



UnitedHealthcare® Community Plan: Radiology Imaging Coverage Determination Guideline

**Pediatric Peripheral Nerve Disorders (PND)
Imaging Guidelines (For Ohio Only)**

V1.0.2023

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Application (for Ohio Only)

This Medical Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

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**Pediatric Peripheral Nerve Disorders (PND) Imaging Guidelines
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Related Community Plan Policies

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General Policies

- General Peripheral Nerve Disorder Imaging Guidelines

Pediatric Policies

- Pediatric Head Imaging Guidelines
- Pediatric and Special Populations Oncology Imaging Guidelines

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Guideline Development (Preface-1)

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- The UnitedHealthcare’s evidence-based, proprietary clinical guidelines evaluate a range of advanced imaging and procedures, including NM, US, CT, MRI, PET, Radiation Oncology, Sleep Studies, as well as Cardiac, musculoskeletal and Spine interventions.
- UnitedHealthcare reserves the right to change and update the guidelines. The guidelines undergo a formal review annually. United HealthCare’s guidelines are based upon major national and international association and society guidelines and criteria, peer-reviewed literature, major treatises as well as, input from health plans, and practicing academic and community-based physicians.
- These Guidelines are not intended to supersede or replace sound medical judgment, but instead, should facilitate the identification of the most appropriate imaging or other designated procedure given the individual’s clinical condition. These guidelines are written to cover medical conditions as experienced by the majority of individuals. However, these guidelines may not be applicable in certain clinical circumstances, and physician judgment can override the guidelines.
- Clinical decisions, including treatment decisions, are the responsibility of the individual and his/her provider. Clinicians are expected to use independent medical judgment, which takes into account the clinical circumstances to determine individual management decisions.
- UnitedHealthcare supports the Choosing Wisely initiative (<https://www.choosingwisely.org/>) by the American Board of Internal Medicine (ABIM) Foundation and many national physician organizations, to reduce the overuse of diagnostic tests that are low value, no value, or whose risks are greater than the benefits.

Preface to the Imaging Guidelines

Benefits, Coverage Policies, and Eligibility Issues (Preface-2)

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Benefits, Coverage Policies, and Eligibility Issues (Preface-2.1)

References (Preface-2)

Benefits, Coverage Policies, and Eligibility Issues (Preface-2.1)

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Investigational and Experimental Studies

- Certain advanced imaging studies, or other procedures, may be considered investigational and experimental if there is a paucity of supporting evidence; if the evidence has not matured to exhibit improved health parameters or; the advanced imaging study/procedure lacks a collective opinion of support.

Clinical and Research Trials

- Similar to investigational and experimental studies, clinical trial imaging requests will be considered to determine whether they meet UnitedHealthcare's evidence-based guidelines.
- Imaging studies which are inconsistent with established clinical standards, or are requested for data collection and not used in direct clinical management are not supported.

Legislative Mandate

- State and federal legislations may need to be considered in the review of advanced imaging requests.

References (Preface-2)

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1. Coverage of Clinical Trials under the Patient Protection and Affordable Care Act; 42 U.S.C.A. § 300gg-8

Clinical Information (Preface-3)

Guideline

Clinical Information (Preface-3.1)

References (Preface-3)

Clinical Information (Preface-3.1)

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Clinical Documentation and Age Considerations

- UnitedHealthcare’s guidelines use an evidence-based approach to determine the most appropriate procedure for each individual, at the most appropriate time in the diagnostic and treatment cycle. UnitedHealthcare’s guidelines are framed by:
 - Clinical presentation of the individual, rather than the studies requested
 - Adequate clinical information that must be submitted to UnitedHealthcare in order to establish medical necessity for advanced imaging or other designated procedures includes, but is not limited to the following:
 - Pertinent clinical evaluation should include a recent detailed history, physical examination²⁰ since the onset or change in symptoms, and/or laboratory and prior imaging studies.
 - Condition-specific guideline sections may describe additional clinical information which is required for a pertinent clinical evaluation.
 - The Spine and Musculoskeletal guidelines require x-ray studies from when the current episode of symptoms has started or changed; x-ray imaging does not have to be within the past 60 days.
 - Advanced imaging or other designated procedures should not be ordered prior to clinical evaluation of an individual by the physician treating the individual. This may include referral to a consultant specialist who will make further treatment decisions.
 - Other meaningful technological contact (telehealth visit, telephone or video call, electronic mail or messaging) since the onset or change in symptoms by an established individual can serve as a pertinent clinical evaluation.
 - Some conditions may require a face-to-face evaluation as discussed in the applicable condition-specific guideline sections.
 - A recent clinical evaluation may be unnecessary if the individual is undergoing a guideline-supported, scheduled follow-up imaging or other designated procedural evaluation. Exceptions due to routine surveillance indications are addressed in the applicable condition-specific guideline sections.
 - UnitedHealthcare’s evidence-based approach to determine the most appropriate procedure for each individual requires submission of medical records pertinent to the requested imaging or other designated procedures.

- Many conditions affecting the pediatric population are different diagnoses than those occurring in the adult population. For those diseases which occur in both pediatric and adult populations, minor differences may exist in management due to individual age, comorbidities, and differences in disease natural history between children and adults.
 - Individuals who are 18 years old or younger¹⁹ should be imaged according to the Pediatric Imaging Guidelines if discussed in the condition-specific guideline sections. Any conditions not specifically discussed in the Pediatric Imaging Guidelines should be imaged according to the General Imaging Guidelines. Individuals who are >18 years old should be imaged according to the General Imaging Guidelines, except where directed otherwise by a specific guideline section.
- The terms “male” and “female” used in these guidelines refer to anatomic-specific diseases and disease predispositions associated with individuals’ sex assigned at birth rather than their gender identity. It should be noted that gender identity and anatomic-specific diseases as well as disease predispositions are not always linked. As such, these guidelines should be applied to the individual’s corresponding known or suspected anatomic-specific disease or disease predisposition. At UnitedHealthcare, we believe that it is important to understand how all individuals, including those who are gender-diverse, choose to identify themselves. To ensure that gender-diverse individuals are treated with respect and that decisions impacting their healthcare are made correctly and with sensitivity, UnitedHealthcare recognizes all individuals with the following gender marker options: Male, Female, Transgender male, Transgender female, “X,” and “Not specified.”

General Imaging Information

- “Standard” or “conventional” imaging is most often performed in the initial and subsequent evaluations of malignancy. Standard or conventional imaging includes plain film, CT, MRI, or US.
 - Often, further advanced imaging is needed when initial imaging, such as ultrasound, CT, or MRI does not answer the clinical question. Uncertain, indeterminate, inconclusive, or equivocal may describe these situations.
- Appropriate use of contrast is a very important component of evidence-based advanced imaging use.
 - The appropriate levels of contrast for an examination (i.e. without contrast, with contrast, without and with contrast) is determined by the evidence-based guidance reflected in the condition-specific guideline sections.
 - If, during the performance of a non-contrast imaging study, there is the unexpected need to use contrast in order to evaluate a possible abnormality, then that is appropriate.¹

Ultrasound

- Diagnostic ultrasound uses high frequency sound waves to evaluate soft tissue structures and vascular structures utilizing greyscale and Doppler techniques.
- Ultrasound allows for dynamic real-time imaging at the bedside
 - Ultrasound is limited in areas where there is dense bone or other calcification.
 - Ultrasound also has a relatively limited imaging window so may be of limited value to evaluate very large abnormalities
 - In general, ultrasound is highly operator-dependent, and proper training and experience are required to perform consistent, high-quality evaluations.
- Indications for ultrasound may include, but are not limited to:
 - Obstetric and gynecologic imaging
 - Soft tissue and visceral imaging of the chest, abdomen, pelvis, and extremities
 - Brain and spine imaging when not obscured by dense bony structures
 - Vascular imaging when not obscured by dense bony structures
 - Procedural guidance when not obscured by dense bony structures
 - Initial evaluation of ill-defined soft tissue masses or fullness and differentiating adenopathy from mass or cyst. Prior to advanced imaging, ultrasound can be very beneficial in selecting the proper modality, body area, image sequences, and contrast level that will provide the most definitive information for the individual.
- More specific guidance for ultrasound usage, including exceptions to this general guidance, can be found throughout the condition-specific guidelines.

