Instructions for use

The following coverage policy applies to health benefit plans administered by Cigna. Coverage policies are intended to provide guidance in interpreting certain standard Cigna benefit plans and are used by medical directors and other health care professionals in making medical necessity and other coverage determinations. Please note the terms of a customer’s particular benefit plan document may differ significantly from the standard benefit plans upon which these coverage policies are based. For example, a customer’s benefit plan document may contain a specific exclusion related to a topic addressed in a coverage policy.

In the event of a conflict, a customer’s benefit plan document always supersedes the information in the coverage policy. In the absence of federal or state coverage mandates, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of:

1. The terms of the applicable benefit plan document in effect on the date of service
2. Any applicable laws and regulations
3. Any relevant collateral source materials including coverage policies
4. The specific facts of the particular situation

Coverage policies relate exclusively to the administration of health benefit plans. Coverage policies are not recommendations for treatment and should never be used as treatment guidelines.

This evidence-based medical coverage policy has been developed by eviCore, Inc. Some information in this coverage policy may not apply to all benefit plans administered by Cigna.

These guidelines include procedures eviCore does not review for Cigna. Please refer to the Cigna CPT code list for the current list of high-tech imaging procedures that eviCore reviews for Cigna.

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<td>MRI</td>
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<tr>
<td>Chest MRI without contrast</td>
<td>71550</td>
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<td>Chest MRI with contrast (rarely used)</td>
<td>71551</td>
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<td>Chest MRI without and with contrast</td>
<td>71552</td>
</tr>
<tr>
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</tr>
<tr>
<td>MRA</td>
<td></td>
</tr>
<tr>
<td>Chest MRA (non-cardiac)</td>
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</tr>
<tr>
<td>CT</td>
<td></td>
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<tr>
<td>Chest CT without contrast</td>
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</tr>
<tr>
<td>Chest CT with contrast</td>
<td>71260</td>
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<td>Chest CT without and with contrast (rarely used)</td>
<td>71270</td>
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<td>CT Guidance for Placement of Radiation Therapy Fields</td>
<td>77014</td>
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<td>Unlisted CT procedure (for radiation planning or surgical software)</td>
<td>76497</td>
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<tr>
<td>CTA</td>
<td></td>
</tr>
<tr>
<td>Chest CTA (non-coronary)</td>
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<tr>
<td>Ultrasound</td>
<td></td>
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<tr>
<td>Ultrasound, chest (includes mediastinum, chest wall, and upper back)</td>
<td>76604</td>
</tr>
<tr>
<td>Ultrasound, axilla</td>
<td>76882</td>
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<tr>
<td>Ultrasound, breast; <em>unilateral</em>, including axilla when performed; complete</td>
<td>76641</td>
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PEDCH-1.1: Pediatric Chest Imaging Age Considerations

Many conditions affecting the chest 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 should be imaged according to the Pediatric Chest Imaging Guidelines, and individuals who are ≥ 18 years old should be imaged according to the Adult Chest Imaging Guidelines, except where directed otherwise by a specific guideline section.

PEDCH-1.2: Pediatric Chest Imaging Appropriate Clinical Evaluation

- A recent (within 60 days) face to face evaluation including a detailed history, physical examination, and appropriate laboratory studies should be performed prior to considering advanced imaging (CT, MR, Nuclear Medicine), unless the individual is undergoing guideline-supported scheduled follow-up imaging evaluation.

- Unless otherwise stated in a specific guideline section, the use of advanced imaging to screen asymptomatic individuals for disorders involving the chest is not supported. Advanced imaging of the chest should only be approved in individuals who have documented active clinical signs or symptoms of disease involving the chest.

- Unless otherwise stated in a specific guideline section, repeat imaging studies of the chest 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.

