UnitedHealthcare® Community Plan: *Radiology Imaging Coverage Determination Guideline*

Adult Peripheral Nerve Disorders (PND)Imaging Guidelines (For Ohio Only)

V1.0.2024

Guideline Number: CSRAD012OH.B
Effective Date: February 1, 2024

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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- 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 on current evidence supported by 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.
- These guidelines provide evidence-based, clinical benefits with a focus on health care quality and patient safety.
- 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.

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

Guideline

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

- Certain studies, treatments, procedures, or devices may be considered experimental, investigational, or unproven for any condition, illness, disease, injury being treated if one of the following is present:
  - if there is a paucity of supporting evidence;
  - if the evidence has not matured to exhibit improved health parameters;
  - if clinical utility has not been demonstrated in any condition; OR
  - if the study, treatment, procedure, or device lacks a collective opinion of support
- Supporting evidence includes standards that are based on credible scientific evidence published in peer-reviewed medical literature (such as well conducted randomized clinical trials or cohort studies with a sample size of sufficient statistical power) generally recognized by the relevant medical community. Collective opinion of support includes physician specialty society recommendations and the views of physicians practicing in relevant clinical areas when physician specialty society recommendations are not available.

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)
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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 examination[20] 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 younger[19] 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 the individual’s 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 grey scale 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 in evaluating 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, the following:
  - 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's clinical situation 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 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, the following:
    - 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)

- he 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's clinical situation 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 the following:
    - 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 utilizing Xenon Xe 129 for contrast is considered investigational and experimental at this time. MRI with or with and without contrast in these guidelines refers to MRI utilizing gadolinium for contrast.
- 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, 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.
- Indications for PET/CT may include the following:
  - 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 the following:
  - 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.
- Pre-operative 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.

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Coding Issues (Preface-4)

Guideline

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 pre-operative planning)
  - Complex fractures (comminuted or displaced)/dislocations of any joint (for pre-operative planning when conventional imaging is insufficient)
  - Spine fractures, pelvic/acetabulum fractures, intra-articular fractures (for pre-operative planning when conventional imaging is insufficient)
  - Pre-operative planning for other complex surgical cases
  - Complex facial fractures
- Pre-operative 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)

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- CT-, MR-, and Ultrasound-guidance procedure codes contain all of 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
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
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
75989	Imaging guidance for percutaneous drainage with placement of catheter (all modalities)
76942	Ultrasonic guidance for needle placement
77011	CT guidance for stereotactic localization
77012	CT guidance for needle placement
77013	CT guidance for, and monitoring of parenchymal tissue ablation
77021	MR guidance for needle placement
77022	MR guidance for, and monitoring of parenchymal tissue ablation

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.

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 pre-operative 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)

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

- 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 an 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
v1.0.2024

- 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, the following:
  - 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. 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's clinical situation. Sometimes the protocols require more time and sometimes less.

SPECT/CT Imaging (Preface-4.6)

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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 reported as 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).
- CPT® 78072 became effective January 1, 2013 for SPECT/CT parathyroid nuclear imaging.

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

PRF.CD.0004.7.UOH
v1.0.2024

- 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 study.[4]
  - 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.A
v1.0.2024

- 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-III CPT® codes. These codes are typically 4 digits preceded by a C or S.[6]
  - Many of these codes have similar code descriptions to Level-III CPT® codes (i.e., C8931 – MRA with dye, Spinal Canal; and, CPT® 72159 – MRA Spinal Canal).
  - If cases are submitted with HCPCS codes with similar code descriptions to the typical Level-III 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 non-specific 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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Whole-Body Imaging (Preface-5)

Guideline

Whole-Body CT Imaging (Preface-5.1)

PRF.WB.0005.1.UOH
v1.0.2024

- 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.A
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- 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 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 the following:
    - 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.
      - For additional information, see **Li-Fraumeni Syndrome (LFS) (PEDONC-2.2)**, **Hereditary Paraganglioma- Pheochromocytoma (HPP) Syndromes (PEDONC-2.13)**, or **Constitutional Mismatch Repair Deficiency (CMMRD or Turcot Syndrome) (PEDONC-2.15)** in the Pediatric Oncology Imaging Guidelines.
  - 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.
      - For additional information, see **Chronic Recurrent Multifocal Osteomyelitis (PEDMS-10.2)** in the Pediatric Musculoskeletal Imaging Guidelines.

PET-MRI (Preface-5.3)

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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.
- For more information, see **PET Imaging in Pediatric Oncology (PEDONC-1.4)** in the Pediatric Oncology Imaging Guidelines, and **PET Brain Imaging (PEDHD-2.3)** and **Special Imaging Studies in Evaluation for Epilepsy Surgery (PEDHD-6.3)** in the Pediatric Head Imaging Guidelines.