Computed Tomography (CT):

- The AMA CPT® manual does not describe nor assign any minimum or maximum number of sequences for any CT study. CT imaging protocols are often influenced by the individual clinical situation of the individual and additional sequences are not uncommon. There are numerous CT protocols that may be performed to evaluate specific clinical questions, and this technology is constantly undergoing development.
- CT utilizes ionizing radiation to create CT cross-sectional and volumetric images of the body.
 - Advantages over ultrasound include a much larger field of view, and faster completion time in general. Disadvantages compared to ultrasound include lack of portability and exposure to ionizing radiation.
 - Advantages over MRI include faster imaging, and a more spacious scanner area limiting claustrophobia. Disadvantages compared to MRI include decreased soft tissue definition, especially with non-contrast imaging, and exposure to ionizing radiation.
- CT can be performed without, with, or without and with intravenous (IV) contrast depending on the clinical indication and body area.
 - In general, non-contrast imaging is appropriate for evaluating structures with significant tissue density differences such as lung parenchyma and bony structures, or when there is a contraindication to contrast.

- In general, CT with contrast is the most common level of contrast and can be used when there is need for improved vascular or soft tissue resolution, including better characterization of known or suspected malignancy, as well as, infectious and inflammatory conditions.
- CT without and with contrast has a limited role as the risks of doubling the ionizing radiation exposure rarely outweigh the benefits of multiphasic imaging, though there are some exceptions which include but are not limited to:
 - Characterization of a mass
 - Characterization of arterial and venous anatomy
 - CT with contrast may be used to better characterize findings on a very recent (within two weeks) inconclusive non-contrast CT where the guidelines would support CT without and with contrast.
- More specific guidance for CT contrast usage, including exceptions to this general guidance can be found throughout the condition-specific guidelines.
- Shellfish allergy:
 - It is commonly assumed that an allergy to shellfish indicates iodine allergy, and that this implies an allergy to iodinated contrast media used with CT. However, this is NOT true. Shellfish allergy is due to tropomyosins. Iodine plays no role in these allergic reactions. Allergies to shellfish do not increase the risk of reaction to iodinated contrast media any more than that of other allergens.¹
- Enteric contrast (oral or rectal) is sometimes used in abdominal imaging. There is no specific CPT[®] code which refers to enteric contrast.
- The appropriate contrast level and anatomic region in CT imaging is specific to the clinical indication, as listed in the condition-specific guideline sections.
- CT should not be used to replace MRI in an attempt to avoid sedation unless it is listed as a recommended study the appropriate condition-specific guideline.
- There are significant potential adverse effects associated with the use of iodinated contrast media. These include hypersensitivity reactions, thyroid dysfunction, and contrast-induced nephropathy (CIN). Individuals with impaired renal function are at increased risk for CIN.²
- Both contrast CT and MRI may be considered to have the same risk profile with renal failure (GFR <30 mL/min).
- The use of CT contrast should proceed with caution in pregnant and breastfeeding individuals. There is a theoretical risk of contrast toxicity to the fetal and infant thyroid. The procedure can be performed if the specific need for that contrast-enhanced procedure outweighs risk to the fetus. Breastfeeding individuals may reduce this risk by choosing to pump and discard breast milk for 12-24 hours after the contrast injection.

- CT without contrast may be appropriate if clinical criteria for CT with contrast are met AND the individual has:
 - Elevated blood urea nitrogen (BUN) and/or creatinine
 - Renal insufficiency
 - Allergies to iodinated contrast
 - Thyroid disease which could be treated with I-131
 - Diabetes
 - Very elderly
 - Urgent or emergent settings due to availability
 - Trauma
- CT is superior to other imaging modalities in certain conditions, including but not limited to the following:
 - Screening following trauma
 - Imaging pulmonary disease
 - Imaging abdominal and pelvic viscera
 - Imaging of complex fractures
 - Evaluation of inconclusive findings on Ultrasound or MRI, or if there is a contraindication to MRI
- More specific guidance for CT usage, including exceptions to this general guidance can be found throughout the condition specific guidelines.

Magnetic Resonance Imaging (MRI):

- The AMA CPT® manual does not describe nor assign any minimum or maximum number of sequences for any MRI study. MRI protocols are often influenced by the individual clinical situation of the individual and additional sequences are not uncommon. There are numerous MRI sequences that may be performed to evaluate specific clinical questions, and this technology is constantly undergoing development.
- Magnetic Resonance Imaging (MRI) utilizes the interaction between the intrinsic radiofrequency of certain Molecules in the body (hydrogen in most cases) and a strong external magnetic field.
 - MRI is often superior for advanced imaging of soft tissues and can also define physiological processes in some instances [e.g. edema, loss of circulation (AVN), and increased vascularity (tumors)].
 - MRI does not use ionizing radiation, and even non-contrast images have much higher soft tissue definition than CT or Ultrasound
 - MRI typically takes much longer than either CT or Ultrasound, and for some individuals may require sedation. It is also much more sensitive to individual motion that can degrade image quality than either CT or Ultrasound.
- MRI Breast and MRI Chest are not interchangeable, as they focus detailed sequences on different adjacent body parts.
- MRI may be utilized either as the primary advanced imaging modality, or when further definition is needed based on CT or ultrasound imaging.

- Most orthopedic and dental implants are not magnetic. These include hip and knee replacements; plates, screws, and rods used to treat fractures; and cavity fillings. Yet, all of these metal implants can distort the MRI image if near the part of the body being scanned.
 - Other implants, however, may have contraindications to MRI. These include:
 - Pacemakers
 - ICD or heart valves
 - Metal implants in the brain
 - Metal implants in the eyes or ears
 - Infusion catheters and bullets or shrapnel.
 - CT can therefore be an alternative study to MRI in these scenarios.
- The contrast level and anatomic region in MRI imaging is specific to the clinical indication, as listed in the specific guideline sections.
- MRI is commonly performed without, without and with contrast.
 - Non-contrast imaging offers excellent tissue definition
 - Imaging without and with contrast is commonly used when needed to better characterize tissue perfusion and vascularization.
 - Most contrast is gadolinium based and causes T2 brightening of the vascular and extracellular spaces.
 - Some specialized gadolinium and non-gadolinium contrast agents are available, and most commonly used for characterizing liver lesions.
 - MRI with contrast only is rarely appropriate and is usually used to better characterize findings on a recent inconclusive non-contrast MRI, commonly called a completion study.
 - MRI contrast is contraindicated in pregnant individuals
 - More specific guidance for MRI contrast usage, including exceptions to this general guidance can be found throughout the condition specific guidelines.
- MRI may be preferred in individuals with renal failure, and in individuals allergic to intravenous CT contrast.
 - Both contrast CT and MRI may be considered to have the same risk profile with renal failure (GFR <30 mL/min).²
 - Gadolinium can cause Nephrogenic Systemic Fibrosis (NSF). The greater the exposure to gadolinium in individuals with a low GFR (especially if on dialysis), the greater the chance of individuals developing NSF.
 - Multiple studies have demonstrated potential for gadolinium deposition following the use of gadolinium-based contrast agents (GBCAs) for MRI studies.^{3,4,5,6,7} The U.S. Food and Drug Administration (FDA) has noted that there is currently no evidence to suggest that gadolinium retention in the brain is harmful and restricting gadolinium-based contrast agents (GBCAs) use is not warranted at this time. It has been recommended that GBCA use should be limited to circumstances in which additional information provided by the contrast agent is necessary and the necessity of repetitive MRIs with GBCAs should be assessed.⁸

- A CT may be approved in place of an MRI when clinical criteria are met for MRI AND there is a contraindication to having an MRI (pacemaker, ICD, insulin pump, neurostimulator, etc.)
 - When replacing MRI with CT, contrast level matching should occur as follows:
 - MRI without contrast → CT without contrast
 - MRI without and with contrast → CT with contrast or CT without and with contrast
- The following situations may impact the appropriateness for MRI and or MR contrast
 - Caution should be taken in the use of gadolinium in individuals with renal failure
 - The use of gadolinium contrast agents is contraindicated during pregnancy unless the specific need for that procedure outweighs risk to the fetus.
 - MRI can be performed for non-ferromagnetic body metals (i.e. titanium), although some imaging facilities will consider it contraindicated if recent surgery, regardless of the metal type
- MRI should not be used as a replacement for CT for the sole reason of avoidance of ionizing radiation when MRI is not supported in the condition-based guidelines, since it does not solve the problem of overutilization.
- MRI is superior to other imaging modalities in certain conditions, including but not limited to the following:
 - Imaging the brain and spinal cord
 - Characterizing visceral and musculoskeletal soft tissue masses
 - Evaluating musculoskeletal soft tissues including ligaments and tendons
 - Evaluating inconclusive findings on ultrasound or CT
 - Individuals who are pregnant or have high radiation sensitivity
 - Suspicion, diagnosis of or surveillance of infections
- More specific guidance for MRI usage, including exceptions to this general guidance can be found throughout the condition-specific guidelines.

