

CIGNA MEDICAL COVERAGE POLICIES- RADIOLOGY

Preface to the Imaging Guidelines

Effective Date: September 1, 2026



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.

CPT® (Current Procedural Terminology) is a registered trademark of the American Medical Association (AMA). CPT® five-digit codes, nomenclature and other data are copyright 2026 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in the CPT book. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for the data contained herein or not contained herein.

© Copyright 2026 EviCore healthcare

Table of Contents

Guideline	Page
Guideline Development (Preface-1)	3
Benefits and Coverage Policies (Preface-2)	5
Clinical Information (Preface-3)	8
Coding Issues (Preface-4)	20
Whole-Body Imaging (Preface-5)	29
References (Preface-6)	35

Guideline Development (Preface-1)

Guideline	Page
Guideline Development (Preface-1.1).....	4

Preface to the Imaging Guidelines

Guideline Development (Preface-1.1)

PRF.GG.0001.1.C

v2.0.2026

- These evidence-based, proprietary clinical guidelines evaluate a range of advanced imaging and procedures, including CT, MRI, PET, Gastrointestinal Endoscopy, as well as Cardiac and Musculoskeletal interventions.
- Cigna and EviCore reserve the right to change and update the guidelines. The guidelines undergo a formal review annually. These clinical guidelines are based on current evidence supported by major national and international association and society guidelines and criteria, peer-reviewed literature, and major treatises as well as 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.

Benefits and Coverage Policies (Preface-2)

Guideline	Page
Benefits and Coverage Policies (Preface-2.1).....	6
References (Preface-2).....	7

Benefits and Coverage Policies (Preface-2.1)

PRF.BC.0002.1.C

v2.0.2026

- Medical Benefit Plan coverage and eligibility issues may take precedence over these clinical guidelines.

Medicare Coverage

- See the [Medicaid and Medicare Hierarchy and Application](#) document.

Investigational, Experimental, or Unproven Studies

- See the [Guideline Definitions](#) document.

Clinical and Research Trials

- Clinical trial imaging requests are reviewed to determine whether they meet coverage.
- Imaging studies which are inconsistent with established clinical standards, or are requested for data collection and not used in direct clinical management are not medically necessary.

CPT Codes

- The inclusion of any CPT code in the clinical guidelines does not imply that the code is under management or requires prior authorization.

References (Preface-2)

v2.0.2026

1. Centers for Medicare & Medicaid Services. Prospective payment systems - general information. www.cms.gov. Published November 15, 2024.
2. Zeitler EP, Gilstrap LG, Coylewright M, Slotwiner DJ, Colla CH, Al-Khatib SM. Coverage with evidence development: where are we now?. *Am J Manag Care*. 2022;28(8):382-389. doi:10.37765/ajmc.2022.88870
3. 2.42 USC 300gg-8: Coverage for individuals participating in approved clinical trials. House.gov. Published 2024.

Clinical Information (Preface-3)

Guideline	Page
Clinical Information (Preface-3.1).....	9
References (Preface-3).....	18

Clinical Information (Preface-3.1)

PRF.CL.0003.1.A

v2.0.2026

Clinical Documentation and Age Considerations

- These clinical 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. These clinical guidelines are framed by:
 - clinical presentation of the individual, rather than the studies requested
 - adequate clinical information that must be submitted to EviCore in order to establish medical necessity for advanced imaging or other designated procedures including, but not limited to, the following:
 - Pertinent clinical evaluation since the onset or change in symptoms including a detailed history, physical examination, appropriate laboratory studies, and appropriate 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.
 - 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.
 - The 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 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.

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.