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References (Preface-6)

Guideline

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)

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Trademarks (Preface-8)

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Trademarks (Preface-8.1)

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Peripheral Nerve Disorders (PND) Imaging Guidelines

Abbreviations for Peripheral Nerve Disorders Imaging Guidelines

AIDS	Acquired Immunodeficiency Syndrome
ALS	Amyotrophic Lateral Sclerosis
CIDP	Chronic Inflammatory Demyelinating Polyneuropathy
CNS	central nervous system
CPK	creatinine phosphokinase
CT	computed tomography
EMG	electromyogram
LEMS	Lambert-Eaton Myasthenic Syndrome
MG	myasthenia gravis
MRI	magnetic resonance imaging
MRN	magnetic resonance neurography
MRS	magnetic resonance spectroscopy
NCV	nerve conduction velocity
PET	positron emission tomography
PNS	peripheral nervous system
PNST	Peripheral Nerve Sheath Tumor
POEMS	Polyneuropathy, Organomegaly, Endocrinopathy, M-protein, Skin changes
TOS	Thoracic Outlet Syndrome

General Guidelines (PN-1)

General Guidelines (PN-1.0)

- A pertinent clinical evaluation is required before advanced imaging can be considered. The clinical evaluation should include a pertinent history and physical examination, including a neurological examination, (since the onset or change in symptoms), appropriate laboratory studies, non-advanced imaging modalities, and electromyography/nerve conduction (EMG/NCV) studies. Other meaningful technological contact (telehealth visit, telephone call 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.
- Nerve conduction studies are often normal early in the disease course with changes occurring from one to four weeks after symptom onset in the majority of individuals. This will be taken into consideration on a case-by-case basis in regards to the EMG/NCV requirement in each section requirement of **Peripheral Nerve Disorders (PND) Imaging Guidelines**.
- During the current COVID-19 pandemic, with limited face-to-face visits, the electrodiagnostic (EMG/NCV) study requirements may be waived with necessity to be determined by the treating neurologist or team coordinating the individual's care.
- If imaging of peripheral nerves is indicated, ultrasound is the preferred modality for superficial peripheral nerves. MRI may be used for imaging deep nerves such as the lumbosacral plexus or nerves obscured by overlying bone such as the brachial plexus or for surgical planning. CT is limited to cases in which MRI is contraindicated.

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Focal Neuropathy (PN-2)

Focal Neuropathy (PN-2.1)

Focal Disorder	EMG/NCV Initially?	Advanced Imaging
Carpal Tunnel Syndrome	YES	➢ When EMG/NCV and clinical findings are equivocal **AND** only when requested for pre-operative planning, MRI Wrist without contrast (CPT® 73221) is indicated. ➢ See **Neck (Cervical Spine) Pain Without/With Neurological Features (Including Stenosis) and Trauma (SP-3)** in the Spine Imaging Guidelines.
Ulnar Neuropathy	YES	➢ After EMG/NCV, only **ONE** of the following is indicated if requested for surgical consideration: ◆ MRI Upper Extremity Joint (Elbow or Wrist) without contrast (CPT® 73221), **OR** ◆ MRI Upper Extremity Non Joint (Forearm or Hand) without contrast (CPT® 73218)
Radial Neuropathy	YES	➢ MRI Upper Arm or Forearm without contrast (CPT® 73218) in severe cases when surgery is being considered. ➢ MRI Upper Arm or Forearm without and with contrast (CPT® 73220) if there is a suspicion of a nerve tumor such as a neuroma.
Radial Neuropathy Notes: Leads to wrist drop with common sites of entrapment the inferior aspect of the humerus (Saturday night palsy) or the forearm (Posterior Interosseous Syndrome). Entrapment of the nerve at the wrist (Wartenberg syndrome or handcuff palsy) typically spares motor involvement and results only in sensory changes. Trauma or fractures of the humerus, radius, or ulna can damage the radial nerve.		

Focal Disorder	EMG/NCV Initially?	Advanced Imaging
Pudendal Neuropathy(7-12)	NO	➢ **Documented concern specifically for pudendal neuropathy, pudendal neuralgia, or pudendal entrapment**: MRI Pelvis without contrast (CPT® 72195) **OR** MRI Pelvis without and with contrast (CPT® 72197). ◆ If there is a contraindication to MRI **and** the above documented concern is present, then **ONE** of the following is indicated: ▪ CT Pelvis without contrast (CPT® 72192) ▪ CT Pelvis with contrast (CPT® 72193) ▪ CT Pelvis without and with contrast (CPT® 72194) ➢ For all other pelvic concerns, see the following Pelvic Imaging Guidelines (as indicated): ◆ **Pelvic Pain/Dyspareunia, Female (PV-11.1)** ◆ **Impotence/Erectile Dysfunction (PV-17.1)** ◆ **Male Pelvic Disorders (PV-19.1)** ◆ **Scrotal Pathology (PV-20.1)**
Pudendal Neuropathy Notes: Causes pain, sexual dysfunction, or sensory change in the genitals, perineum, and perianal region. May be caused from trauma, recurrent injury from exercise such as cycling, pelvic mass, or after viral infection (e.g., post-herpetic neuralgia).		
Sciatic Neuropathy	YES	➢ MRI Pelvis without contrast (CPT® 72195) ➢ CT Pelvis without contrast (CPT® 72192) is **NOT** routinely indicated due to lack of soft tissue contrast. ◆ It should only be performed in the rare circumstance of contrast allergy and/or contraindication to MRI such as pacemaking device.

