal Therapy (LITT) and Deep Brain Stimulation (DBS)
Trigeminal Neuralgia and other Centrally Mediated Facial Pain Syndromes	HD-10	Updated title of section from "Facial Pain/Trigeminal Neuralgia" to "Trigeminal Neuralgia and other Centrally Mediated Facial Pain Syndromes"
Trigeminal Neuralgia/Trigeminal Neuropathy	HD-10.1	Updated title of section from "Facial Pain/Trigeminal Neuralgia" to "Trigeminal Neuralgia/Trigeminal Neuropathy"
Trigeminal Neuralgia/Trigeminal Neuropathy	HD-10.1	Added MRI Brain wo CPT code
Trigeminal Neuralgia/Trigeminal Neuropathy	HD-10.1	Added new indication for symptoms of trigeminal neuropathy
Trigeminal Neuralgia/Trigeminal Neuropathy	HD-10.1	Updated verbiage for tic douloureux as trigeminal neuralgia Added link to HD 10.2

Trigeminal Neuralgia/Trigeminal Neuropathy	HD-10.1	CT Maxillofacial without contrast (CPT® 70486) or with contrast (CPT®70487) and Contrast-enhanced navigation protocol CT (CPT® 76497) with indications
Trigeminal Neuralgia/Trigeminal Neuropathy	HD-10.1	Trigeminal neuralgia added as indication for vascular imaging concurrently with structural brain imaging
Trigeminal Neuralgia/Trigeminal Neuropathy	HD-10.1	Added background and supporting information for trigeminal neuropathy and trigeminal neuralgia
Glossopharyngeal Neuralgia / Glossopharyngeal Neuropathy	HD-10.2	New guideline with CPT codes and indications along with background and supporting information
Headache General Guidelines	HD-11.0	Added reference hyperscript to Newly diagnosed migraine or tension-type headache and background and supporting information (Jordan 2020).
Headaches with Red Flags	HD-11.2	Reformatting - no clinical change
Headaches with Red Flags	HD-11.2	Added reference hyperscript to Background and Supporting Information (Recober 2021).
Sudden Onset of Headache	HD-11.3	Reformatting - no clinical change
Sudden Onset of Headache	HD-11.3	Added reference hyperscript to repeat MRA/CTA Head and Neck imaging for high suspicion of RCVS (Perillo 2022)
Trigeminal Autonomic Cephalgias	HD-11.4	Reformatting - no clinical change
Trigeminal Autonomic Cephalgias	HD-11.4	Added reference hyperscript to trigeminal autonomic cephalgias and cluster headache (Nahas 2021)
Skull Base, Orbit, Periorbital or Oromaxillary	HD-11.5	Additional definition of codes
New Headache Onset Older than Age 50	HD-11.7	Added link for HD 22
Abnormal Blood Clotting	HD-11.9	Clarification on language for new onset headaches with abnormal blood clotting and when MRA/MRV or CTA/CTV may be added for venogram when requested.
Pregnancy	HD-11.10	Added reference hyperscript to important causes of secondary headache information statement (Pallavi ACR 2022 and Rayhill 2022)
Pregnancy	HD-11.10	Removed specific information regarding postpartum for MRI brain wwo if not breastfeeding and MRI brain wo if unsure
Physical Exertion	HD-11.11	Added reference hyperscript to supported procedures paragraph (Smith 2021)
Physical Exertion	HD-11.11	Reformatted section
Physical Exertion	HD-11.11	Updated "arterial dissection" to state "carotid or vertebral artery dissection".
Headaches Associated With Head Trauma	HD-11.12	Reformatted section

Systemic Infections	HD-11.13	CT head contrast clarified to be wo or wwo instead of contrast as requested
Systemic Infections	HD-11.13	Added a new link to covid gl 14.2
Hydrocephalus Shunts	HD-11.14	Removed informational statements regarding shunted hydrocephalus with headaches and the different types of hydrocephalus. Reformatted repeat imaging indications section and links for HD-24.4 and HD-1.4
Low Pressure Headache and CSF Leak	HD-11.15	Added reference hyperscript to evaluation of suspected CSF leak (rhinorrhea/otorrhea) or refractory post-lumbar puncture/ or low pressure headache (Dobrocky 2022)
Low Pressure Headache and CSF Leak	HD-11.15	Current content added to table format with the exception of CPT 78650
Cervicogenic Headaches Including Occipital Neuritis/Neuralgia	HD-11.16	Updated section to match verbiage In SP 3.1 Reformatted additional information under new section in background and supporting information.
Advanced Imaging Indications Related To Migraines	HD-11.17	Added reference hyperscript to aura symptoms under background and supporting information (Recober 2021)
Intracranial Aneurysms	HD-12.1	Addition of indication for Glucocorticoid-remediable aldosteronism (GRA)
Intracranial Aneurysms	HD-12.1	Removed the word "unruptured" for follow-up of known cerebral aneurysm
Arteriovenous Malformations (AVMs) and Related Lesions	HD-12.2	Reformatted section into table format Added link to HD 21.1 Added link to HD-24.2
Arteriovenous Malformations (AVMs) and Related Lesions	HD-12.2	Added additional points to background and supporting information regarding intracranial AVMs, vascular malformations, and hereditary AVMs.
Arteriovenous Malformations (AVMs) and Related Lesions	HD-12.2	New indications for the adult patient to include Microcephalic Osteodysplastic Primordial Dwarfism, Type II (MOPD II), Sturge-Weber Syndrome
Arteriovenous Malformations (AVMs) and Related Lesions	HD-12.2	MRI Brain without and with contrast (CPT® 70553) OR without contrast (CPT® 70551), OR CT head without contrast (CPT ® 70450) AND/OR MRA Head (CPT® 70544, CPT® 70545, or CPT® 70546) or CTA Head (CPT® 70496) for headache, seizure, and/or focal neurologic deficits
Arteriovenous Malformations (AVMs) and Related Lesions	HD-12.2	3D imaging (CPT® 76376 or CPT® 76377) with MRI Brain is supported
Arteriovenous Malformations (AVMs) and Related Lesions	HD-12.2	Clarified timing when 3D rendering is appropriate
Arteriovenous Malformations (AVMs) and Related Lesions	HD-12.2	Functional MRI (CPT® 70554 OR CPT® 70555) for surgical planning

Head Trauma	HD-13.1	Reformatted guideline
Head Trauma	HD-13.1	Updated CT contrast levels related to TBI Updated MRI contrast levels and indications related to insufficient CT findings or with TBI
Facial Trauma	HD-13.2	Added CPT CT Head without contrast (CPT® 70450)
Facial Trauma	HD-13.2	Added new indication for CPT CT Orbit/Temporal Bone without contrast (CPT® 70480) and/or CT Head without contrast (CPT® 70450)
Facial Trauma	HD-13.2	Removed note regarding x-rays not required before advanced imaging
Facial Trauma	HD-13.2	Removed imaging regarding CT head cisternography with referral to HD 11.15 if the concern is for CSF leak and CT Maxillofacial or Temporal bone is inconclusive
Facial Trauma	HD-13.2	Removed link to Nuclear Medicine HD-36.1
CNS and Head Infection	HD-14.1	Addition of an area for REPEAT imaging with indications and imaging for each area.
CNS and Head Infection	HD-14.1	Addition of MRA Head, MRA Neck, CTA Head, CTA Neck for initial imaging
CNS and Head Infection	HD-14.1	Addition of link for HD-22 and HD-4.2
CNS and Head Infection	HD-14.1	Initial imaging section is not new. Previous initial paragraph was reformatted to a bulleted list Removed FDG Brain PET from section regarding evaluation of individuals with suspicion of having encephalitis
Neuro-COVID-19 and Sars-CoV-2 Vaccines	HD-14.2	Reformatted section to include updated indications for acute or chronic Neuro-COVID-19 syndrome, suspected neurologic adverse reactions after SARS-CoV-2 vaccination, suspected transverse myelitis and/or COVID infection Vascular imaging content was added from section HD-1.5 and HD21.1 - this content is not new
Neuro-COVID-19 and Sars-CoV-2 Vaccines	HD-14.2	Added link for HD 16.4
Neuro-COVID-19 and Sars-CoV-2 Vaccines	HD-14.2	Background and supporting information has been updated to include information regarding TTS and where to find the Janssen COVID-19 vaccine fact sheet
Autoimmune/Paraneoplastic Encephalitis & Neuroinflammatory Disorders	HD-14.3	Addition of new section regarding "Autoimmune/Paraneoplastic Encephalitis & Neuroinflammatory Disorders HD-14.3" with indications and CPT codes along with background and supporting information

Autoimmune/Paraneoplastic Encephalitis & Neuroinflammatory Disorders	HD-14.3	Neurosarcoidosis was moved from HD-1.7 to HD-14.3
Movement Disorders	HD-15.1	Defined that repeat imaging studies for surgical treatment of Essential Tremor, Parkinson's disease, and/or Spasmodic Torticollis/Dystonia are for pre-surgical evaluation. Reformatted area regarding Atypical Parkinsonism Defined specialist as neurosurgeon or neurologist
Movement Disorders	HD-15.1	Addition of Fluorodopa F18 (F-DOPA) PET Brain (CPT® 78606) with new indication for specific motor symptoms in suspected Parkinsonian syndromes to differentiate from non-neurodegenerative disorders
Movement Disorders	HD-15.1	Clarified situations in which DAT Scans and F-DOPA PET scans are useful
Movement Disorders	HD-15.1	Removed the statement from background and supporting information regarding little evidence that supports the use of MRA/CTA and PET in evaluation of movement disorders
Multiple Sclerosis (MS)	HD-16.1	Reformatted indications and CPT codes into a chart
Multiple Sclerosis (MS)	HD-16.1	Addition of indications for patients with h/o of radiologically isolated syndrome (RIS) along with the appropriate imaging and timeframes for imaging
Multiple Sclerosis (MS)	HD-16.1	Added additional information to background and supporting information along with additional medications with high risks of PML.
Neuromyelitis Optica and NMOSpectrum Disorders	HD-16.2	Reformatted entire section into table format
Neuromyelitis Optica and NMOSpectrum Disorders	HD-16.2	Further defined "neurology specialist" when clinical concern is for optic neuritis
Neuromyelitis Optica and NMOSpectrum Disorders	HD-16.2	Additional background and supporting information added regarding core clinical characteristics of NMOSD
MOG Antibody-Associated Disease (MOGAD)	HD-16.3	Updated main section title from "Anti-MOF Syndromes"
MOG Antibody-Associated Disease (MOGAD)	HD-16.3	Reformatted entire section into table format
MOG Antibody-Associated Disease (MOGAD)	HD-16.3	Updated background and supporting information section
MOG Antibody-Associated Disease (MOGAD)	HD-16.3	Added links in background and supporting information for HD 16.1, HD 16.2, HD 16.3, HD 14.2, HD 14.3
Transverse Myelitis	HD-16.4	Reformatted entire section into table format
Transverse Myelitis	HD-16.4	Added information regarding optic neuritis

		Added link for HD 32.1
Transverse Myelitis	HD-16.4	Added indication that imaging is supported annually for 5 years
Transverse Myelitis	HD-16.4	Added definition to symptoms of patients with transverse myelitis and they can also be bilateral and not necessarily symmetrical
Transverse Myelitis	HD-16.4	Updated background and supporting information section Added link for HD 14.2, HD 14.3, HD 12.HD 16.1, HD 16.2, HD 16.3
Papilledema/Pseudotumor Cerebri	HD-17.1	Addition of definition to indication to include "idiopathic intracranial hypertension"
Papilledema/Pseudotumor Cerebri	HD-17.1	Addition of MRI Orbit/Face/Neck without contrast (CPT® 70540) or MRI Orbit/Face/Neck without and with contrast (CPT® 70543) or CT Orbit/Temporal bone with contrast (CPT® 70481) or CT Orbit/Temporal bone without contrast (CPT® 70480)
Papilledema/Pseudotumor Cerebri	HD-17.1	Updated MRA Head or CTA head may be added for venogram when requested
Sensory/Weakness Complaints	HD-18.1	Reformatted section into table
Sensory/Weakness Complaints	HD-18.1	Added additional findings for sensory and weakness complaints
Sensory/Weakness Complaints	HD-18.1	Added link to Cauda Equina in SP 1.2 Added additional definitions to background and supporting information with new references
Pituitary	HD-19.1	Added exception for endocrine lab studies prior to considering advanced imaging to include incidentally found lesions
Pituitary	HD-19.1	Further explanation regarding link for PV 3.1
Pituitary	HD-19.1	Added additional information for Prolactinomas regarding when patient is not on therapy
Pituitary	HD-19.1	Added new indications to include female hypogonadism, growth hormone deficiency, secondary (central) adrenal insufficiency, and central hypothyroidism
Pituitary	HD-19.1	Added more definition to hypopituitarism and diabetes insipidus
Pituitary	HD-19.1	For Cushing's disease in background and supporting information, added that ACTH is also "inappropriately normal"
Post-Operative and Repeat Imaging Indications	HD-19.2	Further defined "specialist"
Craniopharyngioma and Other Hypothalamic/Pituitary Region Tumors	HD-19.4	Removed information from this section and placed hyperlink to see PEDONC-4.10
Scalp and Skull Lesions	HD-20.1	Added indication for Pott Puffy Tumor with appropriate imaging

