CIGNA MEDICAL COVERAGE POLICIES- RADIOLOGY

Pediatric Pelvis Imaging Guidelines

Effective Date: February 02, 2027

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

General Guidelines (PEDPV-1)..... 3
Abnormal Uterine Bleeding (PEDPV-2)..... 10
Pelvic Inflammatory Disease (PID) (PEDPV-3)..... 13
Amenorrhea (PEDPV-4)..... 16
Endometriosis (PEDPV-5)..... 19
Suspected Adnexal Mass (PEDPV-6)..... 22
Pelvic Pain/Dyspareunia, and Ovarian Torsion (PEDPV-7)..... 25
Polyendocrine Metabolic Ovarian Syndrome (PEDPV-8)..... 28
Periurethral Cysts and Urethral Diverticula (PEDPV-9)..... 31
Undescended Testis (PEDPV-11)..... 33
Scrotal Pathology (PEDPV-12)..... 37
Penis-Soft Tissue Mass (PEDPV-13)..... 40
Incontinence (PEDPV-14)..... 42
Patent Urachus (PEDPV-15)..... 45
Procedure Codes Associated with Pelvis Imaging..... 48

General Guidelines (PEDPV-1)

Guideline Page

General Guidelines (PEDPV-1.0).....4
Pediatric Pelvis Imaging Age Considerations (PEDPV-1.1).....6
Pediatric Pelvis Imaging Modality General Considerations (PEDPV-1.3).....7
References (PEDPV-1).....9

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924 www.EviCore.com
These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

General Guidelines (PEDPV-1.0)

PVP.GG.0001.0.A
v1.0.2027

Criteria

- A pertinent clinical evaluation since the onset or change in symptoms, including a detailed history, physical examination, appropriate laboratory studies, and basic imaging such as plain radiography or ultrasound should be performed prior to considering advanced imaging (CT, MRI, Nuclear Medicine), unless the individual is undergoing guideline-supported scheduled imaging evaluation. A meaningful technological contact (telehealth visit, telephone call, electronic mail or messaging) since the onset or change in symptoms can serve as a pertinent clinical evaluation.
- 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 is only considered medically necessary 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 considered not medically 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.
- Ultrasound
  - Ultrasound should be the initial imaging in most pelvic conditions to rule out those situations that do not require additional advanced imaging.
  - For those individuals who do require advanced imaging after ultrasound, 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.
  - CPT® codes vary by body area and presence or absence of Doppler imaging and are included in the table at the end of this guideline.
  - Transabdominal ultrasound is appropriate in all pediatric individuals.
  - Transvaginal (TV) ultrasound is appropriate in pediatric individuals who are sexually active or use a tampon and consent to the study. Ultrasound (complete CPT® 76856 or, limited CPT® 76857) should substitute for TV in pediatric individuals or non-sexually active adult females

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

©2026 EviCore by EVERNORTH

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

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.

Pediatric Pelvis Imaging Guidelines

Pediatric Pelvis Imaging Age Considerations (PEDPV-1.1)

PVP.GG.0001.1.A
v1.0.2027

Many conditions affecting the pelvis 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, differences may exist in management due to individual age, comorbidities, and differences in disease natural history between children and adults.

- Individuals who are under 19 years of age should be imaged according to the Pediatric Pelvis Imaging Guidelines if discussed. Any conditions not specifically discussed in the Pediatric Pelvis Imaging Guidelines should be imaged according to the General Pelvis Imaging Guidelines. Individuals 19 years of age or older should be imaged according to the General Pelvis Imaging Guidelines, except where directed otherwise by a specific guideline section.

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Pediatric Pelvis Imaging Modality General Considerations (PEDPV-1.3)

PVP.GG.0001.3.C
v1.0.2027

- Ultrasound
  - See **General Guidelines (PEDPV-1.0)**
- MRI
  - MRI 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 required for MRI acquisition and the need to minimize individual movement, anesthesia is usually required for almost all infants (except neonates) and young children (age <7 years) as well as older children with delays in development or maturity. This anesthesia may be administered via oral or intravenous routes. In this individual population, MRI sessions should be planned with a goal of minimizing anesthesia exposure by adhering to the following considerations:
    - MRI procedures can be performed without and/or with contrast use as supported by these condition-based guidelines. If intravenous access will already be present for anesthesia administration and there is no contraindication for using contrast, imaging without and with contrast may be appropriate if requested. By doing so, the requesting provider may avoid repetitive anesthesia administration to perform an MRI with contrast if the initial study without contrast is inconclusive.
    - If multiple body areas are supported by the 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 Pelvis typically extends from the iliac crest to the ischial tuberosities, and CT Abdomen and Pelvis extends from the dome of the diaphragm through the ischial tuberosities.
    - In general, CT Pelvis is appropriate when evaluating solid pelvic organs.
    - In general, CT Abdomen and Pelvis is appropriate when evaluating inflammatory or infections processes, hematuria, or conditions which appear to involve both the abdomen and the pelvis.