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.
- 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 in 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.
- Both contrast CT and MRI are considered to have the same risk profile with renal failure (GFR <30mL/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 is medically necessary if clinical criteria for CT with contrast are met AND the individual has/is:
 - elevated blood urea nitrogen (BUN) and/or creatinine
 - renal insufficiency
 - allergies to iodinated contrast
 - thyroid disease which could be treated with I-131
 - diabetes
 - very elderly
 - urgent or emergent settings due to availability
 - trauma
- CT is superior to other imaging modalities in certain conditions including, but not limited to, the following:
 - Screening following trauma
 - Imaging pulmonary disease
 - Imaging abdominal and pelvic viscera
 - Imaging of complex fractures

- Evaluation of inconclusive findings on Ultrasound or MRI, or if there is a contraindication to MRI
- More specific guidance for CT usage, including exceptions to this general guidance, can be found throughout the condition-specific guidelines.

Magnetic Resonance Imaging (MRI)

- The AMA CPT[®] manual does not describe nor assign any minimum or maximum number of sequences for any MRI study. MRI protocols are often influenced by the individual'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 (CPT[®] C9791) 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, and 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 are 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 relatively 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 are considered to have the same risk profile with renal failure (GFR <30mL/min).
 - 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. 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 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.
- A CT is medically necessary in place of an MRI when clinical criteria are met for MRI AND there is a contraindication to having an MRI (e.g., 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 relatively 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 medically necessary 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 medically necessary for surveillance imaging unless specifically stated in the condition-specific guideline sections.
- PET/MRI is generally not medically necessary, 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 medically necessary, 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 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 medically necessary imaging study has been ordered for individuals, it may be possible to avoid exposing them to unnecessary risks. 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 medically necessary if the surgery/procedure is not medically necessary. Once the procedure has been approved or if the procedure does not require prior authorization, the appropriate pre-procedural imaging may be approved.

Health Equity Considerations

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age. Social determinants

of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

References (Preface-3)