Scalp and Skull Lesions	HD-20.1	Added additional information regarding Pott Puffy Tumor
Skull Base Osteomyelitis (SBO)	HD-20.2	Added additional information regarding skull based osteomyelitis
Stroke/TIA	HD-21.1	Reformatted entire section into table format
Stroke/TIA	HD-21.1	Added new indication for Stroke in Pregnancy and other hypercoaguable states along with appropriate imaging
Stroke/TIA	HD-21.1	Added new indication for Cerebral Amyloid Angiopathy (CAA) along with appropriate imaging
Stroke/TIA	HD-21.1	Added new indication for Adults with sickle cell disease - links to new section HD-21.6
Stroke/TIA	HD-21.1	Added in link to HD-21.5 for Moyamoya Disease, specifically Added link to HD-21.7 for Multisystem Smooth Muscle Syndrome
Stroke/TIA	HD-21.1	Added link to HD-21.6 for Sickle Cell Disease
Stroke/TIA	HD-21.1	Added background and supporting information discussing risk factors for stroke along with arterial and venous hypercoaguable states that impose a stroke risk
Transient Global Amnesia	HD-21.4	Added additional characteristic of Transient Global Amnesia (TGA)
Transient Global Amnesia	HD-21.4	Added link for suspected seizure to see HD-9.1
Moyamoya Syndrome/Disease	HD-21.5	New subsection for Moyamoya Syndrome/Disease with additional indications and appropriate imaging
Sickle Cell Disease	HD-21.6	New subsection for Sickle Cell Disease with additional indications and appropriate imaging
Multisystemic Smooth Muscle Syndrome (MSMS)/Smooth Muscle Dysfunction Syndrome (SMDS) /ACTA2 Mutations	HD-21.7	New subsection for MSMS and SMDS with additional indications and appropriate imaging
Cerebral Vasculitis	HD-22.1	Moved informational text to background and supporting information section and moved link to HD 11.7 down further in the guideline
Cerebral Vasculitis	HD-22.1	Reworded statements surrounding appropriate imaging when CNS vasculitis is suspected
Cerebral Vasculitis	HD-22.1	Added additional 3D rendering code 76376 as an option to go along with cervicocerebral angiography/arteriography
Dizziness/Vertigo	HD-23.1	History of Malignancy added under Red Flag list of indications - also links to ONC-31.3
Dizziness/Vertigo	HD-23.1	Reformatted entire section into table format
Syncope	HD-23.2	Reformatted entire section into table format

Functional MRI (fMRI)	HD-24.2	Updated verbiage stating that if Functional MRI (CPT® 70554 or CPT® 70555) is erroneously ordered, then MRA head (CPT® 70544) may be substituted when appropriate
CT or MRI Perfusion	HD-24.5	Removed text stating there was no code for MRI perfusion. Added the appropriate imaging codes for MRI perfusion
CT or MRI Perfusion	HD-24.5	Removed "secondary indications" section and added these indications to the CPT® 0042T - "cerebral perfusion analysis using CT" section
Magnetic Resonance Neurography	HD-24.6	Removed I&E language here and left link to MRN in PN-7.1
Epistaxis	HD-25.1	Restructured indication regarding suspicion for mass lesion after initial nasal endoscopy by ENT.
Epistaxis	HD-25.1	Information added for when a patient has persistent or recurrent epistaxis after cauterization or packing
Epistaxis	HD-25.1	Indication and appropriate imaging added prior to embolization
Epistaxis	HD-25.1	Added background and supporting information discussing proper clinical management of epistaxis, embolization success rates, and negative outcomes of embolization.
Mastoid Disease or Ear Pain	HD-26.1	Reformatted section into table format for when imaging is indicated, no clinical change
Mastoid Disease or Ear Pain	HD-26.1	Reworded section specific to cholesteomas with indications and appropriate imaging, no clinical change
Mastoid Disease or Ear Pain	HD-26.1	Added Eustachian Tube Dilatation with appropriate imaging
Mastoid Disease or Ear Pain	HD-26.1	Added concern for Petrous Apex Lesions with appropriate imaging
Mastoid Disease or Ear Pain	HD-26.1	Added link for HD-20.2
Mastoid Disease or Ear Pain	HD-26.1	Added general information about cholesteomas and common causes of ear pain to new background and supporting information section. Added new information regarding clinical suspicion for complications from otitis media and petrous apex lesions/infections to the new background and supporting information section
Hearing Loss	HD-27.1	Moved the indication for conductive hearing loss under a separate section where CT Orbit/Temporal Bone without contrast (CPT® 70480) is the appropriate imaging
Hearing Loss	HD-27.1	Updated definition of CPT 70480 to CT Orbit/Temporal Bone without instead of CT Temporal Bone without
Tinnitus	HD-27.2	Reformatted section into table format for when imaging is indicated with update to reference and vascular

		imaging was put into its own table section
Tinnitus	HD-27.2	Updated CPT codes for MRI Internal auditory canals for consistency and appropriateness
Sinus and Facial Imaging	HD-29.1	Reworded information regarding acute sinusitis Added types of treatment
Sinus and Facial Imaging	HD-29.1	Added that complicated chronic sinusitis can be actual or threatened
Sinus and Facial Imaging	HD-29.1	Added more definition to recurrent sinusitis, now defined as bacterial rhinosinusitis
Sinus and Facial Imaging	HD-29.1	Further clarified recurrent sinusitis to include that CT Maxillofacial without contrast (CPT® 70486) may still be indicated under chronic sinusitis definitions
Sinus and Facial Imaging	HD-29.1	Added link for HD-2.1 for decreased sense of smell under chronic sinusitis
Sinus and Facial Imaging	HD-29.1	Added indication for CT Maxillofacial without contrast (CPT® 70486) or limited CT Sinus without contrast (CPT® 76380) to include follow up on incidentally noted sinus pathology
Sinus and Facial Imaging	HD-29.1	Added more definition to unexplained cough to include this would be the main symptom and suspected UACS is the etiology
Sinus and Facial Imaging	HD-29.1	Removed cystic fibrosis from the indication for CT Maxillofacial with contrast (CPT® 70487) and moved under the appropriate CPT code list for CT Maxillofacial without contrast (CPT® 70486) OR CT Maxillofacial with contrast (CPT® 70487) OR MRI Maxillofacial Orbit/Face/Neck without and with contrast (CPT® 70543)
Sinus and Facial Imaging	HD-29.1	Added indications for planned sinus surgery to include: when CT Maxillofacial without contrast (CPT® 70486) is supported, when CPT 77011 should also be used, and information about 3D rendering in conjunction with other codes
Sinus and Facial Imaging	HD-29.1	Updated complications of ABRs to include a constellation of symptoms with specific examples
Sinus and Facial Imaging	HD-29.1	Added additional link as reference for cone beam imaging, HD-30.2
Temporomandibular Joint Disease	HD-30.1	Updated Juvenile "Rheumatoid" Arthritis to Juvenile "Idiopathic" Arthritis
Temporomandibular Joint Disease	HD-30.1	Added indications from PEDHD-25 to HD-30.1 regarding annual MRI TMJ (CPT70336) and Bone Scintigraphy/Bone Scan 3 Phase Study (CPT 78315) with consideration of surgery
Temporomandibular Joint Disease	HD-30.1	Added indication for repeat imaging for patients with JIA
Dental/Periodontal/Maxillofacial Imaging	HD-30.2	Added indication for cone beam CT for surgical planning to include post-operative imaging, including dental implants

Dental/Periodontal/Maxillofacial Imaging	HD-30.2	Added link to HD -24.7 for cone beam CT
Eye Disorders and Visual Loss	HD-32.1	Clarified exam performed by a Neuro-Ophthalmologist, Neurologist, or an Optometrist meets the requirement
Eye Disorders and Visual Loss	HD-32.1	Defined the cranial nerve specific to the eye disorder Added link to HD-1.1 for cranial neuropathies
Eye Disorders and Visual Loss	HD-32.1	Added indication for nystagmus
Eye Disorders and Visual Loss	HD-32.1	Updated that homonymous defects are now called "visual field" defects
Eye Disorders and Visual Loss	HD-32.1	Updated definition of MRI orbits to MRI Orbits/Face/Neck
Eye Disorders and Visual Loss	HD-32.1	Added indication and appropriate CPT codes for preoperative planning for procedures
Eye Disorders and Visual Loss	HD-32.1	Moved "Binocular Diplopia from Cranial Nerve Palsies or Intracranial Disease"
Eye Disorders and Visual Loss	HD-32.1	Added indication from HD-12.1 regarding suspicion of intracranial aneurysm. Link to HD-12.1 is included. Added indication from HD-21.1 for evaluation of diplopia due to suspected stroke or TIA. Link to HD-21.1 is included
Eye Disorders and Visual Loss	HD-32.1	Additional CPT codes added as appropriate imaging when there are neurologic symptoms or ophthalmologic symptoms while on Tepezza
Eye Disorders and Visual Loss	HD-32.1	Reworded additional imaging indications for clarification
Eye Disorders and Visual Loss	HD-32.1	Added indication for autoimmune retinopathy - moved from background information Added link to ONC-30.3
Eye Disorders and Visual Loss	HD-32.1	Added indication for oncologic conditions Added link to PEDONC-12 and ONC 5.9
Eye Disorders and Visual Loss	HD-32.1	Moved information regarding autoimmune retinopathy, oncologic conditions, and temporal arteritis from background and supporting information to the clinical section
Eye Disorders and Visual Loss	HD-32.1	Clarified language regarding suspicion for disorders of the brain and orbit is needed to obtain imaging for both regions together
Eye Disorders and Visual Loss	HD-32.1	Updated abbreviation chart: Added NLDO - Nasolacrimal duct obstruction Updated OCT to Optical Coherence Tomography Added RAPD - Relative Afferent Pupillary Defect (see APD)

Nuclear Medicine	HD-36.1	<p>Added link to see HD-15.1 Movement Disorders for criteria regarding imaging Radiopharmaceutical Localization SPECT with Ioflupane I-23 (CPT® 78803 or CPT® 78830, DAT-SPECT) OR Fluorodopa F18 (F-DOPA) PET Brain (CPT® 78606)</p> <p>Added DAT-SPECT) OR Fluorodopa F18 (F-DOPA) PET Brain (CPT® 78606) to CPT codes found in this section of HD-36.1</p> <p>Removed information regarding differentiation of Parkinsonian syndrome and non-neurodegenerative disorders</p>
Sleep-Related Imaging	HD-37	<p>Reworded the indications to list the indication first and then the appropriate imaging</p> <p>Moved the oral appliance indication down to the bottom of the guideline with no clinical change</p> <p>Added link to HD-9</p>
Sleep-Related Imaging	HD-37	<p>Added MRI brain wo (CPT 70551) as appropriate imaging to both hypersomnolence and central sleep apnea</p>

Musculoskeletal Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
Throughout	Throughout	Minor grammatical, punctuation, and spelling corrections as needed
References throughout guideline sections	All sections	Removed/added/updated references throughout the guideline
Procedure Codes Associated with Musculoskeletal Imaging	N/A	Updated description of CPT 77078
3D Rendering	MS-3	Added discussion of multiple CPT codes performed on same day to align with Preface language
Acute Fracture	MS-5.1	Updated name of subsection from "Acute" to "Acute Fracture"
Acute Fracture	MS-5.1	Removed duplicative criteria for osteochondral fracture, leaving reference to MS-13.1 for osteochondral fracture/injury
Suspected Occult/Stress/Insufficiency Fracture/Stress Reaction and Shin Splints	MS-5.2	Removed duplicative Tc-99m Bone scan (CPT 78315) for foot as bone scan 78315 is already included in the section
Suspected Occult/Stress/Insufficiency Fracture/Stress Reaction and Shin Splints	MS-5.2	Added nuclear medicine bullets under "all other suspected occult/stress/insufficiency fractures" for consistency in section
Infection - General	MS-9.1	Added additional studies for imaging, removed CT without and with contrast. Reworded for clarity.
Septic Joint	MS-9.2	Added additional study for imaging

Soft Tissue Mass	MS-10.1	Removed criteria for individuals with cancer predisposition syndromes, instead referring directly to PEDONC-2.
Imaging Prior to Non-Customized-to-Patient Joint Replacement Surgery/Not for intraoperative Navigation	MS-12.3	Updated to include CT without contrast for congenital or post-traumatic deformities, for consistency with MS-12.2
Chondral/Osteochondral Lesions	MS-13	Moved references to anatomical table sections to bottom of guideline. Added "joint" to "area of interest" for clarity.
Osteoporosis	MS-14	Adjusted bulleting
Post-Operative Joint Replacement Surgery	MS-16	Bone scans removed from imaging list and referred to MS 28 for nuclear medicine indications. Removed background and supporting information statement regarding utility of bone scan accordingly.
Post-Operative Joint Replacement Surgery	MS-16	Added MRI without contrast as option for imaging of suspected periprosthetic fracture
Limb Length Discrepancy	MS-17	Added statement that diagnostic advanced imaging is not indicated for this indication
Shoulder	MS-19	Added bone scan to list of imaging for post-op shoulder replacement, for consistency with criteria already listed in MS-28
Hip - Pre/Post Op Hip Replacement	MS-24	Added CT Pelvis without contrast (CPT® 72192) as appropriate imaging when medical necessity is met
Hip - Pre/Post Op Hip Replacement	MS-24	Clarified criteria for soft tissue abnormality
Knee	MS-25	Clarified language describing comparison to opposite knee
Knee	MS-25	Added CT Knee without contrast (CPT® 73700) to patellar dislocation/subluxation, recurrent patellar instability, patellofemoral pain syndrome/anterior knee pain/tracking disorder as appropriate imaging when medical necessity is met.
Knee - Post-Operative Knee Replacement Surgery - suspected aseptic loosening, suspected infection	MS-25	Added MRI Knee without contrast (CPT® 73721) as appropriate imaging when medical necessity is met. Removed bone scan codes and added link to MS 28 Nuclear Medicine
Nuclear medicine - Evaluation of suspected bone infection	MS-28	Reiterated in language that FDG PET/CT (CPT® 78815 for multifocal infection, or CPT® 78811 for unifocal/limited area of interest) is only appropriate when MRI or CT is equivocal or cannot be done. Removed informational section regarding combination of bone scintigraphy with labeled leukocyte scan for clarity. Removed repetitive bullet of hybrid SPECT/CT CPT 78830