Positron Emission Tomography (PET):

- PET is a nuclear medicine study that uses a positron emitting radiotracer to create cross-sectional and volumetric images based on tissue metabolism.
- Conventional imaging (frequently CT, sometimes MRI or bone scan) of the affected area(s) drives much of initial and restaging and surveillance imaging for malignancy and other chronic conditions. PET is not indicated for surveillance imaging unless specifically stated in the condition-specific guideline sections.
- PET/MRI is generally not supported, See **PET-MRI (Preface-5.3)**
- PET is rarely performed as a single modality, but is typically performed as a combined PET/CT.
 - The unbundling of PET/CT into separate PET and diagnostic CT CPT® codes is not supported, because PET/CT is done as a single study.

- PET/CT lacks the tissue definition of CT or MRI, but is fairly specific for metabolic activity based on the radiotracer used
 - Fluorodeoxyglucose (fluorine-18-2-fluoro-2-deoxy-D-glucose [FDG]) is the most common PET radiotracer and images glucose metabolism
 - Some specialized radiotracers including Gallium-68 DOTATATE, C-11 Choline, F-18 Fluciclovine (AXUMIN®), 68Ga PSMA-11, and 18F Piflufolastat PSMA (Pylarify®) are supported in evaluation for some oncologic conditions, while the use of other radiotracers including but not limited to F-18 Sodium Fluoride is not supported.
- Indications for PET/CT may include
 - Oncologic Imaging for evaluation of tumor metabolic activity
 - Cardiac Imaging for evaluation of myocardial metabolic activity
 - Brain Imaging for evaluation of metabolic activity for procedural planning
- More specific guidance for PET usage, including exceptions to this general guidance can be found throughout the condition-specific guidelines.

Overutilization of Advanced Imaging:

- A number of recent reports describe overutilization in many areas of advanced imaging and other procedures, which may include:
 - High level testing without consideration of less invasive, lower cost options which may adequately address the clinical question at hand
 - Excessive radiation and costs with unnecessary testing
 - Defensive medical practice
 - CT without and with contrast (so called “double contrast studies) requests, which have few current indications.
 - MRI requested in place of CT to avoid radiation without considering the primary indication for imaging
 - Adult CT settings and protocols used for smaller people and children
 - Unnecessary imaging procedures when the same or similar studies have already been conducted.
- A review of the imaging or other relevant procedural histories of all individuals presenting for studies has been recognized as one of the more important processes that can be significantly improved. By recognizing that a duplicate or questionably indicated examination has been ordered for individuals, it may be possible to avoid exposing them to unnecessary risks.^{9, 10} To avoid these unnecessary risks, the precautions below should be considered.
 - The results of initial diagnostic tests or radiologic studies to narrow the differential diagnosis should be obtained prior to performing further tests or radiologic studies.
 - The clinical history should include a potential indication such as a known or suspected abnormality involving the body part for which the imaging study is being requested. These potential indications are addressed in greater detail within the applicable guidelines.

- The results of the requested imaging procedures should be expected to have an impact on individual management or treatment decisions.
- Repeat imaging studies are not generally necessary unless there is evidence of disease progression, recurrence of disease, and/or the repeat imaging will affect an individual's clinical management.
- Preoperative imaging/pre-surgical planning imaging/pre-procedure imaging is not indicated if the surgery/procedure is not indicated. Once the procedure has been approved or if the procedure does not require prior authorization, the appropriate pre-procedural imaging may be approved.

References (Preface-3)

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1. Bettmann MA. Frequently Asked Questions: Iodinated Contrast Agents. *RadioGraphics*. 2004;24(suppl_1):S3-S10. doi:10.1148/rg.24si045519
2. Andreucci M, Solomon R, Tasanarong A. Side Effects of Radiographic Contrast Media: Pathogenesis, Risk Factors, and Prevention. *BioMed Research International*. 2014;2014:1-20. <https://doi.org/10.1155/2014/741018>
3. McDonald RJ, McDonald JS, Kallmes DF, et al. Intracranial Gadolinium Deposition after Contrast-enhanced MR Imaging. *Radiology*. 2015;275(3):772-782. doi:10.1148/radiol.15150025
4. Kanda T, Ishii K, Kawaguchi H, Kitajima K, Takenaka D. High Signal Intensity in the Dentate Nucleus and Globus Pallidus on Unenhanced T1-weighted MR Images: Relationship with Increasing Cumulative Dose of a Gadolinium-based Contrast Material. *Radiology*. 2014;270(3):834-841. doi:10.1148/radiol.13131669
5. Olchowy C, Cebulski K, Łasecki M, et al. The presence of the gadolinium-based contrast agent depositions in the brain and symptoms of gadolinium neurotoxicity - A systematic review. Mohapatra S, ed. *PLOS ONE*. 2017;12(2):e0171704. doi:10.1371/journal.pone.0171704
6. Ramalho J, Castillo M, AIObaidy M, et al. High Signal Intensity in Globus Pallidus and Dentate Nucleus on Unenhanced T1-weighted MR Images: Evaluation of Two Linear Gadolinium-based Contrast Agents. *Radiology*. 2015;276(3):836-844. doi:10.1148/radiol.2015150872
7. Radbruch A, Weberling LD, Kieslich PJ, et al. Intraindividual Analysis of Signal Intensity Changes in the Dentate Nucleus After Consecutive Serial Applications of Linear and Macrocyclic Gadolinium-Based Contrast Agents. *Investigative Radiology*. 2016;51(11):683-690. doi:10.1097/rli.0000000000000308
8. FDA Warns That Gadolinium-Based Contrast Agents (GBCAs) Are Retained in the Body; Requires New Class Warnings. <https://www.fda.gov/media/109825/download>
9. Amis ES, Butler PF, Applegate KE, et al. American College of Radiology White Paper on Radiation Dose in Medicine. *Journal of the American College of Radiology*. 2007;4(5):272-284. doi:10.1016/j.jacr.2007.03.002
10. Powell AC, Long JW, Kren EM, Gupta AK, Levin DC. Evaluation of a Program for Improving Advanced Imaging Interpretation. *Journal of Patient Safety*. 2019;15(1):69-75. doi:10.1097/PTS.0000000000000345
11. FDA. White Paper: Initiative to Reduce Unnecessary Radiation Exposure from Medical Imaging. Page Last Updated: 06/14/2019. <https://www.fda.gov/Radiation-EmittingProducts/RadiationSafety/RadiationDoseReduction/ucm199994.htm>
12. Update on FDA approach to safety issue of gadolinium retention after administration of gadolinium-based contrast agents. <https://www.fda.gov/media/116492/download>
13. Blumfield E, Swenson DW, Iyer RS, Stanescu AL. Gadolinium-based contrast agents — review of recent literature on magnetic resonance imaging signal intensity changes and tissue deposits, with emphasis on pediatric patients. *Pediatric Radiology*. 2019;49(4):448-457. doi:10.1007/s00247-018-4304-8
14. ACR – SPR –SRU PRACTICE PARAMETER FOR THE PERFORMING AND INTERPRETING DIAGNOSTIC ULTRASOUND EXAMINATIONS Revised 2017 (Resolution 32) <https://www.acr.org/-/media/ACR/Files/Practice-Parameters/US-Perf-Interpret.pdf>
15. ACR–SPR PRACTICE PARAMETER FOR PERFORMING FDG-PET/CT IN ONCOLOGY Revised 2021 (Resolution 20) <https://www.acr.org/-/media/ACR/Files/Practice-Parameters/FDG-PET-CT.pdf>
16. ACR PRACTICE PARAMETER FOR PERFORMING AND INTERPRETING MAGNETIC RESONANCE IMAGING (MRI) Revised 2017 (Resolution 10) <https://www.acr.org/-/media/ACR/Files/Practice-Parameters/MR-Perf-Interpret.pdf>
17. ACR PRACTICE PARAMETER FOR PERFORMING AND INTERPRETING DIAGNOSTIC COMPUTED TOMOGRAPHY (CT) Revised 2017 (Resolution 22) <https://www.acr.org/-/media/ACR/Files/Practice-Parameters/CT-Perf-Interpret.pdf>
18. Lohrke J, Frenzel T, Endrikat J, et al. 25 Years of Contrast-Enhanced MRI: Developments, Current Challenges and Future Perspectives. *Advances in Therapy*. 2016;33(1):1-28. doi:10.1007/s12325-015-0275-4
19. Implementation Guide: Medicaid State Plan Eligibility Eligibility Groups Mandatory Coverage Infants and Children under Age 19 at <https://www.hhs.gov/guidance/document/implementation-guide-medicaid-state-plan-eligibility-eligibility-groups-aeu-mandatory-2>
20. History and Physicals - Understanding the Requirements at <https://www.jointcommission.org/standards/standard-faqs/critical-access-hospital/medical-staff-ms/000002272/?p=1>