PEDCH-1.3: Pediatric Chest Imaging Modality General Considerations

- MRI
  - MRI Chest is generally performed without and with contrast (CPT® 71552) unless the individual has a documented contraindication to gadolinium or otherwise stated in a specific guideline section.
  - Due to the length of time for image acquisition and the need for the individual to lie still, anesthesia is required for almost all infants and young children (age < 7 years), as well as older children with delays in development or maturity. In this individual population, MRI imaging sessions should be planned with a goal of minimizing anesthesia exposure adhering to the following considerations:
    - MRI should be performed without and with contrast unless there is a specific contraindication to gadolinium use and strict criteria for contrast agent use should be applied in all cases.
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 requesting clinicians indicate that a non-contrast study is being requested due to concerns regarding the use of gadolinium, the exam can be approved.
- If multiple body areas are supported by eviCore guidelines for the clinical condition being evaluated, MRI of all necessary body areas should be obtained concurrently.
- The presence of surgical hardware or implanted devices may preclude MRI.
- The selection of best examination may require coordination between the provider and the imaging service.

**CT**
- CT Chest is generally performed either with contrast (CPT® 71260) or without contrast (CPT® 71250).
  - There are no generally accepted pediatric indications for CT Chest without and with contrast (CPT® 71270).
- CT should not be used to replace MRI in an attempt to avoid sedation unless listed as a recommended study in a specific guideline section.
- The selection of best examination may require coordination between the provider and the imaging service.

**Ultrasound**
- Ultrasound of the chest (CPT® 76604) or axilla (CPT® 76882) is indicated as an initial study for evaluating adenopathy, palpable chest wall lesions, pleural effusion or thickening, and patency of thoracic vasculature.
- For those individuals who do require 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.

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

Axillary lymphadenopathy imaging indications in pediatric individuals are identical to those for adult individuals. See CH-2.2: Axillary Lymphadenopathy for imaging guidelines.

Supraclavicular adenopathy in pediatric individuals is almost always pathologic, and advanced imaging is indicated prior to excisional biopsy. Fine needle aspiration, while common in adults prior to advanced imaging, is inappropriate for evaluating lymphadenopathy in pediatric individuals. ANY of the following studies for evaluation of supraclavicular adenopathy in children:

- CT Chest with contrast (CPT® 71260).
- MRI Chest without and with contrast (CPT® 71552).
- Ultrasound of the chest (CPT® 76604).

If malignancy is suspected, see the appropriate imaging guidelines as below:

- Soft tissue sarcoma: PEDONC-8: Pediatric Soft Tissue Sarcomas.
- Neuroblastoma: PEDONC-6: Neuroblastoma.

Reference
PEDCH-3: Mediastinal Mass

The causes of mediastinal masses in children are generally different than those in adults, and the imaging considerations are different.

- Chest x-ray is indicated as an initial study for all individuals with suspected mediastinal mass.
- CT Chest with contrast (CPT® 71260) is indicated for any pediatric individual with a mediastinal mass identified on chest x-ray.
  - Masses can be very large and anterior masses frequently cause compression of the trachea and/or mediastinal blood vessels.
- MRI Chest without and with contrast (CPT® 71552) is indicated for any pediatric individual with:
  - A posterior (paravertebral) mediastinal mass.
  - CT findings are inconclusive regarding specific anatomy.
  - MRI should not be used for individuals with large anterior mediastinal masses if anesthesia is necessary to complete the study.
- PET/CT (CPT® 78815) is indicated prior to biopsy in pediatric individuals if lymphoma is known or strongly suspected or there is evidence of tracheal compression on CT imaging. See PEDONC-5: Pediatric Lymphoma for imaging guidelines.
- MIBG (CPT® 78804) is indicated and can be approved prior to biopsy in pediatric individuals if neuroblastoma is known or strongly suspected. See PEDONC-6: Neuroblastoma for imaging guidelines.
- Ultrasound (CPT® 76604) can be approved in children younger than 5 years old to distinguish prominent but otherwise normal thymus from true mediastinal mass.
- A single repeat CT Chest with contrast (CPT® 71260) can be approved to confirm stability and avoid biopsy for individuals with NONE of the following features:
  - Anterior mediastinal mass.
  - Enlarged lymph nodes anywhere in the imaging field.
  - Lymphopenia.
  - Pleural effusion.