Neck Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
References	Throughout the Neck Imaging Guidelines	References and in-text citations updated.
Neck Imaging Guidelines	Throughout the Neck Imaging Guidelines	Changed "MRI Neck" to "MRI Orbit/Face/Neck".
Neck Imaging Guidelines	Throughout the Neck Imaging Guidelines	Changed "specialist" to "surgeon or neurosurgeon".
Neck Imaging Guidelines	Throughout the Neck Imaging Guidelines	Various editorial/administrative updates throughout.
General Guidelines	Neck-1.0/NK.GG.0001.0.A	Added an exception to contrasted CT Neck for clarification.
General Guidelines	Neck-1.0/NK.GG.0001.0.A	Changed from "the trachea" to "known or suspected tracheal anomalies" for clarification.
General Guidelines	Neck-1.0/NK.GG.0001.0.A	Added information about dual-phase CT.
General Guidelines	Neck-1.0/NK.GG.0001.0.A	Removed information about contrast as an adjunct to US.
General Guidelines	Neck-1.0/NK.GG.0001.0.A	Added indication of cystic neck mass for MRI Neck without and with contrast.
Dysphagia and Esophageal Disorders	Neck-3.1/NK.ED.0003.1.A	Moved information from Background and Supporting Information section to General Considerations section at beginning of guideline.
Dysphagia and Esophageal Disorders	Neck-3.1/NK.ED.0003.1.A	Changed "or" to "and" under suspected foreign body impaction and ingested foreign bodies.
Dysphagia and Esophageal Disorders	Neck-3.1/NK.ED.0003.1.A	Split Oropharyngeal and Esophageal dysphagia into separate sections for clarity.
Dysphagia and Esophageal Disorders	Neck-3.1/NK.ED.0003.1.A	Added that initial evaluation is with direct visualization with laryngoscopy and/or upper endoscopy and a swallow study for oropharyngeal dysphagia.
Dysphagia and Esophageal Disorders	Neck-3.1/NK.ED.0003.1.A	Specified that anatomic abnormalities must be documented by direct visualization prior to CT and clarified when radiographic swallow study is not required in oropharyngeal dysphagia.
Dysphagia and Esophageal Disorders	Neck-3.1/NK.ED.0003.1.A	Clarified that for esophageal dysphagia, manometry is not required.
Dysphagia and Esophageal Disorders	Neck-3.1/NK.ED.0003.1.A	Changed from "structural lesions" to "structural abnormalities" for esophageal dysphagia and expounded on information already present (moved from suspected perforation, abscess, or fistula section). Changed due to redundancy.
Dysphagia and Esophageal Disorders	Neck-3.1/NK.ED.0003.1.A	Added CPT codes for the with contrast studies.
Dysphagia and Esophageal Disorders	Neck-3.1/NK.ED.0003.1.A	Clarified that globus sensation is a mild form of dysphagia.

Dysphagia and Esophageal Disorders	Neck-3.1/NK.ED.0003.1.A	Restructured section on red flag symptoms.
Dysphagia and Esophageal Disorders	Neck-3.1/NK.ED.0003.1.A	Added referred otalgia as a red flag, for clarity and consistency.
Dysphagia and Esophageal Disorders	Neck-3.1/NK.ED.0003.1.A	Moved section on post-operative dysphagia to before section on suspected vascular ring.
Dysphagia and Esophageal Disorders	Neck-3.1/NK.ED.0003.1.A	Added redirection to Background and Supporting Information for additional information regarding post-ACSS globus.
Dysphagia and Esophageal Disorders	Neck-3.1/NK.ED.0003.1.A	Clarified that advanced imaging may be indicated without prior laryngoscopy/upper endoscopy and barium swallow.
Dysphagia and Esophageal Disorders	Neck-3.1/NK.ED.0003.1.A	Updated information in bullet on immediate post-operative period.
Dysphagia and Esophageal Disorders	Neck-3.1/NK.ED.0003.1.A	Changed definition of delayed post-operative period from >1 month to >3 months.
Dysphagia and Esophageal Disorders	Neck-3.1/NK.ED.0003.1.A	Added initial work up requirements for delayed post-operative period.
Dysphagia and Esophageal Disorders	Neck-3.1/NK.ED.0003.1.A	Updated Background and Supporting Information section.
Neck Mass/Swelling/Adenopathy	Neck-5.1/NK.NM.0005.1.A	Removed "high suspicion of malignancy" as an indication for ultrasound due to redundancy.
Neck Mass/Swelling/Adenopathy	Neck-5.1/NK.NM.0005.1.A	Clarified that ultrasound not required when any indication from CT list is met.
Neck Mass/Swelling/Adenopathy	Neck-5.1/NK.NM.0005.1.A	Moved information on suspected abscess to indication for CT first.
Neck Mass/Swelling/Adenopathy	Neck-5.1/NK.NM.0005.1.A	Added indication of mass present ≥ 2 weeks or of uncertain duration for initial CT.
Neck Mass/Swelling/Adenopathy	Neck-5.1/NK.NM.0005.1.A	Defined persistent as greater than 3 weeks and added associated onset of throat pain
Neck Mass/Swelling/Adenopathy	Neck-5.1/NK.NM.0005.1.A	Restructured CT indications.
Neck Mass/Swelling/Adenopathy	Neck-5.1/NK.NM.0005.1.A	Added cystic neck mass noted on prior imaging as an indication for MRI.
Neck Mass/Swelling/Adenopathy	Neck-5.1/NK.NM.0005.1.A	Updated section on MRI with no prior CT or US for clarity.
Neck Mass/Swelling/Adenopathy	Neck-5.1/NK.NM.0005.1.A	Updated Background and Supporting Information section.
Recurrent Laryngeal Nerve Palsy	Neck-7.1/NK.PA.0007.1.A	Recurrent Laryngeal Palsy/Vocal Cord Palsy was moved from HD-7.1 to Neck-7.1 with title updated to correct title of Recurrent Laryngeal Nerve Palsy.
Recurrent Laryngeal Nerve Palsy	Neck-7.1/NK.PA.0007.1.A	Formatting updated for clarity.
Recurrent Laryngeal Nerve Palsy	Neck-7.1/NK.PA.0007.1.A	Added Background and Supporting Information section.
Recurrent Laryngeal Nerve Palsy	Neck-7.1/NK.PA.0007.1.A	Specified that paralysis must be new.

Recurrent Laryngeal Nerve Palsy	Neck-7.1/NK.PA.0007.1.A	Defined how vocal cord immobility must be identified prior to advanced imaging.
Recurrent Laryngeal Nerve Palsy	Neck-7.1/NK.PA.0007.1.A	Defined indication of palsy to include paralysis/immobility, or weakness.
Recurrent Laryngeal Nerve Palsy	Neck-7.1/NK.PA.0007.1.A	Updated wording for CT chest with contrast and added indication of right vocal fold paralysis.
Thyroid Nodule	Neck-8.1/NK.PT.0008.1.A	Added in ATA criteria that was previously referenced.
Thyroid Nodule	Neck-8.1/NK.PT.0008.1.A	Added option of MRI Orbit/Face/Neck without contrast in section on advanced imaging indications.
Thyroid Nodule	Neck-8.1/NK.PT.0008.1.A	Further defined airway compression indication.
Thyroid Nodule	Neck-8.1/NK.PT.0008.1.A	Removed FNA confirmation from the indication of clinically suspected advanced thyroid disease.
Thyroid Nodule	Neck-8.1/NK.PT.0008.1.A	Removed sentence describing FNA requirement prior to advanced imaging for suspicious and/or large thyroid nodules- moved to Background and Supporting information.
Thyroid Nodule	Neck-8.1/NK.PT.0008.1.A	Added indications for CT chest without or with contrast.
Thyroid Nodule	Neck-8.1/NK.PT.0008.1.A	Added section on thyroglossal duct cysts.
Thyroid Nodule	Neck-8.1/NK.PT.0008.1.A	Background and Supporting Information section updated.
Trachea and Bronchus-Imaging	Neck-9.1/NK.TR.0009.1.A	Clarified that direct laryngoscopy is required and plain x-rays of the neck are supplemental, but chest films are optional.
Trachea and Bronchus-Imaging	Neck-9.1/NK.TR.0009.1.A	Clarified that x-rays are optional if direct visualization is performed and an abnormality found.
Trachea and Bronchus-Imaging	Neck-9.1/NK.TR.0009.1.A	Some information moved from the criteria section into the Background and Supporting Information section.
Trachea and Bronchus-Imaging	Neck-9.1/NK.TR.0009.1.A	Restructured and rewrote section on evaluating abnormalities of prior studies.
Trachea and Bronchus-Imaging	Neck-9.1/NK.TR.0009.1.A	Restructured and rewrote section on suspected subglottic stenosis.
Trachea and Bronchus-Imaging	Neck-9.1/NK.TR.0009.1.A	Restructured and rewrote section on obstructive physiology in the setting of tracheomalacia.
Trachea and Bronchus-Imaging	Neck-9.1/NK.TR.0009.1.A	Background and Supporting Information section updated.
torticollis and Dystonia	Neck-10.2/NK.NP.0010.2.A	Added cervical spine x-ray requirement in cases of recent trauma without a high-risk mechanism of injury for consistency across guidelines.
torticollis and Dystonia	Neck-10.2/NK.NP.0010.2.A	Added MRI Cervical Spine without contrast in the clinical setting of cervical spine trauma with an associated neurologic deficit.

torticollis and Dystonia	Neck-10.2/NK.NP.0010.2.A	Restructured section and admin edit of adding "/MRI".
Eagle's Syndrome	Neck-10.3/NK.NP.0010.3.A	Updated opening information.
Eagle's Syndrome	Neck-10.3/NK.NP.0010.3.A	Updated Background and Supporting Information section.
Eagle's Syndrome	Neck-10.3/NK.NP.0010.3.A	Eagle's Syndrome was moved from HD-1.5 and HD-1.7 to Neck-10.3.
Eagle's Syndrome	Neck-10.3/NK.NP.0010.3.A	All criteria information expanded upon in detail and more easily found in the guidelines.
Salivary Gland Disorders	Neck-11.1/NK.SG.0011.1.A	Added stricture as an example of stenosis as a rule out for sialography.
Salivary Gland Disorders	Neck-11.1/NK.SG.0011.1.A	Added option of post-sialography imaging with CT Neck without contrast (for post-sialography CT other than Stensen's Duct).
Salivary Gland Disorders	Neck-11.1/NK.SG.0011.1.A	Added CPT code descriptions for post-sialography imaging and note about both Stensen's and Wharton's ducts.
Salivary Gland Disorders	Neck-11.1/NK.SG.0011.1.A	Removed option of getting both the CT Neck with contrast and the CT Maxillofacial area with contrast. It is now one or the other.
Salivary Gland Disorders	Neck-11.1/NK.SG.0011.1.A	Added note regarding CT Neck without contrast.
Salivary Gland Disorders	Neck-11.1/NK.SG.0011.1.A	Restructured section on salivary gland stones, sialadenitis, or stenosis.
Salivary Gland Disorders	Neck-11.1/NK.SG.0011.1.A	Removed option of CT Neck without contrast for parotid or salivary gland mass.
Salivary Gland Disorders	Neck-11.1/NK.SG.0011.1.A	Added section to address repeat imaging.
Salivary Gland Disorders	Neck-11.1/NK.SG.0011.1.A	Background and Supporting Information section updated.
Definitions	Neck-12.0/NK.ST.0012.0.A	Changed from "a symptoms of altered" to just "altered".
Sore Throat/Throat Pain/Odynophagia	Neck-12.1/NK.ST.0012.1.A	Restructured criteria section and added some non-clinically impactful comments.
Sore Throat/Throat Pain/Odynophagia	Neck-12.1/NK.ST.0012.1.A	Clarified that red flag symptoms if laryngoscopy is negative equates to suspicion of potential submucosal lesion.
Sore Throat/Throat Pain/Odynophagia	Neck-12.1/NK.ST.0012.1.A	Specified that if no red flag symptoms and initial laryngoscopy and neck exam are normal, next step is barium esophagram.
Sore Throat/Throat Pain/Odynophagia	Neck-12.1/NK.ST.0012.1.A	Added option of GI upper endoscopy in lieu of barium esophagram if no red flag symptoms and initial laryngoscopy and neck exam are normal.
Hoarseness	Neck-12.2/NK.ST.0012.2.A	Added redirection to ONC-3.0-3.4.