Coding Issues (Preface-4)

Guideline

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3D Rendering (Preface-4.1)

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CPT® 76376 and CPT® 76377:

- Both codes require concurrent supervision of the image post-processing 3D manipulation of the volumetric data set and image rendering.
 - Concurrent supervision is defined as active physician participation in and monitoring of the reconstruction process including design of the anatomic region that is to be reconstructed; determination of the tissue types and actual structures to be displayed (e.g., bone, organs, and vessels); determination of the images or cine loops that are to be archived; and monitoring and adjustment of the 3D work product. The American College of Radiology (ACR) recommends that it is best to document the physician's supervision or participation in the 3D reconstruction of images.
- These two codes differ in the need for and use of an independent workstation for post-processing.
 - CPT® 76376 reports procedures not requiring image post-processing on an independent workstation.
 - CPT® 76377 reports procedures that require image post-processing on an independent workstation.
- These 3D rendering codes should not be used for 2D reformatting.
- Two-dimensional reconstruction (e.g. reformatting an axial scan into the coronal plane) is now included in all cross-sectional imaging base codes and is not separately reimbursable.
- The codes used to report 3D rendering for ultrasound and echocardiography are also used to report the 3D post processing work on CT, MRI, and other tomographic modalities.
- Providers may be required to obtain prior authorization on these 3D codes even if prior authorization is not required for the echocardiography and/or ultrasound procedure codes. It may appear that UnitedHealthcare pre-authorizes echocardiography and/or ultrasound when, in fact, it may only be the 3D code that needs the prior authorization.
- CPT® codes for 3D rendering should not be billed in conjunction with computer-aided detection (CAD), MRA, CTA, nuclear medicine SPECT studies, PET, PET/CT, Mammogram, MRI Breast, US Breast, CT Colonography (virtual colonoscopy), Cardiac MRI, Cardiac CT, or Coronary CTA studies.
- CPT® 76377 (3D rendering requiring image post-processing on an independent workstation) or CPT® 76376 (3D rendering not requiring image post-processing on an independent workstation) can be considered in the following clinical scenarios:

- Bony conditions:
 - Evaluation of congenital skull abnormalities in newborns, infants, and toddlers (usually for preoperative planning)
 - Complex fractures (comminuted or displaced)/dislocations of any joint (For preoperative planning when conventional imaging is insufficient)
 - Spine fractures, pelvic/acetabulum fractures, intra-articular fractures (For preoperative planning when conventional imaging is insufficient)
 - Preoperative planning for other complex surgical cases
 - Complex facial fractures
- Preoperative planning for other complex surgical cases
- Cerebral angiography
- Pelvis conditions:
 - Uterine intra-cavitary lesion when initial US is equivocal (See **Abnormal Uterine Bleeding (AUB) (PV-2.1)** and **Leiomyoma/Uterine Fibroids (PV-12.1)** in the Pelvis Imaging Guidelines)
 - Hydrosalpinxes or peritoneal cysts when initial US is indeterminate (See **Complex Adnexal Masses (PV-5.3)** in the Pelvis Imaging Guidelines)
 - Lost IUD (inability to feel or see IUD string) with initial US (See **Intrauterine Device (PV-10.1)** in the Pelvis Imaging Guidelines)
 - Uterine anomalies with initial US (See **Uterine Anomalies (PV-14.1)** in the Pelvis Imaging Guidelines)
 - Infertility (See **Initial Infertility Evaluation, Female (PV-9.1)** in the Pelvis Imaging Guidelines)
- Abdomen conditions:
 - CT Urogram (See **Hematuria and Hydronephrosis (AB-39)** in the Abdomen Imaging Guidelines)
 - MRCP (See **MR Cholangiopancreatography (MRCP) (AB-27)** in the Abdomen Imaging Guidelines)

CT-, MR-, or Ultrasound-Guided Procedures (Preface-4.2)

PRF.CD.0004.2.UOH

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- CT, MR, and Ultrasound guidance procedure codes contain all the imaging necessary to guide a needle or catheter. It is inappropriate to routinely bill a diagnostic procedure code in conjunction with a guidance procedure code.
- Imaging studies performed as part of a CT-, MR-, or Ultrasound-guided procedure should be reported using the CPT® codes in the following table.

TABLE: Imaging Guidance Procedure Codes

CPT®	Description
76942	Ultrasonic guidance for needle placement
77022	MR guidance for, and monitoring of parenchymal tissue ablation
77021	MR guidance for needle placement
77013	CT guidance for, and monitoring of parenchymal tissue ablation
77012	CT guidance for needle placement
77011	CT guidance for stereotactic localization
75989	Imaging guidance for percutaneous drainage with placement of catheter (all modalities)
19086	Biopsy, breast, with placement of breast localization device(s), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including MR guidance
19085	Biopsy, breast, with placement of breast localization device(s), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including MR guidance

CPT® 19085 and CPT® 19086:

- The proper way to bill an MRI guided breast biopsy is CPT® 19085 (Biopsy, breast, with placement of breast localization device(s), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including MR guidance). Additional lesions should be billed using CPT® 19086.
 - **CPT® 77021** (MR guidance for needle placement) is not an appropriate code for a breast biopsy.

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CPT® 75989:

- This code is used to report imaging guidance for a percutaneous drainage procedure in which a catheter is left in place.
- This code can be used to report whether the drainage catheter is placed under fluoroscopy, ultrasound, CT, or MR guidance modality.

CPT® 77011:

- A stereotactic CT localization scan is frequently obtained prior to sinus surgery. The dataset is then loaded into the navigational workstation in the operating room for use during the surgical procedure. The information provides exact positioning of surgical instruments with regard to the individual's 3D CT images.³
- In most cases, the preoperative CT is a technical-only service that does not require interpretation by a radiologist.
 - The imaging facility should report CPT® 77011 when performing a scan not requiring interpretation by a radiologist.
 - If a diagnostic scan is performed and interpreted by a radiologist, the appropriate diagnostic CT code (e.g., CPT® 70486) should be used.
 - It is not appropriate to report both CPT® 70486 and CPT® 77011 for the same CT stereotactic localization imaging session.
 - 3D Rendering (CPT® 76376 or CPT® 76377) should not be reported in conjunction with CPT® 77011 (or CPT® 70486 if used). The procedure inherently generates a 3D dataset.

CPT® 77012 (CT) and CPT® 77021 (MR):

- These codes are used to report imaging guidance for needle placement during biopsy, aspiration, and other percutaneous procedures.
- They represent the radiological supervision and interpretation of the procedure and are often billed in conjunction with surgical procedure codes.
 - For example, CPT® 77012 is reported when CT guidance is used to place the needle for a conventional arthrogram.
 - Only codes representing percutaneous surgical procedures should be billed with CPT® 77012 and CPT® 77021. It is inappropriate to use with surgical codes for open, excisional, or incisional procedures.
 - **CPT® 77021** (MR guidance for needle placement) is not an appropriate code for breast biopsy.
 - CPT® 19085 would be appropriate for the first breast biopsy site, and CPT® 19086 would be appropriate for additional concurrent biopsies.