v2.0.2026

1. American College of Radiology Committee on Drugs and Contrast Media. ACR Manual on Contrast Media. Published 2025.
2. Andreucci M, Solomon R, Tasanarong A. Side Effects of Radiographic Contrast Media: Pathogenesis, Risk Factors, and Prevention. *BioMed Res Int*. 2014;2014:1-20. doi:10.1155/2014/741018
3. McDonald RJ, McDonald JS, Kallmes DF, et al. Gadolinium Deposition in Human Brain Tissues after Contrast-enhanced MR Imaging in Adult Patients without Intracranial Abnormalities. *Radiology*. 2017;285(2):546-554. doi:10.1148/radiol.2017161595
4. Kanda T, Ishii K, Kawaguchi H, Kitajima K, Takenaka D. High Signal Intensity in the Dentate Nucleus and Globus Pallidus on Unenhanced T1-weighted MR Images: Relationship with Increasing Cumulative Dose of a Gadolinium-based Contrast Material. *Radiology*. 2014;270(3):834-841. doi:10.1148/radiol.13131669
5. Olchowcy C, Cebulski K, Łasecki M, et al. The presence of the gadolinium-based contrast agent depositions in the brain and symptoms of gadolinium neurotoxicity - A systematic review. Mohapatra S, ed. *PLOS ONE*. 2017;12(2):e0171704. doi:10.1371/journal.pone.0171704
6. Ryu YJ, Choi YH, Cheon JE, et al. Pediatric Brain: Gadolinium Deposition in Dentate Nucleus and Globus Pallidus on Unenhanced T1-Weighted Images Is Dependent on the Type of Contrast Agent. *Invest Radiol*. 2018;53(4):246-255. doi:10.1097/RLI.0000000000000436
7. Splendiani A, Perri M, Marsecano C, et al. Effects of serial macrocyclic-based contrast materials gadoterate meglumine and gadobutrol administrations on gadolinium-related dentate nuclei signal increases in unenhanced T1-weighted brain: a retrospective study in 158 multiple sclerosis (MS) patients. *Radiol Med*. 2018;123(2):125-134. doi:10.1007/s11547-017-0816-9
8. U.S. Food and Drug Administration. FDA Drug Safety Communication: FDA warns that gadolinium-based contrast agents (GBCAs) are retained in the body; requires new class warnings. Published May 16, 2018.
9. Amis ES Jr, Butler PF; American College of Radiology. ACR white paper on radiation dose in medicine: three years later. *J Am Coll Radiol*. 2010;7(11):865-870. doi:10.1016/j.jacr.2010.04.006
10. Powell AC, Long JW, Kren EM, Gupta AK, Levin DC. Evaluation of a Program for Improving Advanced Imaging Interpretation. *J Patient Saf*. 2019;15(1):69-75. doi:10.1097/PTS.000000000000034.5
11. U.S. Food and Drug Administration. White Paper: Initiative to Reduce Unnecessary Radiation Exposure from Medical Imaging. FDA. Published June 14, 2019
12. Fotenos A. Update on FDA Approach to Safety Issue of Gadolinium Retention after Administration of Gadolinium-Based Contrast Agents. U.S. Food and Drug Administration. Published September 20, 2018
13. Blumfield E, Swenson DW, Iyer RS, Stanescu AL. Gadolinium-based contrast agents — review of recent literature on magnetic resonance imaging signal intensity changes and tissue deposits, with emphasis on pediatric patients. *Pediatr Radiol*. 2019;49(4):448-457. doi:10.1007/s00247-018-4304-8
14. American College of Radiology. ACR – SPR – SRU Practice Parameter for the Performance and Interpretation of Diagnostic Ultrasound Examinations. Revised 2023. (Resolution 32).
15. American College of Radiology. ACR – ACNM – SNMMI – SPR Practice Parameter for Performing FDG-PET/CT in Oncology. Amended 2023. (Resolution 2c, 2d).
16. American College of Radiology. ACR Practice Parameter for Performing and Interpreting Magnetic Resonance Imaging (MRI). Amended 2023. (Resolution 2c).
17. American College of Radiology. ACR – SPR Practice Parameter for Performing and Interpreting Diagnostic Computed Tomography (CT). Amended 2023. (Resolution 2c, 2d).
18. Lohrke J, Frenzel T, Endrikat J, et al. 25 Years of Contrast-Enhanced MRI: Developments, Current Challenges and Future Perspectives. *Adv Ther*. 2016;33(1):1-28. doi:10.1007/s12325-015-0275-4
19. Implementation Guide: Medicaid State Plan Eligibility Eligibility Groups – Mandatory Coverage Infants and Children under Age 19. Centers for Medicare and Medicaid Services.
20. History and Physicals - Understanding the Requirements: What are the key elements organizations need to understand regarding History and Physical Requirements?. The Joint Commission. Reviewed July 12, 2022.

21. Mammarrappallil JG, Rankine L, Wild JM, Driehuys B. New Developments in Imaging Idiopathic Pulmonary Fibrosis With Hyperpolarized Xenon Magnetic Resonance Imaging. *J Thorac Imaging*. 2019;34(2):136-150. doi:10.1097/rti.0000000000000392
22. Wang JM, Robertson SH, Wang Z, et al. Using hyperpolarized ¹²⁹Xe MRI to quantify regional gas transfer in idiopathic pulmonary fibrosis. *Thorax*. 2017;73(1):21-28. doi:10.1136/thoraxjnl-2017-210070
23. Committee Opinion No. 723: Guidelines for Diagnostic Imaging During Pregnancy and Lactation [published correction appears in *Obstet Gynecol*. 2018 Sep;132(3):786. doi: 10.1097/AOG.0000000000002858.]. *Obstet Gynecol*. 2017;130(4):e210-e216. doi:10.1097/AOG.0000000000002355

Coding Issues (Preface-4)

Guideline	Page
3D Rendering (Preface-4.1).....	21
Unlisted Procedures/Therapy Treatment Planning (Preface-4.3).....	22
Unilateral Versus Bilateral Breast MRI (Preface-4.4).....	23
CPT® 76380 Limited or Follow-up CT (Preface-4.5).....	24
CPT® 76140 Interpretation of an Outside Study (Preface-4.7).....	25
Quantitative MR Analysis (Preface-4.8).....	26
HCPCS Codes (Preface-4.9).....	27
References (Preface-4).....	28

Preface to the Imaging Guidelines

3D Rendering (Preface-4.1)

PRF.CD.0004.1.C

v2.0.2026

CPT[®] 76376 and CPT[®] 76377:

- CPT[®] 76376 and CPT[®] 76377 do not require prior authorization through EviCore.