Focal Disorder	EMG/NCV Initially?	Advanced Imaging
Sciatic Neuropathy Notes: May be caused by trauma to the gluteal area with hematoma, injection palsy, hip or pelvic fractures, or hip replacement (arthroplasty). **Piriformis Syndrome** involves entrapment of the sciatic nerve at the sciatic notch in the pelvis by a tight piriformis muscle band.		
Femoral Neuropathy	NO	➢ MRI Pelvis without contrast (CPT® 72195)
Femoral Neuropathy Notes: May occur as a complication of pelvic surgery in females, or those on anticoagulants with retroperitoneal bleeding, or as a mononeuropathy in diabetics		
Meralgia Paresthetica	NO	➢ MRI Pelvis without contrast (CPT® 72195) is indicated for **ANY** of the following scenarios: ◆ Cases of diagnostic uncertainty ◆ Pre-operative ➢ CT Pelvis without contrast (CPT® 72192) is **NOT** routinely indicated due to lack of soft tissue contrast. ◆ It should only be performed in the rare circumstance of contrast allergy and/or contraindication to MRI such as pacemaking device.
Meralgia Paresthetica Notes: Sensory loss in the lateral femoral cutaneous nerve as it exits the pelvis under the inguinal ligament (lateral thigh without extension into lower leg), and is usually easily diagnosed based on a careful history and physical exam. EMG/NCV testing is often technically difficult and not required.		
Peroneal Neuropathy	YES	➢ MRI Knee without contrast (CPT® 73721) **OR** MRI Lower Extremity other than joint without contrast (CPT® 73718) in severe cases when surgery is considered.
Tarsal Tunnel Syndrome	N/A	➢ See **Foot (Tarsal Tunnel Syndrome) (MS-27)** in the Musculoskeletal Imaging Guidelines.

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Polyneuropathy (PN-3)

Polyneuropathy (PN-3.1)

Poly-Disorder	EMG/NCV Initially?	Advanced Imaging	Comments
Polyneuropathies with Central Nervous System (CNS) Involvement	YES	If clinical findings point to abnormalities in those areas, then **ANY** of the following are indicated: ➢ 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)	Examples: Guillain-Barré syndrome and Lyme disease

Poly-Disorder	EMG/NCV Initially?	Advanced Imaging	Comments
AIDS-Related Cytomegaloviral Neuropathy/ Radiculopathy[1]	YES	➢ MRI Lumbar Spine without and with contrast (CPT® 72158) ➢ If concern for myelopathy, **ANY** of the following imaging are **ALSO** indicated: ◆ MRI Cervical Spine without and with contrast (CPT® 72156), **AND/OR** ◆ MRI Thoracic Spine without and with contrast (CPT® 72157)	➢ Urinary retention and a clinically confusing picture in the legs. ➢ For myelopathic signs and symptoms, see **Myelopathy (SP-7.1)**.
Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)	YES	➢ MRI Lumbar Spine without and with contrast (CPT® 72158) if uncertain following EMG/NCV. ◆ See **Brachial Plexus (PN-4.1)**, **Lumbar and Lumbosacral Plexus (PN-5.1)**, and **Muscle Diseases (PN-6.2)**	

Poly-Disorder	EMG/NCV Initially?	Advanced Imaging	Comments
Multifocal Motor Neuropathy	YES	If diagnosis is uncertain following EMG/NCV, MRI of the Brachial Plexus is supported with **ONE** of the following: ➤ MRI Upper Extremity other than joint without and with contrast (CPT® 73220) ➤ MRI Chest without and with contrast (CPT® 71552) ➤ MRI Neck without and with contrast (CPT® 70543)	
POEMS (Polyneuropathy, Organomegaly, Endocrinopathy, M-protein, Skin changes)	YES	Advanced imaging is for the non-neurological etiologies of this rare osteosclerotic plasmacytoma syndrome.	See **Multiple Myeloma and Plasmacytomas (ONC-25)** in the Oncology Imaging Guidelines.
Subacute Sensory Neuronopathy & Other Paraneoplastic Demyelinating Neuropathies	YES	➤ Advanced imaging should be guided by specific clinical concern (see relevant guideline). ➤ For evaluation of suspected paraneoplastic syndromes, see **Paraneoplastic Syndromes (ONC-30.3)** in the Oncology Imaging Guidelines.	