Oncology Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
Throughout	Throughout	Minor editorial corrections (spacing, grammar, punctuation, and minor rewording)
General Guidelines, Phases of Oncology Imaging and General Phase-Related Considerations	ONC-1.0, ONC-1.2	Clarified imaging timeframe in table to state every 3 months is synonymous with 12 weeks
General Guidelines	ONC-1.0	Added clarification of CPT codes used for radiation therapy treatment planning, to mirror language already stated in ONC-1.5
General Guidelines, PET Imaging in Oncology, Prostate Cancer - General Considerations, Prostate Cancer - Initial Work-Up/Staging, Prostate Cancer - Restaging/Recurrence	ONC-1.0, ONC-1.4, ONC-19.0, ONC-19.2, ONC-19.3	Added 18F Flutufolastat (Posluma®) to the list of supported radiotracers in the initial work up/staging and restaging of prostate cancer when medical necessity criteria for PET scan are met
Squamous Cell Carcinomas of the Head and Neck - Restaging/Recurrence	ONC-3.3	Added clarifying row to state general criteria for measurable or metastatic disease undergoing active treatment (to align with general oncology guidelines)
Non-Melanoma Skin Cancers - Initial Work-up/Staging	ONC-5.6	Added SPECT/CT as an add on code if requested with lymphoscintigraphy for sentinel lymph node evaluation
Non-Small Cell Lung Cancer - Suspected/Diagnosis	ONC-8.2	Updated links to information regarding mediastinal/hilar mass and mediastinal/hilar lymphadenopathy
Soft Tissue Sarcomas - Restaging/Recurrence	ONC-12.3	Clarified imaging criteria for dermatofibrosarcoma protuberans (DFSP)
Soft Tissue Sarcomas - Surveillance/Follow-up	ONC-12.4	Clarified imaging indications for stage two or higher
Gastric Cancer - Surveillance/Follow-up	ONC-14.11	Timeframe updated from annually for 5 years to every 6 months for 2 years, and then annually for 3 more years.
Colorectal Cancer - Suspected/Diagnosis	ONC-16.1	Added link to ONC-16.2 for findings on colonoscopy that are suspicious for colon cancer
Colorectal Cancer - Initial Work-up/Staging	ONC-16.2	Added clarification that existing criteria for MRI Pelvis for rectal adenocarcinoma is indicated in addition to CT scan for initial staging
Colorectal Cancer - Surveillance/Follow-up, Small Bowel Cancer - Surveillance/Follow-up	ONC-16.4, ONC-16.7	Added clarifying row to state general criteria for measurable metastatic disease on maintenance therapy (to align with general oncology guidelines)
Renal Cell Cancer (RCC) - Surveillance	ONC-17.4	Updated timeframe for follow up after post-ablation therapy of RCC
Transitional Cell Cancer - General Considerations	ONC-18.0	Added adenocarcinoma to list of rare histologies of bladder cancer
Prostate Cancer - Follow-up On Active Surveillance	ONC-19.4	Added clarifying row to state that individuals on active surveillance who then have disease progression and plan to begin treatment would receive imaging as per initial staging section
Gestational Trophoblastic Neoplasia (GTN)	ONC-22.5	New guideline section addressing malignant gestational trophoblastic neoplastic disorders
Follicular Lymphoma	ONC-27.3	Added indication for PET/CT - if systemic therapy is planned

Marginal Zone Lymphomas	ONC-27.4	Moved PET/CT to its own row and updated indications to include if systemic therapy is planned
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Pelvis Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
References throughout guideline sections	All Sections	Removed/updated references throughout the body of the guideline
General Guidelines	PV-1.0	Editorial Change
General Guidelines - Overview	PV-1.1	Editorial Change
General Guidelines - Overview	PV-1.1	3D rendering indications added
Pelvis Table of Contents	Table of Contents	Added in Pilonal Cysts to guideline title and remove Ano and Perirectal language
Abnormal Uterine Bleeding (AUB)	PV-2.1	Editorial Change
Suspected Adnexal Mass - Initial Evaluation	PV-5.1	Editorial Change
Simple Cysts	PV-5.2	Content updated to reflect O-RADS criteria - see table (criteria for cysts > 10 cm moved)
Simple Cysts	PV-5.2	Follow up for ultrasound changed to 12 mo.
Simple Cysts	PV-5.2	Adding in three bullets for follow up criteria for 3-5 cm cyst measurement
Simple Cysts	PV-5.2	Editorial Change
Simple Cysts	PV-5.2	Table added for cysts > 10 cm
Complex Adnexal Masses	PV-5.3	Editorial Change
Complex Adnexal Masses	PV-5.3	<p>Added in ultrasound criteria for early postmenopausal for cysts <10 cm</p> <p>Table criteria for hemorrhagic cysts greater than 10 cm</p> <p>Follow up ultrasound indication added to table for Typical Endometriomas <10 cm</p> <p>Table added for typical Endometriomas greater than 10 cm</p> <p>Table criteria added for typical dermoid greater than 10 cm</p> <p>Added measurements less than 10 cm criteria, ultrasound follow up criteria added to table</p>
Complex Adnexal Masses	PV-5.3	Follow up criteria removed from Hydrosalpinges (Hydrosalpinx) or Peritoneal cysts table (language

		modified to "Typical benign extraovarian lesions)
Complex Adnexal Masses	PV-5.3	Added in ORADS score requirement and modified ORADS existing criteria to 4 or 5
Complex Adnexal Masses	PV-5.3	Editorial Change - ORADS classification table added in background and supporting information
Endometriosis	PV-6.1	Reference to chest guidelines for thoracic endometriosis added (sub-bullet added to specify which guideline to reference)
Pelvic Inflammatory Disease	PV-7.1	Added ultrasound codes
Pelvic Inflammatory Disease	PV-7.1	Editorial Change
Polycystic Ovary Syndrome (PCOS)	Pv-8.1	Editorial Change
Intrauterine Device	PV-10.1	Editorial Change
Intrauterine Device	PV-10.1	Addition of cytobrush requirement to locate lost IUD
Intrauterine Device	PV-10.1	Specified use of instrumentation for failed removal attempt of IUD
Pelvis Pain/Dyspareunia, Female	PV-11.1	Editorial Change
Leiomyoma/Uterine Fibroids	PV-12.1	Criteria added to define suspected leiomyosarcoma on ultrasound imaging to justify use of MRI Pelvis with and without
Leiomyoma/Uterine Fibroids	PV-12.1	Radiofrequency ablation added to the indication for MRI
Urethral Diverticula	PV-13.2	Ultrasound criteria was removed for urethral abnormalities
Vaginal Masses	PV-13.3	Vaginal masses indication added to the guideline
Congenital Uterine and Vaginal Anomalies	PV-14.1	Editorial Change
Congenital Uterine and Vaginal Anomalies	PV-14.2	Vaginal Anomalies added to the guidelines
Fetal MRI and Other Pregnancy Imaging	PV-15.1	Criteria added for circumstances when surgical planning may require imaging earlier than 18 weeks gestation.
Molar Pregnancy and Gestational Trophoblastic Neoplasia	PV-16.1	Removed CT and MRI imaging criteria and indication referred to Oncology
Impotence/Erectile Dysfunction	PV-17.1	Priapism indication added to guideline
Fistulae, Abscess, and Pilonidal Cyst	PV-21.2	Editorial Change
Perirectal Abscess	PV-21.2	Editorial Change

Fistulae, Abscess, and Pilonidal Cyst	PV-21.4	Pilonidal Cyst indication added to guideline
Urinary Incontinence – Initial Imaging	PV-22.1	Editorial Change
Urinary Incontinence – Further Imaging	PV-22.2	Reformatting Change
Pelvic Prolapse	PV-22.3	Reformatting Change
Ureteral and/or Bladder Trauma or Injury	PV-25.1	Editorial Change

Peripheral Nerve Disorders Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
Entire guideline	All sections- as needed	Editorial changes to include bulleting corrections, capitalization, bolding, and where needed for clarification grammar/re-wording corrections
General Guidelines	PN-1 References	Removed outdated references (original #s 1, 4, 6, 8)
Focal Neuropathy	PN-2.1 - Carpal Tunnel Syndrome table section	<ul style="list-style-type: none"> Removed ultrasound from list of options for imaging as eviCore is not delegated to review for ultrasound of the wrist. Re-worded bullet for clarification with removing the language related to estimation of the size of the carpal tunnel and diameter of the median nerve
Focal Neuropathy	PN-2.1 - Ulnar Neuropathy table section	<ul style="list-style-type: none"> re-worded bullets for clarification Removed bullet stating that US is not required as it has never been a required criteria
Focal Neuropathy	PN-2.1- Pudendal Neuropathy	Added new table section and criteria for Pudendal Neuropathy
Focal Neuropathy	PN-2.1- Radial Neuropathy	Added additional information to the "Notes"
Focal Neuropathy	PN-2.1 - Sciatic Neuropathy table section	<ul style="list-style-type: none"> Re-word bullets for Sciatic neuropathy for clarification Separated piriformis syndrome definition from the Sciatic Neuropathy Notes; added corresponding CPT code (CPT® 72192) for clarification on existing CT Pelvis without contrast imaging noted
Focal Neuropathy	PN-2.1 - Femoral Neuropathy table section	Changed "women" to "females" in the Femoral Neuropathy Notes
Focal Neuropathy	PN-2.1 - Meralgia Paresthetica table section	added corresponding CPT code (CPT® 72192) for clarification on existing CT Pelvis without contrast imaging noted
Focal Neuropathy	PN-2.1- All table sections	Editorial changes to include the following: <ul style="list-style-type: none"> where needed for clarification,

		grammar/re-wording and bulleting corrections made
Focal Neuropathy	PN-2 References	Replaced outdated references (original #s 2 & 3) with addition of 2 new references (new #s 5 & 6)
Focal Neuropathy	PN-2 References	Added new references (7-12) to support clinical added in PN 2 for Pudendal Neuropathy
Polyneuropathy	PN-3.1 - Polyneuropathies with Central Nervous System (CNS) Involvement table section	<ul style="list-style-type: none"> For clarification, re-worded and bulleted the information including listing out the codes and the imaging description for the allowed MRI Brain and Spinal Cord Replaced "PNS/CNS Crossover Syndromes" with: "Polyneuropathies with Central Nervous System (CNS) Involvement"
Polyneuropathy	PN-3.1 - AIDS-Related Cytomegaloviral Neuropathy/ Radiculopathy table section	<ul style="list-style-type: none"> Added bullet in the Comments column redirecting to SP-7.1 for myelopathic signs and symptoms
Polyneuropathy	PN-3.1 - AIDS-Related Cytomegaloviral Neuropathy/ Radiculopathy table section	Added MRI Cervical Spine (CPT® 72156) and MRI Thoracic Spine (CPT® 72157) as additional imaging allowed for AIDS-Related Cytomegaloviral Neuropathy/ Radiculopathy
Polyneuropathy	PN-3.1 - Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) table section	For clarification and consistency in the other guideline sections, added "NCV" to "EMG"
Polyneuropathy	PN-3.1 - Multifocal Motor Neuropathy table section	For consistency and clarification, added MRI neck without and with contrast (CPT® 70543) as an allowed code for MRI imaging of the Brachial Plexus. This change aligns with MRI imaging of the Brachial plexus noted in guideline section Brachial Plexus (PN-4.1)
Polyneuropathy	PN-3.1 - Multifocal Motor Neuropathy table section	For clarification and consistency in the other guideline sections, added "NCV" to "EMG"
Polyneuropathy	PN-3.1	<ul style="list-style-type: none"> Added Background and Supporting Information
Polyneuropathy (PN-3)	PN-3 References	<ul style="list-style-type: none"> Replaced outdated references (original #s 1-7) with addition of 6 new references (new #s 1-6) Added one new reference to support new addition of MRI for multifocal motor neuropathy (new # 7)
Brachial Plexus	PN-4.1	<ul style="list-style-type: none"> Reformatted section with moving criteria into a table format Moved informational bullet related to Brachial Plexitis into a newly added "Background and Supporting Information" section
Brachial Plexus	PN-4.1	<ul style="list-style-type: none"> For clarification, where needed spelled out the imaging modality for the listed MRI CPT codes For clarity, moved criteria requiring EMG/NCV from end of first bullet to an independent bullet.
Brachial Plexus	PN-4.1	<ul style="list-style-type: none"> Clarified contrast level as "without contrast", and added the associated code (CPT® 72141) for the existing MRI Cervical Spine allowed if concern for radiculopathy