CPT® 77013 (CT) and CPT® 77022 (MR):

- These codes include the initial guidance to direct a needle electrode to the tumor(s), monitoring for needle electrode repositioning within the lesion, and as necessary for multiple ablations to coagulate the lesion and confirmation of satisfactory coagulative necrosis of the lesion(s) and comparison to pre-ablation images.
 - **NOTE:** CPT® 77013 should only be used for non-bone ablation procedures.
 - CPT® 20982 includes CT guidance for bone tumor ablations.
 - Only codes representing percutaneous surgical procedures should be billed with CPT® 77013 and CPT® 77022. It is inappropriate to use with surgical codes for open, excisional, or incisional procedures.
- CPT® 77012 and CPT® 77021 (as well as guidance codes CPT® 76942 [US], and CPT® 77002 - CPT® 77003 [fluoroscopy]) describe radiologic guidance by different modalities.
 - Only one unit of any of these codes should be reported per individual encounter (date of service). The unit of service is considered to be the individual encounter, not the number of lesions, aspirations, biopsies, injections, or localizations.

Unlisted Procedures/Therapy Treatment Planning (Preface-4.3)

PRF.CD.0004.3.UOH
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CPT®	Description
78999	Unlisted procedure, diagnostic nuclear medicine
76498	Unlisted MR procedure (e.g., diagnostic or interventional)
76497	Unlisted CT procedure (e.g., diagnostic or interventional)

- These unlisted codes should be reported whenever a diagnostic or interventional CT or MR study is performed in which an appropriate anatomic site-specific code is not available.
 - A Category III code that describes the procedure performed must be reported rather than an unlisted code if one is available.
- CPT® 76497 or CPT® 76498 (Unlisted CT or MRI procedure) can be considered in the following clinical scenarios:
 - Studies done for navigation and planning for neurosurgical procedures (i.e. Stealth or Brain Lab Imaging)^{1,2}
 - Custom joint Arthroplasty planning (not as Alternative Recommendation) (See **Osteoarthritis (MS-12.1)** in the Musculoskeletal Imaging Guidelines)
 - Any procedure/surgical planning if thinner cuts or different positional acquisition (than those on the completed diagnostic study) are needed. These could include navigational bronchoscopy. See **Navigational Bronchoscopy (CH-1.7)** in the Chest Imaging Guidelines

Therapy Treatment Planning

- Radiation Therapy Treatment Planning: See **Unlisted Procedure Codes in Oncology (ONC-1.5)** In the Oncology Imaging Guidelines

CPT® 76380 Limited or Follow-up CT (Preface-4.5)

PRF.CD.0004.5.UOH

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- CPT® 76380 describes a limited or follow-up CT scan. The code is used to report any CT scan, for any given area of the body, in which the work of a full diagnostic code is not performed.
- Common examples include (but are not limited to):
 - Limited sinus CT imaging protocol
 - Limited or follow-up slices through a known pulmonary nodule
 - Limited slices to assess a non-healing fracture (such as the clavicle)
- Limited CT (CPT® 76380) is not indicated for treatment planning purposes. Please See **Unlisted Procedure Codes in Oncology (ONC-1.5)** in the Oncology Imaging Guidelines.
- It is inappropriate to report CPT® 76380, in conjunction with other diagnostic CT codes, to cover 'extra slices' in certain imaging protocols.
 - There is no specific number of sequences or slices defined in any CT CPT® code definition.
 - The AMA, in *CPT® 2019*, does not describe nor assign any minimum or maximum number of sequences or slices for any CT study.
 - A few additional slices or sequences are not uncommon.
 - CT imaging protocols are often influenced by the individual clinical situation of the individual. Sometimes the protocols require more time and sometimes less.

SPECT/CT Imaging (Preface-4.6)

PRF.CD.0004.6.UOH

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- SPECT/CT involves SPECT (Single Photon Emission Computed Tomography) nuclear medicine imaging and CT for optimizing location, accuracy, and attenuation correction and combines functional and anatomic information.
 - Common studies using this modality include ^{123}I - or ^{131}I - Metaiodobenzylguanidine (MIBG) and octreotide scintigraphy for neuroendocrine tumors.
- Hybrid Nuclear/CT scan can be CPT[®] 78830 - single area and single day, CPT[®] 78831 - 2 or more days, or CPT[®] 78832 - 2 areas with one day and 2-day study.
- A procedure code for SPECT/CT parathyroid nuclear imaging, (CPT[®] 78072), became effective January 1, 2013.

CPT[®] 76140 Interpretation of an Outside Study (Preface-4.7)

PRF.CD.0004.7.UOH

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- It is inappropriate to use diagnostic imaging codes for interpretation of a previously performed exam that was completed at another facility.
 - If the outside exam is being used for comparison with a current exam, the diagnostic code for the current examination includes comparison to the prior study⁴
 - CPT[®] 76140 is the appropriate code to use for an exam which was completed elsewhere, and a secondary interpretation of the images is requested.⁵

Quantitative MR Analysis of Tissue Composition (Preface-4.8)

PRF.CD.0004.8.UOH

v1.0.2023

- Category III CPT® codes for quantitative analysis of multiparametric MR (mp-MRI) data with and without an associated diagnostic MRI have been established. Quantitative mp-MRI uses software to analyze tissue physiology of visceral organs and other anatomic structures non-invasively. At present, these procedures are primarily being used in clinical trials and there is no widely recommended indications in clinical practice. As such, these procedures are considered to be investigational and experimental for coverage purposes.
 - CPT® 0648T (without diagnostic MRI) and CPT® 0649T (with diagnostic MRI) refer to data analysis with and without associate imaging of a single organ, with its most common use being LiverMultiScan (LMS)
 - See **Fatty Liver (AB-29.2)** in the Abdomen Imaging Guidelines
 - CPT® 0697T (without diagnostic MRI) and CPT® 0698T (with diagnostic MRI) refer to data analysis with and without associate imaging of a multiple organs, with its most common use being CoverScan.

HCPCS Codes (Preface-4.9)

PRF.CD.0004.9.UOH

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- Healthcare Common Procedure Coding System (HCPCS) codes are utilized by some hospitals in favor of the typical Level 3 CPT® Codes. These codes are typically 4 digits preceded by a C, or S⁶
 - Many of these codes have similar code descriptions to level 3 CPT® codes (i.e. C8931 – MRA with dye, Spinal Canal, and 72159-MRA Spinal canal)
 - If cases are submitted with HCPCS codes with similar code descriptions to the typical level 3 CPT® codes, those procedures should be managed in the same manner as the typical CPT® codes
 - HCPCS code management is discussed further in the applicable guideline sections
- Requests for many Healthcare Common Procedure Coding System (HCPCS) codes, including nonspecific codes such as S8042 [Magnetic resonance imaging (MRI), low-field], should be redirected to a more appropriate and specific CPT® code. Exceptions are noted in the applicable guideline sections.