Unlisted Procedures/Therapy Treatment Planning (Preface-4.3)

PRF.CD.0004.3.C
v2.0.2026

Unlisted Procedures

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

- For general information related to unlisted procedures, please refer to **Management of Unlisted Codes**.
- 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) is medically necessary in the following clinical scenarios:
 - Studies done for navigation and planning for neurosurgical procedures (i.e., Stealth or Brain Lab Imaging)
 - 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.

Unilateral Versus Bilateral Breast MRI (Preface-4.4)

PRF.CD.0004.4.A

v2.0.2026

- Diagnostic MRI of both breasts should be coded as CPT[®] 77049 regardless of whether both breasts are imaged simultaneously or whether unilateral breast MRI is performed in two separate imaging sessions.

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

PRF.CD.0004.5.A

v2.0.2026

- 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 medically necessary 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.

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

PRF.CD.0004.7.A

v2.0.2026

- 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.
 - CPT® 76140 is the appropriate code to use for an exam which was completed elsewhere and a secondary interpretation of the images is requested.
 - Many other payors do not reimburse CPT® 76140 and their coverage policies take precedence over these clinical guidelines.

Quantitative MR Analysis (Preface-4.8)

PRF.CD.0004.8.A

v2.0.2026

- 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.
- For criteria associated with these types of studies, please see the condition-specific guidelines.

HCPCS Codes (Preface-4.9)

PRF.CD.0004.9.A

v2.0.2026

- 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.
 - 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)

v2.0.2026

1. Intraoperative MRI. Brainlab.com. Published 2024.
2. Neves CA, Vaisbuch Y, Leuze C, et al. Application of holographic augmented reality for external approaches to the frontal sinus. *Int Forum Allergy Rhinol*. 2020;10(7):920-925. doi:10.1002/ialr.22546
3. Chung CY, Alson MD, Duszak R, Degnan AJ. From imaging to reimbursement: what the pediatric radiologist needs to know about health care payers, documentation, coding and billing. *Pediatr Radiol*. 2018;48(7):904-914. doi:10.1007/s00247-018-4104-1
4. Centers for Medicare & Medicaid Services. Healthcare Common Procedure Coding System (HCPCS). Cms.gov. Published 2025.

Whole-Body Imaging (Preface-5)

Guideline	Page
Whole-Body CT Imaging (Preface-5.1).....	30
Whole-Body MR Imaging (Preface-5.2).....	31
PET/MRI (Preface-5.3).....	33
References (Preface-5).....	34

Preface to the Imaging Guidelines

Whole-Body CT Imaging (Preface-5.1)

PRF.WB.0005.1.C

v2.0.2026

- Whole-body CT or LifeScan (CT Brain, Chest, Abdomen, and Pelvis) for screening of asymptomatic individuals is not a covered benefit. 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 skeletal 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

v2.0.2026

- Whole-body MRI (WBMRI) is, with the exception of select cancer predisposition syndromes and autoimmune conditions discussed below, generally not medically necessary 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)**, **Neurofibromatosis 1 and 2 (NF1 and NF2) (PEDONC-2.3)**, **Rhabdoid Tumor Predisposition Syndrome (PEDONC-2.11)**, **Hereditary Paraganglioma-Pheochromocytoma (HPP) Syndromes (PEDONC-2.13)**, **Constitutional Mismatch Repair Deficiency (CMMRD or Turcot Syndrome) (PEDONC-2.15)**, **Infantile Myofibromatosis (PEDONC-2.18)**, or **Bloom Syndrome (PEDONC-2.19)** in the Pediatric and Special Populations Oncology Imaging Guidelines.
 - Cancer staging and restaging:
 - Whole-body MRI has limited indications in staging and restaging of multiple myeloma. See **Multiple Myeloma and Plasmacytomas (ONC-25)** in the Oncology Imaging Guidelines for additional details.
 - Evidence has not been published establishing WBMRI as a standard evaluation for any other 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)