Brachial Plexus	PN-4.1	<ul style="list-style-type: none"> • Clarified CT codes/contrast level allowed when MRI is not available or contraindicated
Brachial Plexus	PN-4	<ul style="list-style-type: none"> • Updated Expert Panel reference (#2)
Lumbar and Lumbosacral Plexus	PN-5.1	<ul style="list-style-type: none"> • For clarification, where needed spelled out the imaging modality for the listed CPT codes • For clarity, moved criteria requiring EMG/NCV from end of first bullet to an independent bullet.
Lumbar and Lumbosacral Plexus	PN-5.1	<ul style="list-style-type: none"> • Reformatted section and non-clinical content moved to Background and Supporting Information section
Lumbar and Lumbosacral Plexus	PN-5.1	<p>Added additional contrast levels for the allowed MRI abdomen and MRI Pelvis imaging modalities:</p> <ul style="list-style-type: none"> • MRI pelvis without and with contrast (72195) • MRI abdomen without contrast (74181)
Lumbar and Lumbosacral Plexus (PN-5)	PN-5 References	<ul style="list-style-type: none"> • Updated Expert Panel reference • Replaced outdated references (original #'s 1-4) with 3 new references
Neuromuscular Junction Disorders	PN-6.1	<p>Added additional contrast levels allowed for Chest CT and MRI imaging modalities for Myasthenia Gravis:</p> <ul style="list-style-type: none"> • CT Chest without contrast (71250) • MRI Chest without contrast (71550)
Neuromuscular Junction Disorders	PN-6.1	<p>Added CT Abdomen and Pelvis with contrast (74177) as allowed for suspected diagnosis of Lambert-Eaton Myasthenic Syndrome (LEMS) aligning with ONC-30.3</p>
Neuromuscular Junction Disorders	PN-6.1	<p>Changed timeframe in which imaging can be repeated for LEMS: now can be repeated every 6 months for 2 years if the initial CT was previously negative but there is persistent suspicion</p> <ul style="list-style-type: none"> • (previously imaging could be repeated an unspecified number of times if the initial CT was previously negative after 3 months with persistent suspicion)
Neuromuscular Junction Disorders	PN-6.1	<ul style="list-style-type: none"> • Editorial changes to include sub-titles for criteria organization, re-wording/re-organization of bullets for clarification • Added association with pancreatic neuroendocrine cancer with stiff-person syndrome
Neuromuscular Junction Disorders	PN-6.1	<ul style="list-style-type: none"> • Added additional imaging options allowed for Stiff Person Syndrome: <ul style="list-style-type: none"> • Chest: CT Chest without contrast (71550); • Abdomen/Pelvis: CT abdomen/pelvis with contrast (74177) or CT abdomen/pelvis without and with contrast (74178); OR, MRI abdomen without and with contrast (74183) and MRI pelvis without and with contrast (72197) • Symptomatic Body Areas: CT with contrast or MRI without and with contrast of any other symptomatic body areas
Neuromuscular Junction Disorders	PN-6.1	<p>Added information on LEMS to Background and Supporting Information section</p>

Muscle Diseases	PN-6.2	<ul style="list-style-type: none"> Reformatted section with moving criteria into a table format
Muscle Diseases	PN-6.2	<ul style="list-style-type: none"> For clarification, removed conflicting information "of a single site" (associated with of Inflammatory Muscle Diseases). This removal was made to align with the original opening bullet indicating "usually the most affected muscle is imaged (when criteria are met imaging for bilateral studies is appropriate)"
Muscle Diseases	PN-6.2	<ul style="list-style-type: none"> Added "Evaluation of differential diagnosis" as an optional indication for MRI performed for evaluation of Inflammatory Muscle Diseases
Gaucher Disease (Storage Disorders)	PN-6.3	<ul style="list-style-type: none"> Reformatted section with moving opening informational bullets into to Background and Supporting Information section Clarified imaging of femurs in table titled "Imaging for Gaucher Disease"
Muscle Disorders (PN-6)	PN-6 References	<ul style="list-style-type: none"> Replaced outdated references (original #'s 1, 2, 3, 4, 5, 6, 7, 8, 11, 12, 15; and original # 16 was combined with 13) with 21 new references: (see new #'s 1-11, 14, 15, and 20-27)
Muscle Disorders (PN-6)	PN-6 References	Replaced outdated references (original #'s 1, 2, 3, 4, 5, 6, 7, 8, 11, 12, 15; and original # 16 was combined with 13) with 21 new references: (see new #'s 1-11, 14, 15, and 20-27)
Muscle Disorders (PN-6)	PN-6 References	Replaced outdated references (original #'s 1, 2, 3, 4, 5, 6, 7, 8, 11, 12, 15; and original # 16 was combined with 13) with 21 new references: (see new #'s 1-11, 14, 15, and 20-27)
Magnetic Resonance Neurography (MRN)	PN-7.1	<ul style="list-style-type: none"> Removed the investigational statement ("MRN (Unlisted MRI procedure code (CPT® 76498)) is currently considered investigational by most payors.") Added indications and associated imaging for use of Magnetic Resonance Neurography (MRN)
Magnetic Resonance Neurography (MRN)	PN-7	For consistency in guideline, changed status of MRN is experimental and investigational for any other indication to MRN is not medically necessary for any other indication.
Magnetic Resonance Neurography (MRN)	PN-7.1	Added Background and Supporting Information
Magnetic Resonance Neurography (MRN) (PN-7)	PN-7 References	Replaced outdated reference: (original # 1) with addition of 4 new references (# 1-4)
Motor Neuron Disease/Amyotrophic Lateral Sclerosis (ALS)	PN-8.1	Re-worded 1st bullet to clarify that a neurologic exam is not needed for an established diagnosis or when diagnosis is suspected by a specialist.
Motor Neuron Disease/Amyotrophic Lateral Sclerosis (ALS)	PN-8.1	<ul style="list-style-type: none"> For clarification, added descriptions with codes for allowed imaging (MRI Brain and entire spine) Re-worded/re-formatted bullets for clarification
Motor Neuron Disease/Amyotrophic Lateral Sclerosis (ALS)	PN-8.1	Added Background and Supporting Information

Spinal Muscular Atrophy	PN-8.2	<ul style="list-style-type: none"> Editorial changes to include re-word/re-format of bullets Changed "usually unnecessary" to "NOT supported" and changed "may be approved" to "is indicated"
Fasciculations	PN-8.3	Editorial changes to include re-wording and re-organization of bullets for clarity
Neuromuscular Disorders-References (PN-8)	PN-8 References	Removed outdated reference (original # 4) with addition of 1 new reference (#11)
Peripheral Nerve Sheath Tumors (PNST)	PN-9.1	Added Background and Supporting Information
Peripheral Nerve Sheath Tumors (PNST)	PN-9.1	<ul style="list-style-type: none"> Editorial changes to include re-word/re-format of bullets for clarity For clarification, added codes and descriptions for allowed imaging (MRI entire spine)
Peripheral Nerve Sheath Tumors (PNST)-References (PN-9)	PN-9 References	Added 1 new reference (#8)
Nuclear Imaging (PN-10.1)	PN-10.1	Changed "not generally indicated" to "NOT indicated"
All Sections	All sections-References	Updated References to AMA format

Peripheral Vascular Disease Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
Peripheral Vascular Disease Imaging Guidelines	Throughout guideline	Throughout document editorial changes were made for consistency to include changing statements such as "may be approved" to "is indicated", added or removed punctuation, corrected spelling errors, typos, capitalization, formatting. CPT codes added where missing
Glossary		Added abbreviations for EVAR and TEVAR
General Guidelines – Imaging	PVD-1.3	Added CPT codes for CTA and MRA neck
Asymptomatic Screening	PVD-2.1	Corrected missing second bullet
Screening for Vascular related genetic connective tissue Disorders (PVD-2.2)	PVD-2.2	<ul style="list-style-type: none"> Added the table of thoracic aortic imaging options Provided additional language for clarification Added imaging CPT codes for clarification Added information to background and supporting information For clarification changes CTA/MRA to CTA or MRA
Screening for Vascular related genetic connective tissue Disorders (PVD-2.2)	PVD-2.2	<ul style="list-style-type: none"> Added "or descending" to aortic imaging findings not well visualized Added SCAD and suspicion of fibromuscular dysplasia to list in initial imaging
Screening for TAA with bicuspid aortic valves (PVD-2.3)	PVD-2.3	Added Table of thoracic aorta imaging options

Screening for Vascular Related Disorders in Multisystemic Smooth Muscle Syndrome (MSMS)/Smooth Muscle Dysfunction Syndrome (SMDS)/ACTA2 Mutations (PVD 2.4)	PVD-2.4	Added screening, repeat imaging and surveillance imaging for Vascular Related Disorders in Multisystemic Smooth Muscle Syndrome (MSMS)/Smooth Muscle Dysfunction Syndrome (SMDS)/ACTA2 Mutations
Medium Vessel Vasculitis	PVD-6.10	Added section about Z-score to background and supporting information as part of provisional approval from MAC
Medium Vessel Vasculitis (PVD-6.10)	PVD-6.10	Added updated section for Medium vessel vasculitis. Added table for routine surveillance imaging from Kawasaki disease section in PEDCD 6
Small vessel vasculitis (PVD-6.11)	PVD-6.11	Updated and added section from pediatric PVD for small vessel vasculitis
Renovascular Hypertension/Renal Artery Stenosis (PVD-6.6)	PVD-6.6	Added indication for repeat imaging post revascularization
Aortic and Arterial Dissection and Other Aortic Conditions (PVD-6.7)(PVD-6.6)	PVD-6.7	Corrected last 2 bullets that were indented in error
Post-operative surveillance after TEVAR for any indication (PVD-6.8.1)	PVD-6.8.1	Removed word "abdominal" from table header added in error
Post-operative surveillance after abdominal EVAR (endovascular aneurysm repair) (PVD-6.8.2)	PVD-6.8.2	In 4th bullet added word "sac" after AAA for consistency Added statement to clarify repeat testing after endoleak and other subsequent interventions
Takayasu Arteritis (PVD-6.9.3)	PVD-6.9.3	Updated information from PEDPVD and added to section to large vessel vasculitis to prevent user from having to go to PEDPVD for adjudicate cases
Claudication and Critical Limb Ischemia (PVD-7.1)	PVD-7.1	Under Preoperative planning for Intermittent claudication changed either of the 2 bullets to there is documentation of both of the 2 bullets
After suprainguinal intervention (PVD-7.3.1)	PVD-7.3.1	Updated title to After Suprainguinal intervention for clarification
After infrainguinal intervention (PVD-7.3.2)	PVD-7.3.2	Changed title to After infrainguinal intervention (PVD-7.3.2) Added additional study CTA aorta with runoff 75635
Lower Extremity Artery Aneurysms (PVD-7.4)	PVD-7.4	Removed language "for individuals with no plans for invasive angiography" for clarification
Arterial Imaging for Free Flaps in Reconstructive Surgery (PVD-7.5)	PVD-7.5	Updated second bullet to say "CTA or MRA unilateral lower extremity (CPT® 73706 or 73725) of the harvest site is indicated" for clarification
Median Arcuate Ligament Syndrome, Nutcracker Syndrome and other Abdominal Vascular Compression Syndromes (PVD-18)	PVD-18	New section added to address this condition

Spine Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
All	All sections	Minor editorial changes throughout (spelling, grammar, punctuation, bulleting styles)

References throughout guideline sections	All sections	Removed/added/updated references throughout the guideline
Myelopathy	SP 7.1	Added link to Transverse Myelitis HD 16.4
Myelopathy	SP 7.1	Updated verbiage to clarify that each of the physical exam findings are a separate entity
Myelopathy	SP 7.1	Clarified that neither x-rays nor conservative treatment are required in individuals with potential myelopathy
Spondylolysis	SP 8.1	Reformatted guideline into table, no clinical change Moved "note" regarding "MRI is not appropriate in the early diagnosis of spondylolysis" to background and supporting information
Sacro-Iliac (SI) Joint Pain/Sacroiliitis	SP 10.2	Reformatted verbiage regarding x-rays are not required prior to advanced imaging for ankylosing spondylitis or DISH and rearranged information in the guideline regarding FU imaging
Spinal Compression Fractures	SP 11.1	Removed the word "Pathological" from the title
Spinal Compression Fractures	SP 11.1	Reorganized section into "individuals with no history of malignancy" and "individuals with a history of malignancy". Referring exclusively to oncology imaging guidelines for individuals with a history of malignancy for consistency with other guidelines.
Spinal Compression Fractures	SP 11.1	Removed MRI without and with contrast and CT myelogram from recommended studies
Spinal Canal/Cord Disorders (e.g. Syringomyelia) - Initial Imaging Pathway	SP 13.1	Clarified section and updated to include studies listed in other sections for continuity
Spinal Canal/Cord Disorders (e.g. Syringomyelia) - Follow-Up Imaging	SP 13.2	Removed duplicate wording regarding repeat imaging with evidence of neurologic deterioration
Revision Anterior Spinal Deformity Surgery	SP 14.2	Clarified the revision of anterior spinal deformity surgery can be lumbar or thoracic
Revision Anterior Fusion Surgery	SP 15.4	Clarified the revision of anterior spinal deformity surgery can be lumbar or thoracic
Prior to Spine Surgery	SP 16.1	Clarified there is not a specific study being prescribed and made clear that imaging older than 6 months should be updated

Pediatric Abdomen Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
General Guidelines	PEDAB-1.0	Added new red flag criterion - low WBC (ANC <1000)
Right Lower Quadrant Pain	PEDAB-3	Added additional imaging options (MRI Abdomen)

Upper Urinary Tract	PEDAB-5.1	Updated appropriate CPT code and clarified criteria for evaluation of congenital abnormalities in complicated pyelonephritis
Inflammatory Bowel Disease, Crohn Disease, or Ulcerative Colitis	PEDAB-9	Moved statement on avoidance of radiation exposure to top of guideline. Updated discussion of initial evaluation.
Inflammatory Bowel Disease, Crohn Disease, or Ulcerative Colitis	PEDAB-9	Removed requirement for laboratory evaluation and endoscopy with biopsy prior to advanced imaging
Inflammatory Bowel Disease, Crohn Disease, or Ulcerative Colitis	PEDAB-9	Added criteria from general abdomen (AB-23.1) for alignment
Abdominal Sepsis (Suspected Abdominal Abscess)	PEDAB-10	Duplicated criteria from general abdomen (AB-3.1) for alignment
Renovascular Hypertension and Other Secondary Causes of Hypertension	PEDAB-14	Removed table describing age dependent blood pressures and removed requirement to provide blood pressure measurements meeting criteria in table
Liver Lesion Characterization	PEDAB-15	Added criteria from general abdomen (AB-29) for alignment. Added criteria defining high risk pediatric individuals
Left Upper Quadrant Pain	PEDAB-25	Removed most criteria from section - now referring directly to general abdomen (AB-2).