References (Preface-4)

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1. Society of Nuclear Medicine and Molecular Imaging Coding Corner <http://www.snmmi.org/ClinicalPractice/CodingCornerPT.aspx?ItemNumber=1786>
2. Intraoperative MR. Brainlab. <https://www.brainlab.com/surgery-products/overview-neurosurgery-products/intraoperative-mr/>
3. Experience the Advanced 3D Sinus Surgery Planning with Scopis Building Blocks planning software. Scopis Planning. <http://planning.scopis.com/>
4. ACR Radiology Coding Source™ March-April 2007 Q and A. www.acr.org. <https://www.acr.org/Advocacy-and-Economics/Coding-Source/ACR-Radiology-Coding-Source-March-April-2007-Q-and-A>
5. Chung CY, Alson MD, Duszak R, Degnan AJ. From imaging to reimbursement: what the pediatric radiologist needs to know about health care payers, documentation, coding and billing. *Pediatric Radiology*. 2018;48(7):904-914. doi:10.1007/s00247-018-4104-1
6. HCPCS - General Information from CMS.gov at <https://www.cms.gov/medicare/coding/medhcpcsgeninfo>

Whole Body Imaging (Preface-5)

Guideline

Whole Body CT Imaging (Preface-5.1)

Whole Body MR Imaging (Preface-5.2)

PET-MRI (Preface-5.3)

References (Preface-5)

Whole Body CT Imaging (Preface-5.1)

PRF.WB.0005.1.UOH

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- Whole-body CT or LifeScan (CT Brain, Chest, Abdomen, and Pelvis) for screening of asymptomatic individuals is not indicated. The performance of whole-body screening CT examinations in healthy individuals does not meet any of the current validity criteria for screening studies and there is no clear documentation of benefit versus radiation risk.
- Whole-body low dose CT is supported for oncologic staging in Multiple Myeloma (See **Multiple Myeloma and Plasmacytomas (ONC-25)** in the Oncology Imaging Guidelines)

Whole Body MR Imaging (Preface-5.2)

PRF.WB.0005.2.UOH

v1.0.2023

- Whole-body MRI (WBMRI) is, with the exception of select cancer predisposition syndromes and autoimmune conditions discussed below, generally not supported at this time due to lack of standardization in imaging technique and lack of evidence that WBMRI improves individual outcome for any individual disease state.
 - While WBMRI has the benefit of whole-body imaging and lack of radiation exposure, substantial variation still exists in the number of images, type of sequences (STIR vs. diffusion weighting, for example), and contrast agent(s) used.
- Coding considerations:
 - There are no established CPT® or HCPCS codes for reporting WBMRI.
 - WBMRI is at present only reportable using CPT® 76498. All other methods of reporting whole-body MRI are inappropriate, including:
 - Separate diagnostic MRI codes for multiple individual body parts
 - MRI Bone Marrow Supply (CPT® 77084)
- Disease-specific considerations:
 - Cancer screening:
 - Interval WBMRI is recommended for cancer screening in individuals with select cancer predisposition syndromes. Otherwise, WBMRI has not been shown to improve outcomes for cancer screening. See **Li-Fraumeni Syndrome (LFS) (PEDONC-2.2)**, **Hereditary Paraganglioma-Pheochromocytoma (HPP) Syndromes (PEDONC-2.13)**, **Constitutional Mismatch Repair Deficiency (CMMRD or Turcot Syndrome) (PEDONC-2.15)** in the Pediatric Oncology Imaging Guidelines for additional information
 - Cancer staging and restaging
 - While the feasibility of WBMRI has been established, data remain conflicting on whether WBMRI is of equivalent diagnostic accuracy compared with standard imaging modalities such as CT, scintigraphy, and PET imaging.
 - Evidence has not been published establishing WBMRI as a standard evaluation for any type of cancer.
 - Autoimmune disease
 - WBMRI can be approved in some situations for individuals with chronic recurrent multifocal osteomyelitis. See **Chronic Recurrent Multifocal Osteomyelitis (PEDMS-10.2)** in the Pediatric Musculoskeletal Imaging Guidelines for additional information.

PET-MRI (Preface-5.3)

PRF.WB.0005.3.UOH

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- PET-MRI is generally not supported for a vast majority of oncologic and neurologic conditions due to lack of standardization in imaging technique and interpretation. However, it may be appropriate in select circumstances when the following criteria are met:
 - The individual meets guideline criteria for PET-CT **AND** PET-CT is not available at the treating institution **AND**
 - The provider requests PET-MRI in lieu of PET-CT
- When the above criteria are met, PET-MRI may be reported using the code combination of PET Whole-Body (CPT® 78813) and MRI Unlisted (CPT® 76498). All other methods of reporting PET-MRI are inappropriate.
 - When clinically appropriate, diagnostic MRI codes may be indicated at the same time as the PET-MRI code combination.
- See **PET Imaging in Pediatric Oncology (PEDONC-1.4)** in the Pediatric Oncology Imaging Guidelines, **PET Brain Imaging (PEDHD-2.3)**, and **Special Imaging Studies in Evaluation for Epilepsy Surgery (PEDHD-6.3)** in the Pediatric Head Imaging Guidelines for more information

References (Preface-5)

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1. Villani A, Tabori U, Schiffman J, et al. Biochemical and imaging surveillance in germline TP53 mutation carriers with Li-Fraumeni syndrome: a prospective observational study. *The Lancet Oncology*. 2011;12(6):559-567. doi:10.1016/S1470-2045(11)70119-X
2. Siegel MJ, Acharyya S, Hoffer FA, et al. Whole-Body MR Imaging for Staging of Malignant Tumors in Pediatric Patients: Results of the American College of Radiology Imaging Network 6660 Trial. *Radiology*. 2013;266(2):599-609. doi:10.1148/radiol.12112531
3. Antoch G. Whole-Body Dual-Modality PET/CT and Whole-Body MRI for Tumor Staging in Oncology. *JAMA*. 2003;290(24):3199. doi:10.1001/jama.290.24.3199
4. Lauenstein TC, Semelka RC. Emerging techniques: Whole-body screening and staging with MRI. *Journal of Magnetic Resonance Imaging*. 2006;24(3):489-498. doi:10.1002/jmri.20666
5. Khanna G, Sato TSP, Ferguson P. Imaging of Chronic Recurrent Multifocal Osteomyelitis. *RadioGraphics*. 2009;29(4):1159-1177. doi:10.1148/rg.294085244
6. Ferguson PJ, Sandu M. Current Understanding of the Pathogenesis and Management of Chronic Recurrent Multifocal Osteomyelitis. *Current Rheumatology Reports*. 2012;14(2):130-141. doi:10.1007/s11926-012-0239-5
7. National Comprehensive Cancer Network (NCCN) Guidelines Version 2.2022. – March 19, 2022, Genetic/Familial High Risk Assessment: Breast and Ovarian, available at: https://www.nccn.org/professionals/physician_gls/pdf/genetics_bop.pdf Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines™) for Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic V2.2022. – March 19, 2022 ©. 2022 National Comprehensive Cancer Network, Inc. All rights reserved. The NCCN Guidelines™ and illustrations herein may not be reproduced in any form for any purpose without the express written permission of the NCCN. To view the most recent and complete version of the NCCN Guidelines™, go online to NCCN.org

References (Preface-6)

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References (Preface-6.1)

References (Preface-6.1)

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- Complete reference citations for the journal articles are embedded within the body of the guidelines and/or may be found on the Reference pages at the end of some guideline sections.
- The website addresses for certain references are included in the body of the guidelines but are not hyperlinked to the actual website.
- The website address for the American College of Radiology (ACR) Appropriateness Criteria® is <http://www.acr.org>.

Copyright Information (Preface-7)

Guideline

Copyright Information (Preface-7.1)

Copyright Information (Preface-7.1)

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Trademarks (Preface-8)

Guideline

Trademarks (Preface-8.1)

Trademarks (Preface-8.1)

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Pediatric Peripheral Nerve Disorders (PND) Imaging Guidelines

Procedure Codes Associated with Peripheral Nerve Disorders (PND) Imaging

General Guidelines (PEDPN-1)

Neurofibromatosis (PEDPN-2)

Brachial Plexus (PEDPN-3)

Gaucher Disease (PEDPN-4)

Spinal Muscular Atrophy (PEDPN-5)