Background and Supporting Information

- Central Nervous System (CNS) Imaging (Brain and Spine) is not required for Polyneuropathy without CNS signs/symptoms.[6]
- Distal symmetric polyneuropathy is the most common pattern of generalized peripheral neuropathy. It is typically sensory predominant and may demonstrate neurological abnormalities including reduced or absent deep tendon reflexes (DTRs), reduced sensation to multiple testing modalities (vibration, proprioception, etc). In more advanced staging, mild motor weakness may be present. It is most often associated with diabetes and metabolic abnormalities. In the absence of atypical findings (such as asymmetrical presentation, significant weakness, or upper motor neuron exam findings such as hyperreflexia or spasticity), distal symmetric polyneuropathy does not require central nervous system (CNS) imaging.[6]

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Brachial Plexus (PN-4)

Brachial Plexus (PN-4.1)

- EMG/NCV examination is required prior to advanced imaging except in cases of malignant infiltration or radiation plexitis as detailed below.[8-12]

Brachial Plexus Imaging		
Indication	**Imaging**	**Notes**
Malignant infiltration (EMG not required) **Radiation plexitis to rule out malignant infiltration** (EMG not required) **Neurogenic Thoracic Outlet Syndrome (TOS)**[10] **Pre-operative work up requiring evaluation of the brachial plexus**	Any **ONE** of the following: ➢ MRI Upper Extremity other than joint without contrast (CPT® 73218) ➢ MRI Upper Extremity other than joint without and with contrast (CPT® 73220) ➢ MRI Chest without contrast (CPT® 71550) ➢ MRI Chest without and with contrast (CPT® 71552) ➢ MRI Neck without contrast (CPT® 70540) ➢ MRI Neck without and with contrast (CPT® 70543)	
Brachial plexitis (Parsonage-Turner Syndrome or painful brachial amyotrophy) **Traumatic injury**[13]	➢ Any **ONE** of the above studies **AND** ➢ If concern for radiculopathy, MRI Cervical Spine without contrast (CPT® 72141)	➢ For concern for cervical radiculopathy, see **Neck (Cervical Spine) Pain Without/With Neurological Features (Including Stenosis) and Trauma (SP-3)** ➢ For details of brachial plexitis (Parsonage-Turner Syndrome), see **Background and Supporting Information**

- MRI Chest and Neck are inherently bilateral, whereas MRI Upper Extremity is unilateral.
- If MRI is not available or is contraindicated, CT offers the next highest level of anatomic visualization and can characterize local osseous or vascular anatomy and injury. In this circumstance, when the above criteria are met, only **ONE** of the following studies is indicated:
  - **CT Neck Soft Tissue:** CT Neck without contrast (CPT® 70490); **or**, CT Neck with contrast (CPT® 70491); **or** CT Neck without and with contrast (CPT® 70492)
  - **CT Upper Extremity:** CT Upper Extremity without contrast (CPT® 73200); **or**, CT Upper Extremity with contrast (CPT® 73201); **or**, CT Upper Extremity without and with contrast (CPT® 73202)
  - **CT Chest:** CT Chest without contrast (CPT® 71250); **or**, CT Chest with contrast (CPT® 71260); **or**, CT Chest without and with contrast (CPT® 71270)
- MRI should be performed prior to consideration of PET imaging.
  - For PET imaging, see **PET Imaging in Oncology (ONC-1.4)** in the Oncology Imaging Guidelines.

Background and Supporting Information

- Brachial plexitis (Parsonage-Turner Syndrome or painful brachial amyotrophy) is a self-limited syndrome characterized by initial shoulder region pain followed by weakness of specific muscles in a pattern which does not conform to involvement of a single root or distal peripheral nerve.

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Lumbar and Lumbosacral Plexus (PN-5)

Lumbar and Lumbosacral Plexus (PN-5.1)

- **EMG/NCV** examination is required prior to advanced imaging.
  - EMG/NCV is **NOT** required if there is concern for malignant infiltration
- For suspected lumbar and/or lumbosacral plexopathy, **ONE** of the following is indicated:
  - MRI Pelvis without contrast (CPT® 72195) with fat suppression imaging, **OR**
  - MRI Pelvis without and with contrast (CPT® 72197) with fat suppression imaging, **OR**
  - MRI Abdomen without contrast (CPT® 74181) **and** MRI Pelvis without contrast (CPT® 72195) with fat suppression imaging, **OR**
  - MRI Abdomen without and with contrast (CPT® 74183) **and** MRI Pelvis without and with contrast (CPT® 72197) with fat suppression imaging
- If MRI is not available or is contraindicated, CT offers the next highest level of anatomic visualization and can characterize local osseous or vascular anatomy and injury. In this circumstance, when requested for suspected lumbar and/or lumbosacral plexopathy, **EITHER** of the following is indicated:
  - CT Pelvis with contrast (CPT® 72193), **OR**
  - CT Abdomen and Pelvis with contrast (CPT® 74177)
- If suspected lumbar and/or lumbosacral plexopathy is due to a traumatic injury, then MRI Lumbar Spine without contrast (CPT® 72148) is **ALSO** indicated.
  - See **Low Back (Lumbar Spine) Trauma (SP-6.2)**
- For PET imaging, see **PET Imaging in Oncology (ONC-1.4)** in the Oncology Imaging Guidelines.

