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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## PEDPV-1~General Guidelines

### Procedure Codes Associated with Pelvis Imaging

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<tr>
<td>Pelvis MRI without and with contrast</td>
<td>72197</td>
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<tr>
<td>Unlisted MRI procedure (for radiation planning or surgical software)</td>
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<td>Ultrasound</td>
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<tr>
<td>Ultrasound, pelvic (nonobstetric), complete</td>
<td>76856</td>
</tr>
<tr>
<td>Ultrasound, pelvic (nonobstetric), limited or follow-up</td>
<td>76857</td>
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<tr>
<td>Ultrasound, scrotum and contents</td>
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<tr>
<td>Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study</td>
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<tr>
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<tr>
<td>Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete</td>
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<tr>
<td>Duplex scan of arterial inflow and venous outflow of penile vessels; complete</td>
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<tr>
<td>Duplex scan of arterial inflow and venous outflow of penile vessels; limited study</td>
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PEDPV-1.1 Pediatric Pelvis Imaging Age Considerations

Many conditions affecting the pelvis in the pediatric population are different diagnoses than those occurring in the adult population. For those diseases that 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 age < 18 years old should be imaged according to the Pediatric Pelvis Imaging Guidelines, and individuals age ≥ 18 years should be imaged according to the Pelvis Imaging Guidelines, except where directed otherwise by a specific guideline section.

PEDPV-1.2 Pediatric Pelvis 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, 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 pelvis is not supported. Advanced imaging of the pelvis should only be approved in individuals who have documented active clinical signs or symptoms of disease involving the pelvis.

✓ Unless otherwise stated in a specific guideline section, repeat imaging studies of the pelvis 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.

PEDPV-1.3 Pediatric Pelvis Imaging Modality General Considerations

✓ Ultrasound
  o Ultrasound should be done prior to advanced imaging in most pelvic conditions to rule out those situations that do not require advanced imaging
  o 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
  o CPT codes vary by body area and presence or absence of Doppler imaging and are included in the table at the beginning of this guideline
MRI
- MRI of the pelvis is generally performed without and with contrast (CPT®72197) 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 stillness, 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 patient population, MRI imaging sessions should be planned with a goal of avoiding a short-interval repeat anesthesia exposure due to insufficient information using the following considerations:
  - MRI should always be performed without and with contrast unless there is a specific contraindication to gadolinium use, since the individual already has intravenous access for anesthesia.
  - 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 in the same anesthesia session.
- 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 of the pelvis typically extends from the iliac crest to the upper margin of the sacroiliac joints, and CT of the abdomen and pelvis extends from the dome of the diaphragm through the ischial tuberosities.
  - In general, CT of the pelvis is appropriate when evaluating solid pelvic organs.
  - In general, CT of the abdomen and pelvis is appropriate when evaluating inflammatory or infections processes, hematuria, or conditions which appear to involve both the abdomen and the pelvis.
  - In some cases, especially in follow-up of a known finding, it may be appropriate to limit the exam to the region of concern to reduce radiation exposure.
- The contrast level in pediatric CT imaging is specific to the clinical indication, as listed in the specific guideline sections.
- CT of the pelvis or abdomen and pelvis may be indicated for further evaluation of abnormalities suggested on prior US or MRI procedures.
- CT may be appropriate without prior MR or US, as indicated in specific sections of these guidelines.
- 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.
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**

Abnormal uterine bleeding imaging indications in pediatric individuals are very similar to those for adult individuals. See PV-2~Abnormal Uterine Bleeding for imaging guidelines.

Pediatric-specific imaging considerations include the following:
- Transvaginal ultrasound is generally not appropriate in individuals who have never been sexually active.
- MRI of the pelvis (CPT®72197) is indicated if ultrasound is inconclusive.

Reference
PEDPV-3~Pelvic Inflammatory Disease (PID)

✓ Pelvic inflammatory disease imaging indications in pediatric individuals are very similar to those for adult individuals. See PV-7~Pelvic Inflammatory Disease (PID) for imaging guidelines.

✓ Pediatric-specific imaging considerations include the following:
  o Transvaginal ultrasound is generally not appropriate in individuals who are pre-pubescent or victims of abuse.
  o MRI of the pelvis without and with contrast (CPT®72197) is indicated if US is inconclusive
  o CT Pelvis with contrast (CPT®72193) is indicated if MRI is not readily available.

Reference
Girls with primary amenorrhea and any of the following should be evaluated initially with pelvic ultrasound (CPT®76856 or CPT®76857):  
- Normal pubertal development and negative pregnancy test  
  - Transvaginal ultrasound (CPT®76830) can also be approved if requested for better view of genitourinary anomalies in sexually active females  
- Delayed puberty with follicle-stimulating hormone (FSH) or luteinizing hormone (LH) that is elevated for the individual’s age and Tanner stage

MRI pelvis (CPT®72197) +/- abdomen (CPT®74183) without and with contrast are indicated for the following:  
- Evaluation of congenital anomalies of the uterus and/or urinary system identified on ultrasound (CPT®76700 and 76856) in order to better define complex anatomy  
- Preoperative planning in girls with distention of the vagina by fluid (hydrocolpos) or blood (hematocolpos) due to congenital vaginal obstruction

References
PEDPV-5~Endometriosis

✓ Endometriosis imaging indications in pediatric individuals are very similar to those for adult individuals. See PV-6~Endometriosis for imaging guidelines.