Procedure Codes Associated with Peripheral Nerve Disorders (PND) Imaging	
MRI	CPT®
MRI Neck without contrast	70540
MRI Neck without and with contrast	70543
MRI Cervical without contrast	72141
MRI Cervical without and with contrast	72156
MRI Brachial Plexus without contrast (unilateral)	73218
MRI Brachial Plexus without and with contrast (unilateral)	73220
MRI Brachial Plexus without contrast (bilateral)	71550
MRI Brachial Plexus without and with contrast (bilateral)	71552
MRI Chest without contrast	71550
MRI Chest without and with contrast	71552
MRI Thoracic without contrast	72146
MRI Thoracic without and with contrast	72157
MRI Lumbar without contrast	72148
MRI Lumbar without and with contrast	72158
MRI Abdomen without contrast	74181
MRI Abdomen without and with contrast	74183
MRI Pelvis without contrast	72195
MRI Pelvis without and with contrast	72197
MRI Upper Extremity Other Than Joint without contrast	73218
MRI Upper Extremity Other Than Joint with contrast (rarely used)	73219
MRI Upper Extremity Other Than Joint without and with contrast	73220
MRI Upper Extremity Joint without contrast	73221
MRI Upper Extremity Joint with contrast (rarely used)	73222
MRI Upper Extremity Joint without and with contrast	73223
MRI Lower Extremity Other Than Joint without contrast	73718
MRI Lower Extremity Other Than Joint with contrast (rarely used)	73719
MRI Lower Extremity Other Than Joint without and with contrast	73720
MRI Lower Extremity Joint without contrast	73721
MRI Lower Extremity Joint with contrast (rarely used)	73722
MRI Lower Extremity Joint without and with contrast	73723
Unlisted MRI procedure (for radiation planning or surgical software)	76498
MRA	CPT®
MRA Upper Extremity	73225
MRA Lower Extremity	73725
Nuclear Medicine	CPT®
PET Imaging; limited area (this code not used in pediatrics)	78811
PET Imaging; skull base to mid-thigh (this code not used in pediatrics)	78812
Nuclear Medicine	CPT®
PET Imaging; whole body (this code not used in pediatrics)	78813
PET with concurrently acquired CT; limited area (this code rarely used in pediatrics)	78814
PET with concurrently acquired CT; skull base to mid-thigh	78815
PET with concurrently acquired CT; whole body	78816
Bone Marrow Imaging Limited Areas	78102

Bone Marrow Imaging Multiple Areas	78103
Bone Marrow Imaging Whole Body	78104
Nuclear Bone Scan Limited	78300
Nuclear Bone Scan Multiple Areas	78305
Nuclear Bone Scan Whole Body	78306
Bone Scan Three Phase	78315
Radiopharmaceutical Localization Imaging Limited Area	78800
Radiopharmaceutical Localization Imaging Whole Body	78802
Radiopharmaceutical Localization Imaging SPECT	78803

General Guidelines (PEDPN-1)

General Guidelines (PEDPN-1.0)

Age Considerations (PEDPN-1.1)

Modality General Considerations (PEDPN-1.3)

General Guidelines (PEDPN-1.0)

- A pertinent clinical evaluation including a detailed history, physical examination since the onset or change in symptoms with a thorough neurologic examination, appropriate laboratory studies, and basic imaging such as plain radiography or ultrasound should be performed prior to considering advanced imaging (CT, MRI, Nuclear Medicine), unless the individual is undergoing guideline-supported scheduled follow-up imaging evaluation. A meaningful technological contact (telehealth visit, telephone call, electronic mail or messaging) since the onset or change in symptoms can serve as a pertinent clinical evaluation.
 - ◆ EMG may not be of clinical utility or obtainable in infants or individuals with severe developmental delay
 - ◆ EMG/NCS results may not be abnormal until 10 days after injury
- Unless otherwise stated in a specific guideline section, the use of advanced imaging to screen asymptomatic individuals for disorders involving the peripheral nervous system is not supported. Advanced imaging of the peripheral nervous system is only appropriate in individuals who have documented active clinical signs or symptoms of disease involving the peripheral nervous system.
- Unless otherwise stated in a specific guideline section, repeat imaging studies of the peripheral nervous system are not necessary unless there is evidence for progression of disease, new onset of disease, and/or documentation of how repeat imaging will affect individual management or treatment decisions.

Age Considerations (PEDPN-1.1)

- Many conditions affecting the peripheral nervous system in the pediatric population are different diagnoses than those occurring in the adult population. For those diseases which occur in both pediatric and adult populations, minor differences may exist in management due to individual age, comorbidities, and differences in disease natural history between children and adults.
- Individuals who are 18 years old or younger¹⁴ should be imaged according to the Pediatric Peripheral Nerve Disorders Imaging Guidelines if discussed. Any conditions not specifically discussed in the Pediatric Peripheral Nerve Disorder Imaging Guidelines should be imaged according to the General Peripheral Nerve Disorder Imaging Guidelines. Individuals who are >18 years old should be imaged according to the General Peripheral Nerve Disorders Imaging Guidelines, except where directed otherwise by a specific guideline section.

Modality General Considerations (PEDPN-1.3)

➤ MRI

- ◆ MRI without and with contrast is the preferred modality for pediatric peripheral nerve imaging unless otherwise stated in a specific guideline section.
- ◆ Due to the length of time required for MRI acquisition and the need to minimize individual movement, anesthesia is usually required for almost all infants (except neonates) and young children (age <7 years) as well as older children with delays in development or maturity. This anesthesia may be administered via oral or intravenous routes. In this individual population, MRI sessions should be planned with a goal of minimizing anesthesia exposure by adhering to the following considerations:
 - MRI procedures can be performed without and/or with contrast use as supported by these condition-based guidelines. If intravenous access will already be present for anesthesia administration and there is no contraindication for using contrast, imaging without and with contrast may be appropriate if requested. By doing so, the requesting provider may avoid repetitive anesthesia administration to perform an MRI with contrast if the initial study without contrast is inconclusive.
 - Recent evidence-based literature demonstrates the potential for gadolinium deposition in various organs including the brain after the use of MRI contrast.
 - The U.S. Food and Drug Administration (FDA) has noted that there is currently no evidence to suggest that gadolinium retention in the brain is harmful and restricting gadolinium-based contrast agents (GBCAs) use is not warranted at this time. It has been recommended that GBCA use should be limited to circumstances in which additional information provided by the contrast agent is necessary and the necessity of repetitive MRIs with GBCAs should be assessed.
 - If multiple body areas are supported by UnitedHealthcare guidelines for the clinical condition being evaluated, MRI of all necessary body areas should be obtained concurrently in the same anesthesia session.

➤ CT

- ◆ CT is rarely used in the evaluation of pediatric peripheral nerve disorders. See specific guideline sections for indications.

➤ Ultrasound

- ◆ Ultrasound is rarely used in the evaluation of pediatric peripheral nerve disorders. See specific guideline sections for indications.

➤ Nuclear Medicine

- ◆ Nuclear medicine studies are not generally indicated in the evaluation of peripheral nerve disorders. See **Neurofibromatosis (PEDPN-2)** for specific imaging guidelines regarding PET/CT in evaluation of peripheral nerve tumors.

- 3D Rendering
 - ◆ 3D Rendering indications in pediatric PND imaging are identical to those in the general imaging guidelines. See **3D Rendering (Preface-4.1)** in the Preface Imaging Guidelines.
- The guidelines listed in this section for certain specific indications are not intended to be all-inclusive; clinical judgment remains paramount and variance from these guidelines may be appropriate and warranted for specific clinical situations.

References

1. Bowen BC. Magnetic resonance imaging of the peripheral nervous system. *Imaging of the Nervous System*. eds. Latchaw RE, Kucharczyk J, Moseley ME, et al. Philadelphia, Elsevier. 2005;1479-1497.
2. Ing C, DiMaggio C, Whitehouse A, et al. Long-term differences in language and cognitive function after childhood exposure to anesthesia. *Pediatrics*. 2012 Sep;130(3):e476-e485.
3. Monteleone M, Khandji A, Cappell J, et al. Anesthesia in children: perspectives from nonsurgical pediatric specialists. *J Neurosurg Anesthesiol*. 2014 Oct;26(4):396-398.
4. DiMaggio C, Sun LS, and Li G. Early childhood exposure to anesthesia and risk of developmental and behavioral disorders in a sibling birth cohort. *Anesth Analg*. 2011 Nov;113(5):1143-1151.
5. Fraum TJ, Ludwig DR, Bashir MR, et al. Gadolinium-based contrast agents: a comprehensive risk assessment. *J Magn Reson Imaging*. 2017;46(2):338–353.
6. Update on FDA approach to safety issue of gadolinium retention after administration of gadolinium-based contrast agents available at <https://www.fda.gov/media/116492/download>.
7. Blumfield E, Swenson DW, Iyer RS, Stanescu AL. Gadolinium-based contrast agents — review of recent literature on magnetic resonance imaging signal intensity changes and tissue deposits, with emphasis on pediatric patients. *Pediatric Radiology*. 2019;49(4):448-457. doi:10.1007/s00247-018-4304-8
8. Raybaud C and Barkovich AJ. The Phakomatoses. Pediatric neuroimaging. Chapter 6. Philadelphia, Wolters Kluwer, 5th edition. 2012;569-636.
9. Soderlund KA, Smith AB, Rushing EJ, et al. Radiologic-pathologic correlation of pediatric and adolescent spinal neoplasms: Part 2. Intradural extramedullary spinal neoplasms. *AJR Am J Roentgenol*. 2012;198 (1):44-51.
10. Blumfield E, Swenson DW, Iyer RS, Stanescu AL. Gadolinium-based contrast agents — review of recent literature on magnetic resonance imaging signal intensity changes and tissue deposits, with emphasis on pediatric patients. *Pediatric Radiology*. 2019;49(4):448-457. doi:10.1007/s00247-018-4304-8.
11. Kang PB, McMillan HJ, Kuntz NL, et al. Utility and practice of electrodiagnostic testing in the pediatric population: An AANEM consensus statement. *Muscle & Nerve*. 2020;61(2):143-155. doi:10.1002/mus.26752.
12. Orozco V, et al. A Systematic Review of the Electrodiagnostic Assessment of Neonatal Brachial Plexus. *Neurol Neurobiol (Tallinn)*. 2020; 3(2). doi:10.31487/j.nnb.2020.02.12
13. Artunduaga M, Liou CA, Morin CE, et al. Safety challenges related to the use of sedation and general anesthesia in pediatric patients undergoing magnetic resonance imaging examinations. *Pediatric Radiology*. 2021;51(5):724-735. doi:10.1007/s00247-021-05044-5
14. Implementation Guide: Medicaid State Plan Eligibility Groups Mandatory Coverage Infants and Children under Age 19 Guidance Portal. <https://www.hhs.gov/guidance/document/implementation-guide-medicaid-state-plan-eligibility-eligibility-groups-aeu-mandatory-2>.