Background and Supporting Information

- Lumbar and lumbosacral plexopathy may be caused by any of the following:
  - Malignant infiltration
  - Radiation
  - Traumatic injury
  - Inflammation including sarcoidosis and infection
  - Toxic including iatrogenic during delivery (obstetric) or related to nerve blocks (ex. Botox®)
  - Metabolic including etiologies including diabetes

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Muscle Disorders (PN-6)

Neuromuscular Junction Disorders (PN-6.1)

Myasthenia Gravis (MG)

Myasthenia Gravis (MG) is associated with thymic disease.

- After an established diagnosis of MG **or** when MG is suspected by a neurologist, rheumatologist, or ophthalmologist, **ONE** of the following is indicated[1,4]:
  - CT Chest with contrast (CPT® 71260), **OR**
  - CT Chest without contrast (CPT®71250), **OR**
  - MRI Chest without and with contrast (CPT® 71552), **OR**
  - MRI Chest without contrast (CPT® 71550)
- Repeat of **ANY ONE** of the above imaging studies is indicated if the initial imaging study was negative for **ANY** of the following scenarios:
  - Symptoms of chest mass
  - Rising anti-striated muscle antibody titers
  - Need for pre-operative evaluation (clinical presentation, electro-diagnostic studies, and antibody titers)

Lambert–Eaton Myasthenic Syndrome (LEMS)

Lambert–Eaton Myasthenic Syndrome (LEMS) is associated with malignancies, especially small cell lung cancer.

- For a suspected diagnosis, **ANY** of the following are indicated:CT Chest with contrast (CPT® 71260) **AND/OR** CT Abdomen and Pelvis with contrast (CPT® 74177)[5,6]
  - See **Paraneoplastic Syndromes (ONC-30.3)**
- If initial CT was negative **and** there is persistent suspicion, **ANY** of the above imaging studies are indicated every 6 months for 2 years from date of initial negative imaging.[27]

Stiff-Person Syndrome

Stiff-person syndrome is associated with cancers such as, but not limited to, small cell lung cancer, pancreatic neuroendocrine cancer, and breast cancer.[7,8]

- If Stiff-person syndrome is suspected based on clinical findings, **ANY** of the following are indicated:
  - **Abdomen/Pelvis**: CT Abdomen and Pelvis with contrast (CPT® 74177) **or** CT Abdomen and Pelvis without and with contrast (CPT® 74178); **OR**, MRI Abdomen without and with contrast (CPT® 74183) **and** MRI Pelvis without and with contrast (CPT® 72197)
  - **Chest**: CT Chest with contrast (CPT® 71260) **or** CT Chest without contrast (CPT® 71250)
  - **Symptomatic Body Areas**: CT with contrast **or** MRI without and with contrast of any other symptomatic body areas

Background and Supporting Information

- Myasthenia gravis is an autoimmune disease of the neuromuscular junctions, manifested by fatigable weakness of the cranial nerves (examples - ocular: ptosis, diplopia; bulbar: dysphagia, dysarthria, dysphonia), as well as generalized limb weakness, depending on the severity of the disease. Associated antibodies: acetylcholine receptor (AChR), muscle specific kinase (MuSK).
- Lambert Eaton Myasthenic Syndrome (LEMS) is also an autoimmune disease affecting the neuromuscular junction presenting with ocular and bulbar symptoms and proximal limb weakness. Associated antibodies: P/Q voltage-gated calcium channel (VGCC).
- LEMS can occur as a paraneoplastic syndrome associated with malignancy (cancer-associated LEMS) or as an autoimmune phenomenon in the absence of malignancy (non-tumor LEMS). Between 50% and 60% of all LEMS cases are associated with malignancy, particularly small cell lung carcinoma (SCLC), although LEMS has been described in individuals with non–small cell and mixed cell lung carcinomas, neuroendocrine tumors such as prostate cancer, thymoma, and lymphoproliferative disorders.[5]
- Stiff-person syndrome is an autoimmune disease associated with muscle spasm and muscle rigidity affecting the trunk and limb muscles. Associated antibodies: Glutamic acid decarboxylase (GAD).

Muscle Diseases (PN-6.2)

- MRI may be helpful in demonstrating abnormalities in muscles that are difficult to examine or not clinically weak and can help distinguish between different types of muscle disease. MRI is also useful in determining sites for muscle biopsy.