References
PEDCH-4.1: Imaging

- True hemoptysis is rare in pediatric individuals, and a face-to-face evaluation including detailed history, physical examination, and appropriate laboratory studies should be performed prior to considering advanced imaging.
  - Aspirated blood from epistaxis or emesis frequently presents as hemoptysis, and history and physical examination will aid in this assessment.
- Chest x-ray is indicated as an initial study for stable individuals.
  - Advanced imaging is not indicated for individuals with epistaxis and a normal chest radiograph and no personal or family history of underlying lung disease or bleeding disorder.
  - Chest CT with contrast (CPT® 71260) is indicated for all other pediatric individuals with hemoptysis.
    - Chest CT without contrast (CPT® 71250) for individuals with a documented allergy to CT contrast or significant renal dysfunction.
- MRI is not indicated in the evaluation of pediatric hemoptysis.

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**PEDCH-5.1: Cystic Fibrosis**

- Chest x-ray is the primary study for initial evaluation of acute clinical symptoms in individuals with cystic fibrosis.
- CT Chest without contrast (CPT® 71250) or with contrast (CPT® 71260) is indicated for the following (without initial chest x-ray):
  - Hemoptysis.
  - Pneumonia worsening despite antibiotic therapy.
  - Pleural effusion or empyema.
  - Suspected fungal pneumonia.
  - Monitoring treatment changes on bronchiectasis.
  - Expiratory CT for evaluating small airways disease.
  - Pre- and post-lung transplant evaluation.
- Low dose CT Chest without contrast (CPT® 71250) is indicated every 2 years for monitoring of bronchiectasis and small airways disease.

**PEDCH-5.2: Bronchiectasis Not Associated with Cystic Fibrosis**

- Bronchiectasis not associated with cystic fibrosis is rare in pediatric individuals, and imaging indications are identical to those for adult individuals. See **CH-7: Bronchiectasis** for imaging guidelines.

**References**

Bronchiolitis is a self-limiting viral infection causing lower respiratory tract illness, most common in infants under 12 months of age.

Advanced imaging is not indicated for routine evaluation or monitoring of bronchiolitis, but CT chest with contrast (CPT® 71260) can be approved for the following:

- Pleural effusion or empyema on recent chest x-ray.
- Immunocompromised individual with acute pulmonary symptoms.
- Abnormality on recent chest x-ray suggesting condition other than bronchiolitis.

Reference
PEDCH-7: Pneumonia

- Pneumonia imaging indications in pediatric individuals are very similar to those for adult individuals. See CH-13: Pneumonia for imaging guidelines.
- Pediatric-specific imaging considerations include the following:
  - CT Chest with contrast (CPT® 71260) for immunocompromised individuals with acute pulmonary symptoms.
  - CT Chest without contrast (CPT® 71250) or with contrast (CPT® 71260) for individuals with recurrent lower respiratory tract infections.
  - Ultrasound of the chest (CPT® 76604) for evaluation of childhood pneumonia.

References

The Fleischner Society guidelines for solitary pulmonary nodule management do not apply to pediatric individuals. An incidental solitary pulmonary nodule in a child representing a primary lung carcinoma has never been reported in the literature. Similarly, an extrathoracic malignancy presenting with an incidental solitary pulmonary nodule in an otherwise healthy child is very rare.

CT Chest with contrast (CPT® 71260) as a one-time evaluation for all children with a pulmonary nodule incidentally discovered on other imaging.

Follow up imaging of incidental solitary pulmonary nodules in asymptomatic healthy children is not necessary.

Follow up imaging is indicated for the following:
- Immunocompromised individuals.
- Malignancy (see below).
- Invasive infection.
- New or worsening pulmonary symptoms.

Children with a malignant solid tumor who have pulmonary nodules of any size should have imaging according to the guideline section for the specific cancer type. See Pediatric Oncology Imaging Guidelines for specific imaging indications.