Pediatric Cardiac Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
Pediatric Cardiac Imaging Guidelines	Throughout guideline	Throughout document editorial changes were made for consistency to include changing statements such as "may be approved" to "is indicated", added or removed punctuation, corrected spelling errors, typos, capitalization, formatting.
General Guidelines – Imaging	PEDCD-1.0	Removed the words "by eviCore guidelines" for consistency throughout the guidelines and information not necessary to the content.
Atrial Defects- Secundum ASD, PFO, and Partial anomalous pulmonary venous return (PAPVR), Sinus Venosus defect	PEDCD-2.4.1	Reworded last bullet regarding persistent shunt for clarity
PDA (Patent ductus arteriosus)	PEDCD-2.4.4	Added PDA after small and moderate in the 3rd bullet for clarity
LVOT lesions	PEDCD-2.4.10	Under unrepaired added valvular after sub for clarity
Coronary Anomalies	PEDCD-2.4.12	Removed statement "EKG stress testing does not require PA by eviCore .." because the information is not pertinent to the criteria
Heart Murmur	PEDCD-3.1	Reworded sentence about echo code combinations for clarity
Kawasaki Disease Initial Imaging	PEDCD-6.1	Descriptive information moved to background and supporting information

Single Ventricle (SV) (PEDCD-2.4.18)	PEDCD-2.4.18	Added indication for cath Q 10 years
Heart Murmur (PEDCD-3.1)	PEDCD-3.1	Moved information not used in case determination to background and supporting information Added CPT codes
Chest Pain General (PEDCD-4.1)	PEDCD-4.1	Moved information not used in case determination to background and supporting information Added CPT codes
Syncope (PEDCD-5.1)	PEDCD-5.1	Moved information not used in case determination to background and supporting information Added CPT codes
Indications for Cardiac MRI	PEDCD-9.3	Reworded and rebulleted for clarification. No change to content.
Cardiac Catheterization General Information	PEDCD-11.1	Removed section background and supporting information which addressed a code not in scope for this program

Pediatric Chest Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
General Guidelines (PEDCH-1)	References	<ul style="list-style-type: none"> updated dates on references original #18 (new # 14) and original # 20 (new # 16)
General Guidelines (PEDCH-1)	References	<ul style="list-style-type: none"> Replaced original reference #'s 6, 7, 8 with an addition of 1 new reference (new # 6) that will replace the deleted references as it addresses the content in the 3 references that are being deleted
General Guidelines (PEDCH-1)	References	<ul style="list-style-type: none"> Deleted references: original # 11 and original # 14 because the ACR reference (originally # 15/ new # 11) addresses the same info and is more updated Deleted duplicate reference (original #19 Blumfield et al.)
Pediatric Chest Imaging Age Considerations	PEDCH-1.1	updated superscript on "Individuals who are 18 years old or younger" from 20 to 16 to reflect changes in PEDCH-1 references
Hemoptysis (PEDCH-4)	References	<ul style="list-style-type: none"> Replaced original reference #1 with an addition of 1 new reference (new # 1)
Coronavirus Disease 2019 (COVID-19)	PEDCH- 7.2 and References	<ul style="list-style-type: none"> Added bullet to refer to PEDCD-12 for concerns involving Multisystem Inflammatory Syndrome in Children (MIS-C) Added associated reference (# 11)
Positive PPD or Tuberculosis	PEDCH-9.1	<ul style="list-style-type: none"> Added Background and Supporting Information section with bullet to clarify that a CXR may be useful as initial imaging for suspected TB
Congenital Cystic Lung Diseases	PEDCH-14.1	<ul style="list-style-type: none"> Added Background and Supporting Information section to move informational bullet: "Cystic Lung disease may be first identified on prenatal ultrasound, or discovered incidentally on chest x-ray."

		<ul style="list-style-type: none"> Removed "Chest x-ray suggests" from the CT Chest imaging bullet. ("CT Chest with contrast (CPT® 71260) is appropriate when Chest x-ray suggests a cystic lung lesion is suspected".) "Chest-X-ray suggests" was removed because we are not denying for lack of CXR and the language was in conflict with the informational bullet stating "Cystic lung disease may be first identified on prenatal ultrasound or discovered incidentally on chest x-ray."
Congenital Cystic Lung Diseases	PEDCH-14.1 - References	<ul style="list-style-type: none"> Reference # 3 updated
Congenital Chest Diseases (PEDCH-14)	References	<ul style="list-style-type: none"> Added reference- associated with existing clinical content: "CT Chest with contrast (CPT® 71260) or MRI Chest with and without contrast (CPT® 71552) is appropriate when Chest x-ray and/or US are inconclusive, or if requested for treatment planning"
References	All sections- References	<ul style="list-style-type: none"> updated to AMA format
Entire guideline	All sections	<ul style="list-style-type: none"> Editorial changes where needed

Pediatric Head Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
Throughout Pediatric Head Guidelines	Throughout Pediatric Head Guidelines	References deleted and updated throughout guideline as part of reference maintenance
Pediatric Head Imaging Modality General Considerations	PEDHD 1.3	Expanded on study description and added CPT codes
Pediatric head Imaging General Guidelines- Other Imaging	PEDHD 1.4	Added option of MRI Brain without contrast (CPT 70551) and MRI Brain with contrast (CPT 70552) for MRI Perfusion
Throughout Pediatric Head Guidelines	Throughout Pediatric Head Guidelines	The guidelines currently say "MRI Head without, with, or without and with contrast." They have been updated, where appropriate, to "MRI Head without contrast, MRI Head with contrast, or MRI without and with contrast..." to provide more clarity. This was done for MRA as well.
Pediatric Headache	PEDHD 3.1	Red flag indication for MRI of Brain changed from "New onset of seizure activity with focal features" to "Seizures"
Pediatric Headache	PEDHD 3.1	Added new red flag indication of "focal neurological complaint"
Head Trauma	PEDHD 4.1	Added option of MRI Brain without and with contrast (CPT® 70553) for certain indications.
Facial Trauma	PEDHD 4.2	Clarified CPT definitions for CPT® 70480 and CPT® 70486
Sinus and Facial Imaging General Considerations	PEDHD 5.1	Sinus and Facial Imaging added to the General Considerations heading
Imaging Indications in Sinusitis	PEDHD 5.2	Additional URI symptoms, nasal obstruction, facial pressure, pain or

		cough added for indications for chronic sinusitis
Throughout Pediatric Head Guidelines	Throughout Pediatric Head Guidelines	Reformatted MRI Orbit, face and/or Neck (CPT® 70553) reflect MRI Orbit/Face/Neck
Imaging Indications in Sinusitis	PED HD 5.2	Cystic Fibrosis removed as an indication for CT Maxillofacial with contrast
Other Indications for Sinus Imaging	PED HD 5.6	MRI Brain without contrast (CPT® 70551) is appropriate for individuals with cleft lip and palate and. MRI Orbits/Face/Neck without contrast (CPT 70480) and MRI Orbits/Face/Neck with and without contrast (CPT 70482) is appropriate per surgeon request.
Febrile Seizures	PED HD 6.4	MRI can be performed as additional testing for new onset seizure, if CT of head without contrast (CPT® 70450) was initially performed
Febrile Seizures	PED HD 6.4	CT of Head now indicated for evaluation of structural findings in seizure etiologies that contain dystrophic calcifications in acute setting of seizure evaluation
Hydrocephalus	PED HD 7.3	Reworded indications for spine imaging indications and reformatted into a table. Imaging codes for MRI of Cervical Spine (CPT® 72156) (CPT® 72141), MRI of Thoracic Spine (CPT® 72146) (CPT® 72157) and MRI for Lumbar Spine CPT® 72158) CPT® 72148) added to the table
Hydrocephalus	PED HD 7.3	Under Repeat Imaging Indications, "Specialist" specified as Neurologist or Neurosurgeon
Hydrocephalus	PED HD 7.3	New information in background and supporting section confirming MRI of brain without contrast provided more anatomical detail
Craniofacial Anomalies	PED HD 8.0	Title of guideline changed from Craniosynostosis/Cleft Palate to Craniofacial Anomalies
Throughout Pediatric Head Guidelines	Throughout Pediatric Head Guidelines	Clarified CPT definitions for CPT® 70480 and CPT® 70486
Craniosynostosis Imaging	PED HD 8.1	CT of Maxillofacial without contrast (CPT® 70486) and CT of Orbits/Temporal Bone (CPT® 70480) has been changed from "may be indicated/may be approved" to "Is/are supported for certain types of craniosynostosis"
Craniosynostosis Imaging	PED HD 8.1	CT of Head without contrast has been changed from "may be performed" to "is supported" postoperatively
Facial Anomalies	PED HD 8.2	Title of guideline changed from Cleft Palate to facial Anomalies
Facial Anomalies	PED HD 8.2	Reworded MRI Brain from "is appropriate" to "is supported"
Facial Anomalies	PED HD 8.2	Cleft lip and palate described under the umbrella of Facial Anomalies
Chiari 1 Malformations	PED HD 9.1	Restructured Chiari I malformations section into table format including indication for imaging and MRI CPT Codes. (CPT® 70551), (CPT® 72141), (CPT® 72146), 72148), (CPT® 70553), 72156), (CPT® 72157) (CPT® 72158)
Chiari 1 Malformations	PED HD 9.1	Background and Supporting information added to the section and information for Chiari I, Chiari II, Chiari III reworded and restructured and applied to this section

Pediatric Intracranial Aneurysms	PED HD 10.1	Section restructured and reformatted including specification and indications for CPT Codes (CPT® 70450), (CPT® 70551), (CPT® 70553), (CPT® 70544, CPT® 70545, OR CPT® 70546), (CPT® 70496) (CPT®0042T). No clinical changes.
Pediatric Intracranial Aneurysms	PED HD 10.1	New indication for neurological findings(Multisystemic Smooth Muscle Syndrome (MSMS)/Smooth Muscle Dysfunction Syndrome) is added to indications for MRA head (CPT® 70544, CPT® 70545, OR CPT® 70546)
Pediatric Intracranial Aneurysms	PED HD 10.1	Background and Supporting information added to PED HD 10.1 section
Pediatric intracranial Arteriovenous Malformations	PED HD 10.2	Section restructured into table format reflecting type of disorder, Indications for imaging and supported imaging
Pediatric intracranial Arteriovenous Malformations	PED HD 10.2	Background and Supporting information added to PED HD 10.2 section
Pediatric Stroke	PED HD 12.1	Pediatric Stroke added to General Considerations title PED HD 12.1
Pediatric Stroke	PED HD 12.2	Individuals changed to Children
Moyamoya Syndrome/Disease	PED HD 12.4	The word "Syndrome" added to Moyamoya Disease - now says "Moyamoya Syndrome/Disease"
Moyamoya Syndrome/Disease	PED HD 12.4	Restructured Initial Imaging for CPT codes for Moyamoya Syndrome/Disease and added option for CTA of head (CPT® 70496) and CTA of Neck if MRA is contraindicated
Moyamoya Syndrome/Disease	PED HD 12.4	New indication added for CT perfusion (CPT® 0042T) and expanded option for MRI perfusion Perfusion (CPT® 70551 OR CPT® 70552 OR CPT® 70553)
Moyamoya Syndrome/Disease	PED HD 12.4	New Indication option added for screening for Moyamoya Disease
Moyamoya Syndrome/Disease	PED HD 12.4	Background and Supporting information added to section 12.4
Sickle Cell Disease	PED HD 12.5	One of the Indications for MRI of brain for sickle cell disease revised to reflect that MRI of brain is approved for screening to detect silent cerebral infarcts. Screening "without sedation" and for "early school age removed"
Sickle Cell Disease	PED HD 12.5	Section restructured and reformatted. No clinical change
COVID-19 and Multisystem Inflammatory Syndrome in Children	PED HD 12.7	Restructured criteria for imaging codes into table format
COVID-19 and Multisystem Inflammatory Syndrome in Children	PED HD 12.7	Background and Supporting information added to section 12.7
Multisystemic Smooth Muscle Syndrome (MSMS) Smooth Dysfunction Syndrome (SMDS) (ACTA2 Mutations)	PED HD 12.8	New guideline added for head and neck evaluations for MSMS/SMDS
Multisystemic Smooth Muscle Syndrome (MSMS) Smooth Dysfunction Syndrome	PED HD 12.8	Background and Supporting information added to Section 12.8