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

        - 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 Pelvis or Abdomen and Pelvis may be considered medically necessary for further evaluation of abnormalities suggested on prior US or MRI Procedures.
    - CT may be appropriate without prior MRI 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.
- 3D Rendering
    - 3D Rendering indications in pediatric pelvis imaging are identical to those in the general imaging guidelines. See **3D Rendering (Preface-4.1)** in the Preface Imaging Guidelines

The guidelines listed in this section for certain specific indications are not intended to be all-inclusive; clinical judgment remains paramount and variance from these guidelines may be appropriate and warranted for specific clinical situations.

Evidence Discussion

Evidence-based literature demonstrates the potential for gadolinium deposition in various organs including the brain, after the use of MRI contrast (American College of Radiology [ACR], 2026; Starekova, Pirasteh, & Reeder, 2024). 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 (ACR, 2026; Starekova, Pirasteh, & Reeder, 2024). 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 (ACR, 2026; Starekova, Pirasteh, & Reeder, 2024).

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924 www.EviCore.com
These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

References (PEDPV-1)

v1.0.2027

1. American College of Radiology. (2019). *ACR–ASER–SCBT-MR–SPR practice parameter for the performance of pediatric computed tomography (CT)*. https://www.acr.org/-/media/ACR/Files/Practice-Parameters/CT-Ped.pdf
2. American College of Radiology. (2022). *ACR practice parameter for performing and interpreting magnetic resonance imaging (MRI)*. https://www.acr.org/-/media/ACR/Files/Practice-Parameters/MR-Perf-Interpret.pdf
3. American College of Radiology. (2026). ACR manual on contrast media. https://www.acr.org/clinical-resources/clinical-tools-and-reference/contrast-manual
4. Fraum, T. J., Ludwig, D. R., Bashir, M. R., & Fowler, K. J. (2017). Gadolinium-based contrast agents: A comprehensive risk assessment. *Journal of Magnetic Resonance Imaging, 46*(2), 338–353. https://doi.org/10.1002/jmri.25625
5. MacDonald, A., & Burrell, S. (2009). Infrequently performed studies in nuclear medicine: Part 2. *Journal of Nuclear Medicine Technology, 37*(1), 1–13. https://doi.org/10.2967/jnmt.108.057851
6. Reighard, C., Junaid, S., Jackson, W. M., Arif, A., Waddington, H., Whitehouse, A. J. O., & Ing, C. (2022). Anesthetic exposure during childhood and neurodevelopmental outcomes: A systematic review and meta-analysis. *JAMA Network Open, 5*(6), e2217427. https://doi.org/10.1001/jamanetworkopen.2022.17427
7. Siegel, M. J. (2018). *Pediatric sonography* (5th ed., pp. 513–556). Wolters Kluwer.
8. Starekova, J., Pirasteh, A., & Reeder, S. B. (2024). Update on Gadolinium-Based Contrast Agent Safety, From the AJR Special Series on Contrast Media. American journal of roentgenology, 223(3), e2330036. https://doi.org/10.2214/AJR.23.30036
9. U.S. Department of Health & Human Services. (n.d.). Implementation guide: Medicaid state plan eligibility eligibility groups mandatory coverage infants and children under age 19. https://www.hhs.gov/guidance/document/implementation-guide-medicaid-state-plan-eligibility-eligibility-groups-aeu-mandatory-2
10. U.S. Food and Drug Administration. (2018, September 20). Update on FDA approach to safety issue of gadolinium retention after administration of gadolinium-based contrast agents. https://www.fda.gov/media/116492/download

Abnormal Uterine Bleeding (PEDPV-2)

Guideline Page

Abnormal Uterine Bleeding (PEDPV-2.1).....11
References (PEDPV-2).....12

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Abnormal Uterine Bleeding (PEDPV-2.1)

PVP.UB.0002.1.C
v1.0.2027

Criteria

- Abnormal uterine bleeding imaging indications in pediatric individuals are very similar to those for adult individuals. See **Abnormal Uterine Bleeding (AUB) (PV-2.1)** in the General Pelvis Imaging Guidelines.
- Pediatric-specific imaging considerations include the following:
  - Transvaginal ultrasound is generally not appropriate in individuals who have never been sexually active.
  - MRI Pelvis without contrast (CPT® 72195) or MRI Pelvis without and with contrast (CPT® 72197) is considered medically necessary if ultrasound is inconclusive.

Background and Supporting Information

- The causes of vaginal bleeding in children differ from those in adolescents. Vaginal bleeding after the first week or so of life but before menarche is always abnormal and warrants evaluation. Common conditions before normal menarche include vaginal foreign bodies, infections, precocious puberty, and estrogen exposure. After menarche, pregnancy and excessive menstrual bleeding (ovulatory dysfunction) must be considered.