✓ Pediatric-specific imaging considerations include the following:
  o Transvaginal ultrasound is generally not appropriate in individuals who are pre-pubescent or have never been sexually active

Reference
PEDPV-6~Adenomyosis

✓ Adenomyosis imaging indications in pediatric individuals are very similar to those for adult individuals. See PV-4 Adenomyosis for imaging guidelines.

✓ Pediatric-specific imaging considerations include the following:
  o Transvaginal ultrasound is generally not appropriate in individuals who are pre-pubescent or have never been sexually active

Reference
Suspected adnexal mass imaging indications in pediatric individuals are very similar to those for adult individuals. See PV-5~Suspected Adnexal Mass for imaging guidelines.

Pediatric-specific imaging considerations include the following:
- Transvaginal ultrasound is generally not appropriate in individuals who are pre-pubescent or have never been sexually active
- Adnexal masses with a solid component in individuals age 15 years should be imaged according to guidelines in PEDONC-10~Pediatric Germ Cell Tumors

Reference
✓ Pelvic Pain/Dyspareunia imaging indications in pediatric individuals are identical to those for adult individuals. See PV-11~Pelvic Pain/Dyspareunia, Female for imaging guidelines.
✓ Polycystic ovary syndrome imaging indications in pediatric individuals are identical to those for adult individuals. See PV-8~Polycystic Ovary Syndrome for imaging guidelines.
PEDPV-10~Leiomyomata

✓ Leiomyomata imaging indications in pediatric individuals are identical to those for adult individuals. See PV-12~Leiomyomata for imaging guidelines.
PEDPV-11~Periurethral Cysts and Urethral Diverticula

✓ Periurethral cysts and urethral diverticula imaging indications in pediatric individuals are identical to those for adult individuals. See PV-13~Periurethral Cysts and Urethral Diverticula for imaging guidelines.
PEDPV-12~Undescended Testis

Boys with a history of cryptorchidism (undescended testis) have a several fold risk increase of testicular cancer. It is important to diagnose and treat this condition either by bringing the undescended testis into the scrotum, or resecting the testis.

✓ The following imaging is indicated for boys with suspected undescended testis based on a recent detailed physical exam
  o Scrotal ultrasound (CPT®76870) if concerned for retractile or inguinal testis. If inconclusive:
    ▪ If ultrasound is inconclusive, either of the following may be approved:
      ➢ MRI Abdomen (CPT®74183) and Pelvis (CPT®72197) without and with contrast, however MRI has a high false negative rate
      ➢ CT Abdomen/Pelvis with contrast (CPT®74177)
      ➢ Urology evaluation is recommended and is frequently helpful in determining the most appropriate imaging pathway

References
PEDPV-13~Scrotal Pathology

✓ Scrotal pathology imaging indications in pediatric individuals are very similar to those for adult individuals. See PV-19~Scrotal Pathology for imaging guidelines.

✓ Pediatric-specific imaging considerations include the following:
  o Scrotal US (CPT®76870) with Doppler (CPT®93976) is indicated for concerns of testicular torsion
  o MRI of the pelvis without (CPT®72195) or without and with contrast (CPT®72197) is indicated if ultrasound is inconclusive or insufficient for preoperative planning

References
Penile soft tissue masses are very rare in pediatric individuals, and imaging indications are identical to those for adult individuals. See PV-17~Penis–Soft Tissue Mass for imaging guidelines.
PEDPV-15~Incontinence

✓ Incontinence imaging indications in pediatric individuals are very similar to those for adult individuals. See PV-21~Incontinence for imaging guidelines.

✓ Pediatric-specific imaging considerations include the following:
  o MRI of the pelvis without and with contrast (CPT®72197) is indicated if ultrasound is inconclusive
  o CT Pelvis with contrast (CPT®72193) is approvable if MRI is not readily available

Reference
PEDPV-16~Patent Urachus

✓ Ultrasound of the pelvis (CPT®76856) is indicated as the initial evaluation for patent urachus.
  o Any of the following are indicated if the ultrasound is inconclusive or insufficient for preoperative planning
    ▪ MRI Pelvis without contrast (CPT®72195)
    ▪ MRI Pelvis without and with contrast (CPT®72197)
    ▪ CT Pelvis with contrast (CPT®72193)

✓ Repeat imaging of asymptomatic individuals is not generally necessary, but is indicated for the following:
  ▪ New or worsening symptoms
  ▪ Preoperative planning

Practice Note
The urachus is a “tube” connecting the fetal bladder to the umbilical cord. It is usually obliterated during fetal growth, but if it remains patent, there can be a connection between the bladder and the umbilicus.

References