(SMDS) (ACTA2 Mutations)		
Pediatric Demyelinating Disease	PED HD 14	Pediatric Demyelinating Disease added to general considerations heading.
Pediatric Demyelinating General Considerations	PED HD 14.1	(CPT® 72156) revised and MRI of Spinal cord without and with contrast changed to MRI of cervical Spine without and with contrast for evaluation of pediatric demyelinating disease. MRI of thoracic Spine without and with contrast is also indicated for evaluation of pediatric demyelinating disease
Pediatric Demyelinating General Considerations	PED HD 14.2	Clarification of information in background and supporting information section for multiple sclerosis
Acute Disseminated Encephalomyelitis (ADEM) and other pediatric demyelinating disorders	PED HD 14.3	Editorial change to reflect that repeat imaging for MRI brain/MRI of cervical spine and MRI of thoracic spine is supported per neurology/infectious disease request.
Pituitary Dysfunction, General Considerations	PED HD 15.1	"Pituitary Dysfunction" added to General Considerations heading.
Diabetes Insipidus (DI) and other Disorders of Anti-Diuretic Hormone	PED HD 15.4	(CPT® 70553) or (CPT® 70551) are both "indicated" for for initial evaluation of unexplained central (hypothalamic pituitary) SIADH.
Hearing Loss	PED HD 16.1	CT and MRI are "supported" for simultaneously for evaluation and surgical planning if ordered by or in consultation with an ENT or Neurosurgical specialist
Hearing Loss	PED HD 16.1	(CPT® 70540, CPT® 70542, or CPT® 70543) codes are "supported" for MRI of internal auditory canal in place of complete MRI Brain.
Ear Pain	PED HD 16.2	Additional information added to common causes of ear pain (referred pain from the oral pharynx)
Ear Pain	PED HD 16.2	Restructured indications and supported studies for ear pain into table format
Cholesteatoma	PED HD 16.3	Restructured layout for imaging studies and indications for Children with Cholesteatoma (CPT® 70480) (CPT® 70480) (CPT® 70553), (CPT® 70543)
Cholesteatoma	PED HD 16.3	Definitions and information for Cholesteatoma moved to new background and supporting information section
Tinnitus	PED HD 16.5	Indications and supported studies for Tinnitus restructured into table format
Behavioral and Psychiatric Disorders	PED HD 18.1	Added MRI of Brain without contrast (CPT® 70551) CT Head without contrast (CPT® 70450)
Cerebral Palsy	PED HD 19.2	Definitions for Cerebral Palsy moved to background and supporting Information
Ataxia	PED HD 20.1	Removed from recommended preliminary exams options: "appropriate laboratory studies," but was not clinical criteria so no impact.
Ataxia	PED HD 20.1	Restructured Indications for Ataxia and supported studies to table format
Ataxia	PED HD 20.1	Changed wording from "specialist" to "neurologist and/or neurosurgeon"

Epistaxis	PED HD 21.1	Epistaxis added to heading for imaging
Pediatric Sleep Disorders	PED HD 24.1	New information added to to reflect coverage for 18yr See-related Imaging Guidelines HD-37
Pediatric Sleep Disorders	PED HD 24.1	Section restructured to break down condition and imaging into 1st, 2nd and 3rd bullet
Temporomandibular Joint imaging	PED HD 25.1	New criteria added to reflect other indications for MRI TMJ (CPT® 70336 for juvenile idiopathic arthritis)
Movement Disorders	PED HD 26.2	Restructured and reworded indications for MRI Brain without contrast (CPT® 70551) OR MRI Brain without and with contrast (CPT® 70553) for movement disorders
CNS Infection	PED HD 29.1	Language changed from studies "may be considered to "are supported" for suspected intracranial infections
CNS Infection	PED HD 29.1	New indications added to criteria section for repeating imaging
CNS Infection	PED HD 29.1	Definition and information on Neonatal meningitis moved from criteria section to new background and information section
CNS Infection	PED HD 29.1	Restructured presentation of Imaging CPT codes for multi system inflammatory syndrome and acute necrotizing myelitis
CNS Infection	PED HD 29.1	Background and supporting information added to guideline
Scalp and Skull Lesions	PED HD 30	New criteria added to reflect imaging approved for Pott Puffy Tumor
Scalp and Skull Lesions	PED HD 30	Reworded approval wording for Ultrasound head (CPT® 76506) from "can be approved" to "is supported"
Eye disorder	PED HD 31	restructured section from paragraph format to table format.

Pediatric Musculoskeletal Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
Throughout	Throughout	Spelling, grammar, punctuation, and typo correction as needed
Procedure Codes Associated with Musculoskeletal Imaging	MSP.GG.ProcedureCodes.A	Added additional codes to table for reference
Age Considerations	PEDMS-1.1	Updated ages describing pediatric and general imaging guideline use to align with Preface
Acute Fracture	PEDMS-2.1	Added ultrasound as an option for evaluation of fracture
Joint-Adjacent Fracture	PEDMS-2.2	Updated name of section from "Joint Fracture" to "Joint-Adjacent Fracture"
General Evaluation of the Limping Child	PEDMS-4.1	Added statement that x-ray should be obtained if there are no localized findings on physical examination
Osteonecrosis	PEDMS-6.2	Added statement that x-ray is indicated as the initial imaging study

Suspected Physical Child Abuse	PEDMS-7	Added CT Chest without contrast for patients with negative skeletal survey and high suspicion of rib fracture
Suspected Physical Child Abuse	PEDMS-7	Added MRI Brain may also be approved in addition to CT Head for individuals less than 1 year of age
Suspected Physical Child Abuse	PEDMS-7	Updated recommended spine imaging to MRI of the spine, with CT of the spine reserved if MRI is not readily available.
Suspected Physical Child Abuse	PEDMS-7	Updated screening of other children to give specific studies for imaging of contact children under the age of 24 months. Clarified that no routine imaging was indicated in asymptomatic children older than 24 months
Juvenile Idiopathic Arthritis	PEDMS-10.1	Added MRI of the most involved joint

Pediatric Neck Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
References	Throughout the Pediatric Neck Imaging Guidelines	References and in-text citations updated.
Pediatric Neck Imaging Guidelines	Throughout the Pediatric Neck Imaging Guidelines	Changed "MRI Neck" to "MRI Orbit/Face/Neck".
Pediatric Neck Imaging Guidelines	Throughout the Pediatric Neck Imaging Guidelines	Various editorial/administrative updates throughout.
Modality General Considerations	PEDNECK-1.3/NKP.GG.0001.3.A	Updated language for clarity.
Modality General Considerations	PEDNECK-1.3/NKP.GG.0001.3.A	Reformatted section on Salivary Gland Nuclear Imaging.
Neck Masses (Pediatric)	PEDNECK-2.1/NKP.NM.0002.1.A	Updated formatting of imaging study indications throughout section.
Neck Masses (Pediatric)	PEDNECK-2.1/NKP.NM.0002.1.A	Moved information on cervical lymphadenitis and congenital cervical cysts to Background and Supporting Information.
Neck Masses (Pediatric)	PEDNECK-2.1/NKP.NM.0002.1.A	Added imaging options for a ranula on the floor of the mouth.
Neck Masses (Pediatric)	PEDNECK-2.1/NKP.NM.0002.1.A	Clarified congenital abnormalities.
Neck Masses (Pediatric)	PEDNECK-2.1/NKP.NM.0002.1.A	Added CPT code of Neck Ultrasound for suspected cystic neck mass.
Neck Masses (Pediatric)	PEDNECK-2.1/NKP.NM.0002.1.A	Updated Background and Supporting Information section.
Imaging	PEDNECK-3.1/NKP.CL.0003.1.A	Reformatted imaging indications and moved information on MRI and CT to Background and Supporting Information section.
Dystonia/Torticollis	PEDNECK-4.1/NKP.TO.0004.1.A	Added Fibromatosis Colli to Infant section heading. Moved information about presentation to Background and Supporting Information section.
Dystonia/Torticollis	PEDNECK-4.1/NKP.TO.0004.1.A	Reformatted imaging indications for infants.

Dystonia/Torticollis	PEDNECK-4.1/NKP.TO.0004.1.A	Moved information on causes for children and adults to Background and Supporting Information section and updated the Background and Supporting Information section.
Dystonia/Torticollis	PEDNECK-4.1/NKP.TO.0004.1.A	Reformatted imaging indications for children and adults.
Dysphagia	PEDNECK-5.1/NKP.DY.0005.1.A	Reformatted imaging indications and removed "pediatric specific imaging considerations as a separate section.
Thyroid Masses or Nodules	PEDNECK-6.1/NKP.PT.0006.1.A	Reformatted imaging indications.
Hyperthyroidism	PEDNECK-6.2/NKP.PT.0006.2.A	Reformatted imaging indications. Moved information about causes to Background and Supporting Information section.
Hypothyroidism	PEDNECK-6.3/NKP.PT.0006.3.A	Reformatted imaging indications. Moved information about causes to Background and Supporting Information section.
Esophagus	PEDNECK-7.1/NKP.ES.0007.1.A	Changed from CT Neck and Chest to CT Neck and/or Chest
Esophagus	PEDNECK-7.1/NKP.ES.0007.1.A	Added the CPT codes for 3D rendering.
Esophagus	PEDNECK-7.1/NKP.ES.0007.1.A	Added x-ray requirement for suspected foreign body ingestion or impaction.
Esophagus	PEDNECK-7.1/NKP.ES.0007.1.A	Expanded foreign body section to include impaction.
Esophagus	PEDNECK-7.1/NKP.ES.0007.1.A	Reformatted imaging indications and added redirection to Neck-3.1 for suspected foreign body ingestion or impaction.
Trachea	PEDNECK-8.1/NKP.TR.0008.1.A	Reformatted imaging indications.
Trachea	PEDNECK-8.1/NKP.TR.0008.1.A	Changed from CT Neck and Chest to CT Neck and/or Chest
Trachea	PEDNECK-8.1/NKP.TR.0008.1.A	Added the CPT codes for 3D rendering.

Pediatric Oncology Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
Throughout	Throughout	Minor editorial changes including spelling, grammar, punctuation, and minor wording choice updates
General Guidelines	PEDONC-1.0	Added clarifying general information regarding supported studies and routine imaging, for alignment with ONC-1
Appropriate Clinical Evaluations	PEDONC-1.2	Added discussion language regarding COG protocols
Appropriate Clinical Evaluations	PEDONC-1.2	Clarified that evaluation of cardiac function with echocardiography is also indicated while on active therapy or at the end of therapy
Modality General Considerations, Screening Imaging in Cancer	PEDONC-1.3, PEDONC-2.1	Added clarifying language regarding consideration of studies requested with contrast only

Predisposition Syndromes		
PET Imaging in Pediatric Oncology	PEDONC-1.4	Under PET/MRI discussion, a bullet was added stating PET/MRI may be approved when the condition-specific guideline criteria lists it as indicated imaging
Neurofibromatosis 1 and 2	PEDONC-2.3	Removed discussion of frequent neoplasms associated with NF1 from background and supporting information
Hereditary Paranglioma-Pheochromocytoma (HPP) Syndromes	PEDONC-2.13	Added MAX and TMEM127 mutations to indications. Updated imaging studies to state that MRI Brain is not routinely supported but may be approved for CNS symptoms. Moved PET/CT to a dedicated table row.
Other Renal Cell Cancer Predisposition Syndromes	PEDONC-2.17	New subsection added allowing imaging of individuals with DICER1 mutation
Other Renal Cell Cancer Predisposition Syndromes	PEDONC-2.17	Added Bloom Syndrome/BLM mutations to list of other predisposition syndromes with indications for imaging
Bloom Syndrome	PEDONC-2.19	New section added allowing imaging of individuals with Bloom Syndrome
Acute Lymphoblastic Leukemia (ALL)	PEDONC-3.2	Moved statement regarding immunocompromise from background and supporting to subheading addressing immunosuppression
Acute Myeloid Leukemia (AML)	PEDONC-3.3	Moved statement regarding imaging on case-by-case basis for rare individuals with bulk tumor masses from background and supporting to main bullet section
CNS Tumors	PEDONC-4	Updated overall section name to remove "pediatric"
CNS Tumors General Considerations	PEDONC-4.1	Updated name of section to remove "pediatric". Added notation that cerebrospinal fluid pathology positive for malignance is considered leptomeningeal/spinal disease. Added discussion of updated classification of pediatric CNS tumors. Added loss of developmental milestones to list of red flag symptoms
CNS Tumors General Considerations, CNS Low Grade Gliomas (LGG)	PEDONC-4.1, PEDONC-4.2	Added MRI Orbits for individuals who present with papilledema, altered vision, strabismus, nystagmus, anisocoria, proptosis, ocular cranial nerve palsies, coloboma, or leukocoria, and for prior involvement
CNS Low Grade Gliomas (LGG), Medulloblastoma (MDB), Other CNS Embryonal Tumors, and Pineoblastoma, Atypical Teratoid/Rhabdoid Tumors (ATRT), CNS Germinomas and Non-Germinomatous Germ Cell Tumors (NGGCT)	PEDONC-4.2, PEDONC-4.4, PEDONC-4.5, PEDONC-4.7	Added CT Head for rapid assessment in acute setting, evaluation of acute intracranial hemorrhage, evaluation of ventriculomegaly, or evaluation of shunt-related issues - to align with criteria already listed in PEDONC-4.3
CNS Low Grade Gliomas (LGG)	PEDONC-4.2	Separated surveillance indications for intra-orbital involvement from history of NF1
CNS Low Grade Gliomas (LGG), CNS High Grade Glioma (HGG),	PEDONC-4.2, PEDONC-4.3, PEDONC-4.4, PEDONC-4.7, PEDONC-4.8, PEDONC-4.10	Updated discussion of included tumors