Neurofibromatosis (PEDPN-2)
Neurofibromatosis – General Information (PEDPN-2.0)
Neurofibromatosis 1 (PEDPN-2.1)
Neurofibromatosis 2 (PEDPN-2.2)

Neurofibromatosis – General Information (PEDPN-2.0)

- This guideline section includes imaging indications for individuals with neurofibromatosis and known benign lesions.
- For cancer screening guidelines, See **Neurofibromatosis 1 and 2 (NF1 and NF2) (PEDONC-2.3)** in the Pediatric Oncology Imaging Guidelines.
- For Peripheral Nerve Sheath Tumors, See **Peripheral Nerve Sheath Tumors (PNST) (PND-9.1)** in the Peripheral Nerve Disorders (PND) Imaging Guidelines.
- For guidelines related to known malignancies in individuals with NF1, see the appropriate imaging guideline for the specific cancer type.

Neurofibromatosis 1 (PEDPN-2.1)

- See **Neurofibromatosis 1 and 2 (NF1 and NF2) (PEDONC-2.3)** in the Pediatric Oncology Imaging Guidelines.
- For Peripheral Nerve Sheath Tumors, See **Peripheral Nerve Sheath Tumors (PNST) (PND-9.1)** in the Peripheral Nerve Disorders (PND) Imaging Guidelines.
- For guidelines related to known malignancies in individuals with NF1, see the appropriate imaging guideline for the specific cancer type.

Neurofibromatosis 2 (PEDPN-2.2)

- See **Neurofibromatosis 1 and 2 (NF1 and NF2) (PEDONC-2.3)** in the Pediatric Oncology Imaging Guidelines.
- Individuals with NF2 and known meningioma should be imaged according to guidelines in **Meningiomas (Intracranial and Intraspinial) (ONC-2.8)** in the Oncology Imaging Guidelines.
- Individuals with NF2 and known ependymoma should be imaged according to guidelines in **Ependymoma (PEDONC-4.8)** in the Pediatric Oncology Imaging Guidelines.

Brachial Plexus (PEDPN-3)

Brachial Plexus (PEDPN-3.1)

Disorders of the brachial plexus can generally be identified and distinguished from lesions in other locations by clinical, electromyography and nerve conduction (EMG/NCV) examination. If the diagnosis remains unclear, advanced imaging can be helpful as a preoperative study to evaluate the anatomy of brachial plexus lesions which should have already been defined by clinical examination.

- MRI is the preferred modality for imaging the brachial plexus. The goal of imaging is to visualize the entire course of the neural network from the preganglionic to the postganglionic segments.
 - ◆ CT is not often useful and should not be used as a substitute for MRI.
 - ◆ MRI Upper Extremity Other Than Joint without contrast (CPT® 73218) or without and with contrast (CPT® 73220) is indicated for unilateral brachial plexus.
 - ◆ MRI Chest without contrast (CPT® 71550) or without and with contrast (CPT® 71552) is indicated for bilateral brachial plexus studies. MRI Neck without contrast (CPT® 70540) is indicated for upper trunk lesions.
 - ◆ It is rare for more than one CPT® code to be necessary to adequately image the brachial plexus area of interest.
 - ◆ MRI Shoulder without contrast (CPT® 73221) or without and with contrast (CPT® 73223) is indicated in infants with brachial plexopathy due to birth trauma if requested for preoperative planning. These individuals often have glenohumeral dysplasia and require shoulder surgery.
 - ◆ Ultrasound also may be indicated in infants with brachial plexus injury to show the glenoid dysplasia and associated shoulder subluxation
 - ◆ MRI Cervical Spine without contrast (CPT® 72141) is indicated if there is clinical suspicion for cervical nerve root avulsion.
 - ◆ PET/CT skull base to mid-thigh (CPT® 78815) is appropriate if there is a contraindication to MRI in individuals with a known malignancy or post-treatment syndrome.

References

1. Expert Panel on Neurological and Musculoskeletal Imaging, Boulter DJ, Job J, et al. ACR Appropriateness Criteria® Plexopathy: 2021 Update. *J Am Coll Radiol.* 2021;18(11S):S423-S441. doi:10.1016/j.jacr.2021.08.014.
2. Menashe SJ, Tse R, Nixon JN, et al. Brachial plexus birth palsy: multimodality imaging of spine and shoulder abnormalities in children. *AJR Am J Roentgenol.* 2015 Feb;204(2):W199-W206.
3. Somashekar DK, DiPietro MA, Joseph JR, et al. Utility of ultrasound in noninvasive preoperative workup of neonatal brachial plexus palsy. *Pediatr Radiol.* 2016;46:695-703.
4. Volpe JJ. Injuries of extracranial, cranial, intracranial, spinal cord and peripheral nervous system structures. In: Volpe's Neurology of the Newborn, 6th ed. Elsevier. Philadelphia 2018; 1093-1123.

Gaucher Disease (PEDPN-4)

Gaucher Disease (PEDPN-4.1)

- Gaucher Disease imaging indications in pediatric individuals are very similar to those for adult individuals. See **Gaucher Disease (Storage Disorders) (PN-6.3)** in the Peripheral Nerve Disorders (PND) Imaging Guidelines.

Spinal Muscular Atrophy (PEDPN-5)

Spinal Muscular Atrophy (PEDPN-5.1)

- Spinal Muscular Atrophy
 - ◆ Molecular genetic testing is the standard tool for diagnosis for the early consideration in any infant with weakness or hypotonia
 - MRI is usually not indicated
 - ◆ See **Developmental Motor Delay (PEDHD-19.3)** in the Pediatric Head Imaging Guidelines for presentation of weakness or a loss of skills.

References

1. Nance JR. Spinal Muscular Atrophy. CONTINUUM (MINNEAP MINN) 2020;26(5, PERIPHERAL NERVE AND MOTOR NEURON DISORDERS): 1348–1368.
2. Glascock J, et al. Treatment Algorithm for Infants Diagnosed with Spinal Muscular Atrophy through Newborn Screening. Research Report. 8. Journal of Neuromuscular Diseases 5 (2018) 145–158. DOI 10.3233/JND-180304
3. Prior TW, Leach ME and Finanger E. Spinal Muscular Atrophy. Gene Reviews. Created: February 24, 2000; Updated: 2020 Dec 3. Copyright © 1993-2020, University of Washington, Seattle. GeneReviews is a registered trademark of the University of Washington, Seattle. All rights reserved.

Policy History and Instructions for Use

Guideline

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V1.0.2023

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Policy History/Revision Information

Date	Summary of Changes
XX/XX/202X	
XX/XX/202X	

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