PRF.WB.0005.3.A

v2.0.2026

- PET/MRI is generally not medically necessary for a vast majority of oncologic and neurologic conditions due to lack of standardization in imaging technique and interpretation. However, it is medically necessary in select circumstances when the following criteria are met:
 - The individual meets condition-specific guidelines for PET/MRI OR
 - The individual meets ALL of the following:
 - 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 is 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 can be medically necessary at the same time as the PET/MRI code combination.
- For more information, please see the appropriate condition-based guideline.

References (Preface-5)

v2.0.2026

1. Bojadzieva J, Amini B, Day SF, et al. Whole body magnetic resonance imaging (WB-MRI) and brain MRI baseline surveillance in TP53 germline mutation carriers: experience from the Li-Fraumeni Syndrome Education and Early Detection (LEAD) clinic. *Fam Cancer*. 2018;17(2):287-294. doi:10.1007/s10689-017-0034-6
2. Li J, Zhou H, Zhang X, Song F, Pang X, Wei Z. A two-way comparison of whole-body 18FDG PET-CT and whole-body contrast-enhanced MRI for distant metastasis staging in patients with malignant tumors: a meta-analysis of 13 prospective studies. *Ann Palliat Med*. 2020;9(2):247-255. doi:10.21037/apm.2020.02.30
3. Zhang C, Liang Z, Liu W, Zeng X, Mo Y. Comparison of whole-body 18F-FDG PET/CT and PET/MRI for distant metastases in patients with malignant tumors: a meta-analysis. *BMC Cancer*. 2023;23(1):37. Published 2023 Jan 10. doi:10.1186/s12885-022-10493-8
4. Petralia G, Padhani AR. Whole-Body Magnetic Resonance Imaging in Oncology: Uses and Indications. *Magn Reson Imaging Clin N Am*. 2018;26(4):495-507. doi:10.1016/j.mric.2018.06.003
5. Sato TS, Watal P, Ferguson PJ. Imaging mimics of chronic recurrent multifocal osteomyelitis: avoiding pitfalls in a diagnosis of exclusion. *Pediatr Radiol*. 2020;50(1):124-136. doi:10.1007/s00247-019-04510-5
6. Krout JC, Rees AB, Goldin AN, et al. Chronic Recurrent Multifocal Osteomyelitis: A Review of the Noninfectious Inflammatory Bone Disease and Lessons for More Timely Diagnosis. *Orthopedics*. 2023;46(3):e149-e155. doi:10.3928/01477447-20220719-08
7. National Comprehensive Cancer Network® (NCCN®). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Genetic/Familial High-Risk Assessment: Breast, Ovarian, Pancreatic, and Prostate. Version 2.2026. October 10 10, 2025. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Genetic/Familial High-Risk Assessment: Breast, Ovarian, Pancreatic, and Prostate V2.2026. ©2025 National Comprehensive Cancer Network, Inc. All rights reserved. The NCCN Guidelines® and illustrations herein may not be reproduced in any form for any purpose without the express written permission of the NCCN. To view the most recent and complete version of the NCCN Guidelines®, go online to NCCN.org.
8. National Comprehensive Cancer Network® (NCCN®). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Multiple Myeloma. Version 4.2026 - November 26, 2025. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Multiple Myeloma V4.2026. ©2024 National Comprehensive Cancer Network, Inc. All rights reserved. The NCCN Guidelines® and illustrations herein may not be reproduced in any form for any purpose without the express written permission of the NCCN. To view the most recent and complete version of the NCCN Guidelines®, go online to NCCN.org.

References (Preface-6)

Guideline	Page
References (Preface-6.1).....	36

References (Preface-6.1)

PRF.RF.0006.1.A

v2.0.2026

- 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.