Medulloblastoma (MDB), Other CNS Embryonal Tumors, and Pineoblastoma, CNS Germinomas and Non-Germinomatous Germ Cell Tumors, Ependymal Tumors (Ependymoma), Craniopharyngioma and Other Tumors of the Sellar Region		
CNS High Grade Glioma (HGG), Medulloblastoma (MDB), Other CNS Embryonal Tumors, and Pineoblastoma, Atypical Teratoid/Rhabdoid Tumors (ATRT), Pineocytomas and Pineal Parenchymal Tumors, CNS Germinomas and Non-Germinomatous Germ Cell Tumors (NGGCT), Ependymal Tumors (Ependymoma), Malignant Tumors of the Spinal Cord, Craniopharyngioma and Other Tumors of the Sellar Region, Choroid Plexus Tumors	PEDONC-4.3, PEDONC-4.4, PEDONC-4.5, PEDONC-4.6, PEDONC-4.7, PEDONC-4.8, PEDONC-4.9, PEDONC-4.10, PEDONC-4.13	Added imaging for signs or symptoms of recurrence or progression
Medulloblastoma (MDB), Other CNS Embryonal Tumors, and Pineoblastoma	PEDONC-4.4	Updated name of section to remove "supratentorial primitive neuroectodermal tumors (sPNET) and replaced with "other CNS embryonal tumors"
Medulloblastoma (MDB), Other CNS Embryonal Tumors, and Pineoblastoma, Atypical Teratoid/Rhabdoid Tumors (ATRT), CNS Germinomas and Non-Germinomatous Germ Cell Tumors, Ependymal Tumors (Ependymoma)	PEDONC-4.4, PEDONC-4.5, PEDONC-4.7, PEDONC-4.8	Added link directing to PEDONC-19.3 for additional imaging guidelines for individuals in long term follow up after CNS tumor treatment
Pineocytomas and Pineal Parenchymal Tumors	PEDONC-4.6	Removed PNET due to reclassification of WHO nomenclature
Pineocytomas and Pineal Parenchymal Tumors	PEDONC-4.6	Clarified indications for MRI Spine to include progression
Ependymal Tumors (Ependymoma)	PEDONC-4.8	Updated name of section to Ependymal Tumors (Ependymoma)
Ependymal Tumors (Ependymoma)	PEDONC-4.8	Removed brain imaging from surveillance of primary intraspinal ependymal tumor with no history of intracranial involvement
Craniopharyngioma and Other Tumors of the Sellar Region	PEDONC-4.10	Updated name of section to Craniopharyngioma and Other Tumors of the Sellar Region
Choroid Plexus Tumors	PEDONC-4.13	Updated surveillance time frame to include imaging annually to 10 years after treatment

Pediatric Hodgkin Lymphoma (HL)	PEDONC-5.2	In initial staging: added allowance for MRI Abdomen and MRI Pelvis to limit radiation exposure if requested, added MRI Brain for known or suspected CNS involvement, and removed redundant bullet for CT or MRI of any other symptomatic body area.
Pediatric Hodgkin Lymphoma (HL), Pediatric Aggressive Mature B-Cell Non-Hodgkin Lymphomas (NHL), Anaplastic Large Cell Lymphoma (ALCL)	PEDONC-5.2, PEDONC-5.3, PEDONC-5.4	Added option of PET/MRI in lieu of PET/CT throughout
Anaplastic Large Cell Lymphoma (ALCL)	PEDONC-5.4	Updated timeframe for surveillance
Neuroblastoma - Treatment Response Imaging (Risk Group Dependent), Neuroblastoma - Surveillance Imaging (Risk Group Dependent)	PEDONC-6.4, PEDONC-6.5	Added clarification that if tumor site is abdomen or pelvis then imaging of both sites is indicated.
Neuroblastoma - Treatment Response Imaging (Risk Group Dependent)	PEDONC-6.4	Added MRI Neck as indicated imaging for intermediate risk neuroblastoma, very low and low risk neuroblastoma receiving chemotherapy, and high risk neuroblastoma
Neuroblastoma - Surveillance Imaging (Risk Group Dependent)	PEDONC-6.5	Separated surveillance imaging recommendations into favorable biology and unfavorable biology. Updated favorable biology to include ultrasound or CT.
Neuroblastoma - Surveillance Imaging (Risk Group Dependent)	PEDONC-6.5	Updated high risk surveillance timeframe from 10 years surveillance to 6 years surveillance, including MIBG.
Unilateral Wilms Tumor, Bilateral Wilms Tumor	PEDONC-7.2, PEDONC-7.3	Updated surveillance to eliminate separate categories for different risk groups - all receive surveillance on an updated timeframe of every 3 months for 2 years, then every 6 months for 2 additional years, to complete 4 years surveillance.
Rhabdomyosarcoma (RMS), Non-Rhabdomyosarcoma Soft Tissue Sarcomas (NRSTS)	PEDONC-8.2, PEDONC-8.3	Removed CT as indicated study unless MRI is contraindicated (MRI is the preferred study)
Rhabdomyosarcoma (RMS), Non-Rhabdomyosarcoma Soft Tissue Sarcomas (NRSTS)	PEDONC-8.2, PEDONC-8.3	Added imaging indicated prior to local control surgery
Non-Rhabdomyosarcoma Soft Tissue Sarcomas (NRSTS)	PEDONC-8.3	Updated to allow PET/CT in the initial staging of all individuals
Non-Rhabdomyosarcoma Soft Tissue Sarcomas (NRSTS)	PEDONC-8.3	Updated surveillance imaging indications and timeframes
Osteogenic Sarcoma	PEDONC-9.3	Updated surveillance timeframe of all individuals. Updated to include CT Chest for surveillance imaging of all individuals.
Ewing Sarcoma Family of Tumors (ESFT) Including Primitive	PEDONC-9.4	Added MRI bone marrow blood supply to list of imaging in restaging. Clarified that imaging modality in restaging should be the same as used for initial staging.

Neuroectodermal Tumors (PNET)		
Ewing Sarcoma Family of Tumors (ESFT) Including Primitive Neuroectodermal Tumors (PNET)	PEDONC-9.4	Updated to state that PET/CT is supported for findings suggestive of local recurrence. Whole-body bone scan is the recommended study at the end of planned chemotherapy
Ewing Sarcoma Family of Tumors (ESFT) Including Primitive Neuroectodermal Tumors (PNET)	PEDONC-9.4	Separated surveillance imaging indications into surveillance for low grade stage I disease and surveillance for all others.
Pediatric Germ Cell Tumor	PEDONC-10	Added option to image in initial staging, restaging, and surveillance with MRI Abdomen Pelvis wwo in lieu of CT Abdomen Pelvis when specific criteria are met
Pediatric Germ Cell Tumor	PEDONC-10	Moved information from background and supporting information describing almost universally benign teratomas or functional cysts for which advanced imaging is not indicated to its own table row. Updated background and supporting information discussion of histologic subtypes.
Pediatric Germ Cell Tumor	PEDONC-10	Added choriocarcinoma syndrome to indications for MRI Brain imaging
Pediatric Germ Cell Tumor	PEDONC-10	Removed row addressing surveillance of individuals with normal tumor markers at the time of diagnosis
Pediatric Liver and Pancreatic Tumors, Pediatric Liver and Pancreatic Tumors - General Considerations	PEDONC-11, PEDONC-11.1	Updated overarching name of section to include pancreatic tumors
Hepatoblastoma, Pediatric Hepatocellular Carcinoma (HCC)	PEDONC-11.2, PEDONC-11.3	Added hepatobiliary-specific contrast agents, and that imaging requested with these contrast agents is indicated even if prior gadolinium MRI has been performed. Updated discussion of CT Abdomen and Pelvis to state that it should only be approved if MRI is contraindicated
Hepatoblastoma, Pediatric Hepatocellular Carcinoma (HCC)	PEDONC-11.2, PEDONC-11.3	Updated surveillance imaging to remove CT Abdomen and replace with MRI Abdomen unless there is contraindication to MRI.
Pediatric Pancreatic Carcinoma	PEDONC-11.4	New section added allowing imaging of individuals with pediatric pancreatic carcinoma
Pediatric ACC-Imaging	PEDONC-14.2	Removed CT Abdomen without and with contrast in lieu of CT with contrast. Added statement that CT Abdomen without and with contrast increase radiation exposure and should not be routinely performed.
Osteonecrosis in Long Term Cancer Survivors	PEDONC-19.4	Added CT without contrast for surgical planning when articular collapse is seen on other imaging. Clarified specific interventions.
Hematopoietic Stem Cell Transplantation	PEDONC-20	New section covering hematopoietic stem cell transplantation including general considerations, pre-transplant imaging, and post-transplant imaging

Pediatric Pelvis Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
Pediatric Pelvis Imaging Guidelines	Throughout Pediatric Pelvis Imaging Guidelines	References updated
Pediatric Pelvis Imaging Guidelines	Throughout Entire Pediatric Pelvis Section	Editorial changes

Pediatric Peripheral Nerve Disorders Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
Entire GL	All Sections	Editorial changes where needed in grammar, spelling, spacing.
General Guidelines (PEDPN-1)-References	(PEDPN-1)-References	Replaced 3 older references (original #s 2, 3, 4) related to exposure to general anesthesia and domain-specific neurodevelopmental outcomes in children. These 3 references were replaced with one updated reference from 2022. Removed duplicate Reference (original # 10- Blumfield et. al.)
General Guidelines (PEDPN-1.1)- Age Considerations	(PEDPN-1.1)- Age Considerations	Updated superscripted reference # related to "Individuals who are 18 years old or younger..." (changed from 14 to 11 to reflect change in references that resulted in a change in the # associated with the reference
Brachial Plexus (PEDPN-3)	(PEDPN-3)-References	Added reference (no associated clinical changes)
References throughout guideline	All Sections	Editorial updates of references (added doi #s and dates, capitalization, italicized)

Pediatric Peripheral Vascular Disease Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
Pediatric Peripheral Vascular Disease Imaging Guidelines	Throughout guideline	Throughout document editorial changes were made for consistency to include changing statements such as "may be approved" to "is indicated", added or removed punctuation, corrected spelling errors, typos, capitalization, formatting.
Modality General Considerations	PEDPVD-1.3	Removed the words "by eviCore guidelines" for consistency throughout the guidelines and information not necessary to the content.
General Guidelines (PEDPVD-1.0)	PVDP-1	Updated references
Vascular Anomalies (PEDPVD-2)	PVDP-2	Updated references, added footnotes Added MRI indication for post treatment for evaluation in lymphatic malformations
Vasculitis (PEDPVD-3)	PVDP-3	Changed investigational to not medically necessary

Infantile Hemangiomas (PEDPVD-5)	PVDP-5	Updated 5.4 title
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Pediatric Spine Imaging Guideline Changes:

Section Name	Section Number/Policy Number	Summary of change
General Guidelines	PEDSP-1.0	Added details of a thorough neurologic examination for alignment to general imaging guidelines
Pediatric Spine Imaging Age Considerations	PEDSP-1.1	Updated ages describing pediatric and general imaging guideline use to align with Preface
Pediatric Spine Imaging Modality General Considerations	PEDSP-1.3	Aligned CPT codes for SPECT/CT to nuclear medicine guidelines in other sections
Back and Neck Pain in Children Age 6 and Older	PEDSP-2.3	Added constant or radicular pain lasting ≥ 4 weeks, removed early morning stiffness as red flag criteria.
Spondylolysis	PEDSP-2.4	Clarified by removing statement "advanced imaging is not generally indicated"
Spine Pain Related To Trauma and Painless Spine Trauma	PEDSP-2.6	Moved clarifying statement regarding contrast to top of guideline. Clarified that x-ray should be relevant but removed definition of "within 60 days"
Spine Pain Related To Trauma and Painless Spine Trauma	PEDSP-2.6	Added head-first injury and predisposing conditions (e.g. Down syndrome)
Spine Pain Related To Trauma and Painless Spine Trauma	PEDSP-2.6	Changed criteria from stating documented findings on recent MRI Brain to fractures on skeletal survey or other clinical indicators
Scoliosis	PEDSP-3.2	Updated discussion of idiopathic scoliosis
Scoliosis	PEDSP-3.2	Added additional clinical features associated with increased risk of underlying abnormality: absence of apical segment lordosis/kyphosis, rapid curve progression, and pes cavus
Spinal Dysraphism and Tethered Spinal Cord - Introduction; Cutaneous Indications to Suspect Occult Spinal Dysraphism	PEDSP-4.1, PEDSP-4.2	Added clarification that contrast level is per ordering specialist
Cutaneous Indications to Suspect Occult Spinal Dysraphism	PEDSP-4.2	Added reference to pilonidal cyst guideline in the pelvis imaging guidelines
Spinal Dysraphism	PEDSP-4.4	Updated name of section to Spinal Dysraphism. Added discussion of open and closed dysraphism.
Spinal Dysraphism	PEDSP-4.4	Added MRI Brain for all cases of open dysraphism. Added that MRI of entire spine may be done for closed dysraphism and for preoperative planning if ordered by specialist.

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