Imaging for Muscle Disease		
Disease	**Indication**	**Imaging**
Any Known or Suspected Muscle Disease	To plan muscle biopsy	Typically an affected muscle is imaged. ➢ **Upper Extremity:** MRI Upper Extremity other than joint without contrast (CPT® 73218); **OR**, MRI Upper Extremity other than joint without and with contrast (CPT® 73220)* **AND/OR** ➢ **Lower Extremity**: MRI Lower Extremity other than joint without contrast (CPT® 73718); **OR**, MRI Lower Extremity other than joint without and with contrast (CPT® 73720)* *When indication column criteria are met, bilateral studies are supported if requested.
Myopathy or Myositis	Additional evaluation after clinical exam, EMG/NCV, **OR** labs	
Inflammatory Muscle Diseases ➢ Dermatomyositis ➢ Polymyositis ➢ Inclusion body myositis	➢ Evaluation of differential diagnosis ➢ Selection of biopsy site ➢ Clinical concern for progression ➢ Treatment monitoring ➢ Detection of occult malignancy	

- For interstitial lung disease associated with inflammatory myopathies, see **Interstitial Lung Disease (ILD)/Diffuse Lung Disease (DLD) (CH-11.1)** in the Chest Imaging Guidelines.
- For dermatomyositis and polymyositis with concern for occult neoplasm, see **Paraneoplastic Syndromes (ONC-30.3)** in the Oncology Imaging Guidelines.

Gaucher Disease (Storage Disorders) (PN-6.3)

Imaging for Gaucher Disease
Initial Imaging
➢ MRI Lumbar Spine without contrast (CPT® 72148) ➢ Bilateral femurs with MRI Lower Extremity, other than joint, without contrast (CPT® 73718) ➢ MRI Abdomen without contrast (CPT® 74181) ➢ DXA scan ➢ CT Chest without contrast (CPT® 71250) for individuals with new or worsening pulmonary symptoms
Every 12 months
➢ To assess treatment response for individuals on enzyme replacement therapy or assess disease progression for individuals in surveillance ◆ MRI Lumbar Spine without contrast (CPT® 72148) ◆ Bilateral Femurs with MRI Lower Extremity, other than joint, without contrast (CPT® 73718) ◆ MRI Abdomen without contrast (CPT® 74181) ◆ CT Chest without contrast (CPT® 71250) for individuals with documented pulmonary involvement
New or worsening pulmonary symptoms
➢ CT Chest without contrast (CPT® 71250)
DXA scans
➢ Every 12-24 months until it is normal ➢ Enzyme replacement therapy dose change ➢ Every 3 years
Acute bone pain
➢ X-ray ◆ MRI of affected areas with and without contrast if x-ray is non-diagnostic or indicates the need for further imaging, such as equivocal for osteonecrosis, infection, or malignancy

- PET/CT imaging is considered investigational in the evaluation of Gaucher disease. ^{18}F-FDG does not reliably detect Gaucher disease in the marrow, and other isotopes are not yet FDA-approved for clinical use.

Background and Supporting Information

- Gaucher disease is group of autosomal recessive inborn errors of metabolism characterized by lack of the enzyme acid ß-glucuronidase with destructive ceramide storage in various tissues. Gaucher disease is a treatable disorder (enzyme replacement) in which the liver, spleen, and bone marrow/bones are the most affected organs. Diagnosis is established by decreased enzyme activity or genetic testing.

- Three major types of Gaucher disease are recognized:
  - **Type I** (non-neuropathic form or adult form): progressive hepatomegaly, splenomegaly, anemia and thrombocytopenia, and marked skeletal involvement; lungs and kidneys may also be involved, but central nervous system is spared
  - **Type II** (acute neuropathic form or infantile form): severe progressive neurological involvement and death by 2 to 4 years of age; hepatomegaly, splenomegaly, is also present (usually evident by 6 months of age)
  - **Type III**: type I with neurological involvement and slowly progressive disease. Onset may be present before two years of age with survival to the third or fourth decade of life.
- Additionally, there is a perinatal-lethal and a cardiovascular form. The cardiovascular form involves the heart, spleen and eyes. Note that cardiopulmonary complications may be present, with varying frequency and severity, in all subtypes.
- Individuals with Gaucher disease are at risk for osteonecrosis, osteomyelitis, and bony tumors.

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Magnetic Resonance Neurography (MRN) (PN-7)

Magnetic Resonance Neurography (MRN) (PN-7.1)

- MRN is supported when **ALL** of the following criteria are met:
  - The study is to evaluate a traumatic or compressive focal neuropathy **or** a brachial plexus injury.
  - The study is requested by a neurosurgeon, orthopedic surgeon, neurologist, or podiatrist after an in-person clinical evaluation **AND** when surgery is being considered.
  - EMG/NCV has been performed and results provided.
  - The diagnosis remains unclear following prior imaging of the region with x-ray, ultrasound, or conventional imaging (CT or MRI).
    - For conventional imaging criteria, see **Focal Neuropathy (PN-2.1) and Brachial Plexus (PN-4.1)**
- MRN is reported as **ONE** of the following:
  - Unlisted MRI procedure code (CPT® 76498), **OR**
  - MRI extremity with **ONE** of the following codes:
    - MRI Upper Extremity, other than joint, without contrast (CPT® 73218)
    - MRI Upper Extremity, other than joint, without and with contrast (CPT® 73220)
    - MRI Lower Extremity, other than joint, without contrast (CPT® 73718)
    - MRI Lower Extremity, other than joint, without and with contrast (CPT® 73720)

- MRN for **ANY** other indication is considered **NOT medically necessary** at this time, including for assessment of lumbosacral plexopathy, neuromuscular disease, and/or polyneuropathy.