Follow up imaging is indicated for the following:
- Immunocompromised individuals.
- Malignancy (see below).
- Invasive infection.
- New or worsening pulmonary symptoms.

Background and Supporting Information

A nodule is any pulmonary or pleural lesion that is a discrete, spherical opacity 2-30 mm in diameter surrounded by normal lung tissue. A larger nodule is called a mass. Entities that are not nodules, and are considered benign, include non-spherical linear, sheet-like, two-dimensional or scarring opacities.

References

Positive PPD and tuberculosis imaging indications in pediatric individuals are identical to those for adult individuals. See CH-14.1: PPD or TB for imaging guidelines.

Radiopharmaceutical nuclear medicine imaging of an inflammatory process (CPT® 78805, CPT® 78806, or CPT® 78807) is rarely performed, but is indicated for evaluation of tuberculosis.

References
**PEDCH-10: Asthma**

Advanced imaging is not indicated for routine evaluation or monitoring of asthma, but CT Chest without (CPT® 71250) or with (CPT® 71260) contrast can be approved for the following:

- Pleural effusion or empyema on recent chest x-ray.
- Immunocompromised individual with acute pulmonary symptoms.
- Abnormality on recent chest x-ray suggesting condition other than asthma, including suspected foreign body.
- Asthma and poor response to bronchodilators or conventional inhaled corticosteroid therapy in whom associated conditions, such as allergic bronchopulmonary aspergillosis and eosinophilic pneumonia can mimic asthma.

**Reference**


PEDCH-11: Pectus Deformities

CT Chest without contrast (CPT® 71250) is indicated in individuals with a pectus deformity for:

- Preoperative planning.
- Significant cardiac displacement after chest x-ray and echocardiography (CPT® 93306).
- Evidence of pulmonary impingement after chest x-ray and pulmonary function tests (PFTs) if there is increasing shortness of breath. **Note:** It may not be possible to obtain PFTs in children younger than 9 years old.
- CT Chest with contrast (CPT® 71260) or MRI of the chest without and with contrast (CPT® 71552) is indicated when congenital heart disease or Marfan’s syndrome is suspected in those with pectus deformities.

**References**


PEDCH-12: Breast Masses

▷ See PEDONC-17: Pediatric Breast Masses for imaging guidelines.
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PEDCH-13.1: Vascular Ring

- Chest x-ray is the recommended initial study in individuals with respiratory symptoms.
- Barium esophagram is the recommended initial study in individuals with feeding difficulties.
- CT Chest with contrast (CPT® 71260), Chest CTA (CPT® 71275) or Chest MRA (CPT® 71555) in individuals with known or suspected vascular ring after chest x-ray or barium esophagram.
- Echocardiogram can be approved to rule out associated congenital heart disease.
  - CPT® 93303, CPT® 93306, CPT® 93320, and CPT® 93325 can be approved for initial evaluation of individuals with vascular ring and no prior echocardiograms.

Background and Supporting Information
Vascular rings generally present with either respiratory symptoms (stridor, wheezing, tachypnea, cough) or feeding difficulties (dysphagia, slow feeding, hyperextension of the head while feeding, weight loss, failure to thrive) but can also be discovered incidentally on imaging obtained for other purposes.

PEDCH-13.2: Other Vascular Malformations
See PEDPVD-2: Vascular Anomalies for imaging guidelines.

References
PEDCH-14.1: Congenital Cystic Lung Diseases

This section includes common congenital cystic lung lesions such as:

- Bronchogenic cyst
- Congenital pulmonary airway malformation (congenital cystic adenomatoid malformation)

Cystic Lung disease is often identified on prenatal ultrasound, and occasionally discovered incidentally on chest x-ray.

Chest x-ray is indicated before considering advanced imaging.

CT chest with contrast (CPT® 72160) may be approved when chest x-ray suggests a cystic lung lesion.

MRI chest with and without contrast (CPT® 71552) can be approved if CT is inconclusive or if requested for pre-operative planning.

References