Background and Supporting Information

- Magnetic resonance neurography utilizes standard MRI equipment with sequences and technology that allow for optimized viewing of the peripheral nerve. MRN creates greater contrast between the nerve and other surrounding soft tissue to allow a detailed view of the nerve tissue and layers. This allows for more accurate diagnosis of the location and degree of nerve injury.

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Neuromuscular Disorders (PN-8)

Motor Neuron Disease/Amyotrophic Lateral Sclerosis (ALS) (PN-8.1)

- A neurological examination is **NOT** required for an individual with established diagnosis of motor neuron disease/ALS **or** when diagnosis is suspected by a neurologist, geneticist, or a physical medicine and rehabilitation (PM&R) specialist.
- For initial evaluation of suspected motor neuron disease/ALS, **ANY** of the following are indicated:
  - **Brain**: MRI Brain without contrast (CPT® 70551) **or** MRI Brain without and with contrast (CPT® 70553), **AND/OR**
  - **Cervical Spine**: MRI Cervical Spine without contrast (CPT® 72141) **or** MRI Cervical Spine without and with contrast (CPT ®72156), **AND/OR**
  - **Thoracic Spine**: MRI Thoracic Spine without contrast (CPT® 72146) **or** MRI Thoracic Spine without and with contrast (CPT® 72157), **AND/OR**
  - **Lumbar Spine**: MRI Lumbar Spine without contrast (CPT® 72148) **or** MRI Lumbar Spine without and with contrast (CPT® 72158)
- Repeat imaging can be evaluated based on the appropriate **Spine Imaging Guidelines**.

Background and Supporting Information

- Evidence of lower motor neuron dysfunction in a muscle may include clinical examination of muscle weakness/wasting or EMG abnormalities to meet the criteria for the diagnosis of ALS.
- Motor Neuron Diseases (also known as Anterior Horn Cell Diseases) are heterogeneous and encompass either upper motor neurons, or lower motor neurons, or both. Upper motor neurons begin in the cerebral cortex and descend into the brainstem (corticobulbar), or spinal cord, where there is a connection to the lower motor neuron that exits the central nervous system and reaches out to the muscle.
  - The various types can be divided into the areas so affected:
    - Amyotrophic Lateral Sclerosis (Lou Gehrig's disease) – both Upper and Lower Motor Neurons
    - Primary Lateral Sclerosis – Upper Motor Neurons
    - Progressive Muscular Atrophy – Lower Motor Neurons
    - Progressive Bulbar Palsy – Rare and limited to bulbar muscles (muscles innervated by the Cranial Nerves – dysarthria and dysphagia)
  - Other rare conditions:
    - Monomelic Amyotrophy (Hirayama disease)
    - Spinal Bulbar Muscular Atrophy (Kennedy Disease)
- Signs of lower motor neuron pathology include: weakness, fasciculations, atrophy, decreased muscle tone, decreased reflexes, and a plantar extensor response (Babinski sign).
- Signs of Upper Motor Neuron pathology include: weakness, increased muscle tone, increased reflexes, and a plantar flexor response.[11]

Spinal Muscular Atrophy (PN-8.2)

- Molecular genetic testing is the standard tool for diagnosis for the early consideration in any infant with weakness or hypotonia.
  - MRI is **NOT** supported for diagnosis in children, unless other diseases are being considered. See **Spinal Muscular Atrophy (PEDPN-5.1)**.
- In individuals with adult onset disease, the differential includes later-onset motor neuron disorders such as ALS.
  - For these conditions, advanced imaging is indicated when upper and lower motor neuron findings are present. For imaging, see **Motor Neuron Disease/Amyotrophic Lateral Sclerosis (ALS) (PN-8.1)**.

Fasciculations (PN-8.3)

Fasciculations are spontaneous, erratic movements of muscle that may be secondary to benign and non-benign etiologies.

- **ALL** of the following evaluations are required prior to advanced imaging:
  - **Clinical history** should include the time course of symptoms, any associated weakness, areas of involvement, as well as the presence or absence of pain, sensory loss, or sphincter dysfunction.
  - **EMG/NCV evaluation**
    - In the setting of clinical concern for radiculopathy, neuromuscular disorders, or muscle disorders, see the following imaging guidelines:
      - **Neuromuscular Junction Disorders (PN-6.1)**
      - **Muscle Diseases (PN-6.2)**
      - **Neck (Cervical Spine) Pain without and with Neurological Features (Including Stenosis) (SP-3.1)**
      - **Lower Extremity Pain with Neurological Features (Radiculopathy, Radiculitis, or Plexopathy and Neuropathy) with or without Low Back (Lumbar Spine) Pain (SP-6.1)**
  - **Laboratory evaluation** (e.g., complete blood count; comprehensive metabolic panel; serum calcium; thyroid function testing; vitamin B12 level; sed rate; ANA; rheumatoid factor; serum protein electrophoresis with immunofixation; Lyme testing; HIV testing; testing for heavy metals; etc.)

- For the presence of upper motor neuron signs (e.g. increased tone; hyperreflexia; presence of Babinski or Hoffman signs) to exclude mimics of non-benign etiologies of muscle fasciculations (i.e. motor neuron disease), **ANY** of the following CNS studies are indicated:
  - **Brain**: MRI Brain without contrast (CPT® 70551) **or** MRI Brain without and with contrast (CPT® 70553), **AND/OR**
  - **Cervical Spine**: MRI Cervical Spine without contrast (CPT® 72141) **or** MRI Cervical Spine without and with contrast (CPT® 72156), **AND/OR**
  - **Thoracic Spine**: MRI Thoracic Spine without contrast (CPT® 72146) **or** MRI Thoracic Spine without and with contrast (CPT® 72157)
- **Lumbar Spine**: Typically, lumbar spine imaging is **NOT** indicated unless there is sphincter involvement **or** there is a need to rule out lower motor etiologies in the lower extremities (e.g., lumbar radiculopathy). See the following Spine Imaging Guidelines:
  - **Red Flag Indications (SP-1.2)**
  - **Lower Extremity Pain with Neurological Features (Radiculopathy, Radiculitis, or Plexopathy and Neuropathy) with or without Low Back (Lumbar Spine) Pain (SP-6.1)**

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Peripheral Nerve Sheath Tumors (PNST) (PN-9)

Peripheral Nerve Sheath Tumors (PNST) (PN-9.1)

PNST such as (Schwannomas or Neurofibromas) arise from Schwann cells or other connective tissue of the nerve. They can be located anywhere in the body.

- When PNST is suspected, the following advanced imaging is indicated:
  - Vestibular Schwannoma: MRI Brain without and with contrast (CPT® 70553).
    - See **Acoustic Neuroma and Other Cerebellopontine Angle Tumors (HD-33.1)** in the Head Imaging Guidelines.
  - Suspected Paraspinal Neurofibroma: **ANY** of the following imaging:
    - MRI Cervical Spine without and with contrast (CPT® 72156), **AND/OR**
    - MRI Thoracic Spine without and with contrast (CPT® 72157), **AND/OR**
    - MRI Lumbar Spine without and with contrast (CPT® 72158)
- Routine follow-up imaging is **NOT** indicated except in the following scenarios:
  - New symptoms or neurological findings develop
  - Post-operatively for **ANY** of the following scenarios:
    - At the discretion of or in consultation with the surgeon
    - If the tumor was not completely removed and the imaging is requested to re-establish baseline
  - Malignant transformation is known or suspected. **ANY** of the following imaging is indicated for metastatic work-up:
    - CT Chest with contrast (CPT® 71260), **AND/OR**
    - CT Abdomen with contrast (CPT® 74160)
- For guidelines related to known malignancies in individuals with NF1, see the appropriate imaging guideline for the specific cancer type.

Background and Supporting Information

- The role of PET imaging in Peripheral Nerve Sheath Tumors is not well established yet.[8]
- Malignant transformation may be present in approximately 5% of Peripheral Nerve Sheath Tumors.

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Nuclear Imaging (PN-10)

Nuclear Imaging (PN-10.1)

- Nuclear Medicine
  - Nuclear medicine studies are **NOT** indicated in the evaluation of peripheral nerve disorders.

Policy History and Instructions for Use

Guideline

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V1.0.2024

Instructions for Use

This Medical Policy provides assistance in interpreting United HealthCare Services, Inc. standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]) or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC) or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC) or contractual requirements for benefit plan coverage govern.

Before using this policy, please check the federal, state (OAC) or contractual requirements for benefit plan coverage. United HealthCare Services, Inc. reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

United HealthCare Services, Inc. uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, United HealthCare Services, Inc. may also use United HealthCare Services, Inc.'s Medical Policies, Coverage Determination Guidelines, and/ or Utilization Review Guidelines that have been approved by the Ohio Department for Medicaid Services. The United HealthCare Services, Inc.'s Medical Policies, Coverage Determination Guidelines, and Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Policy History/Revision Information

Date	Summary of Changes
02/01/2024	Annual evidence-based updates