Evidence Discussion

In pediatric abnormal uterine bleeding, imaging is not routinely required because most cases are related to normal developmental changes in menstrual cycles and are evaluated clinically with laboratory testing, which helps avoid unnecessary imaging and overuse (Haamid & Sucato, 2024). Transabdominal ultrasound is appropriate as a first-line modality when imaging is indicated, particularly for evaluation of a suspected mass or when bleeding persists despite treatment, while transvaginal ultrasound is reserved for selected patients based on maturity and consent (Haamid & Sucato, 2024). MRI is reserved for inconclusive ultrasound findings and offers improved soft tissue characterization (Haamid & Sucato, 2024).

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924 www.EviCore.com
These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

References (PEDPV-2)

v1.0.2027

1. Emans, S.#J., &#Laufer, M.#R. (2019). Precocious puberty. In S.#J.#Emans &#M.#R.#Laufer (Eds.), *Emans,#Laufer,#Goldstein's pediatric and adolescent gynecology* (7th#ed., pp.#114–124). Wolters#Kluwer#Health.
2. Haamid, F., & Sucato, G. S. (2024). Abnormal uterine bleeding. In R. M. Kliegman & J. W. St. Geme III (Eds.), Nelson textbook of pediatrics (22nd ed., pp. 1212–1214). Elsevier - OHCE. https://bookshelf.health.elsevier.com/books/9780323883078

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924 www.EviCore.com
These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Pelvic Inflammatory Disease (PID) (PEDPV-3)

Guideline Page

Pelvic Inflammatory Disease (PID) (PEDPV-3.1).....14
References (PEDPV-3).....15

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Pelvic Inflammatory Disease (PID) (PEDPV-3.1)

PVP.ID.0003.1.C
v1.0.2027

Criteria

- Pelvic inflammatory disease imaging indications in pediatric individuals are very similar to those for adult individuals. See **Pelvic Inflammatory Disease (PV-7.1)** in the General Pelvis Imaging Guidelines.
- Pediatric-specific imaging considerations include the following:
  - Transvaginal ultrasound is generally not appropriate in individuals who are pre-pubescent or victims of abuse.
  - MRI Pelvis without contrast (CPT® 72195) or without and with contrast (CPT® 72197) is considered medically necessary if ultrasound is inconclusive.
  - CT Pelvis with contrast (CPT® 72193) is considered medically necessary if MRI is not readily available.

Evidence Discussion

Ultrasound is the first-line imaging modality for suspected pediatric pelvic inflammatory disease because it is noninvasive, readily available, and can identify complications such as pyosalpinx, tubo-ovarian complex, and tubo-ovarian abscess (Caprio et al., 2019). However, early disease may demonstrate subtle or nondiagnostic imaging findings, limiting sensitivity and reinforcing reliance on clinical judgment (Caprio et al., 2019).

©2026 EviCore by EVERNORTH

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

References (PEDPV-3)

v1.0.2027

1. Burstein, G. R. (2024). Sexually transmitted infections. In R. M. Kliegman, J. W. St. Geme III, N. J. Blum, S. S. Shah, R. C. Tasker, & K. M. Wilson (Eds.), *Nelson textbook of pediatrics* (22nd ed., pp. 1081–109). Elsevier.
2. Cohen, H. L., & Raju, A. D. (2023). Abnormalities of the female genital tract. In B. Coley & E. Saunders (Eds.), *Caffey's pediatric diagnostic imaging* (13th ed., pp. 1201–1211). Elsevier.
3. Caprio, M. G., Di Serafino, M., De Feo, A., Guerriero, E., Perillo, T., Barbuto, L., Vezzali, N., Rossi, E., Ferro, F., Vallone, G., & Orazi, C. (2019). Ultrasonographic and multimodal imaging of pediatric genital female diseases.

   Journal of ultrasound, 22(3), 273–289. https://doi.org/10.1007/s40477-019-00358-5

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924 www.EviCore.com
These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Amenorrhea (PEDPV-4)

Guideline Page

Amenorrhea (PEDPV-4.1)..... 17
References (PEDPV-4).....18

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Amenorrhea (PEDPV-4.1)

PVP.AA.0004.1.C
v1.0.2027

Criteria

- Females 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
    - Transavaginal (TV) ultrasound (CPT® 76830) is considered medically necessary 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 without contrast (CPT® 72195) or MRI Pelvis without and with contrast (CPT® 72197) is considered medically necessary for pre-operative planning.
- If congenital Müllerian anomalies are suspected, see **Congenital Müllerian Uterine and Vaginal Anomalies (PV-14)** in the General Pelvis Guidelines.

Background and Supporting Information

Amenorrhea is usually primary and refers to absence of menstrual periods by age 16 (Caprio et al., 2019).

Evidence Discussion

Ultrasound is the first-line imaging modality for evaluating pediatric amenorrhea because it is noninvasive and allows assessment of uterine presence, morphology, and ovarian development, which helps distinguish structural from endocrine causes (Caprio et al., 2019). Imaging improves diagnostic specificity by identifying Müllerian anomalies, outflow obstruction, or ovarian pathology that may not be evident clinically (Caprio et al., 2019). However, reliance on imaging alone may be limited in functional or hormonal etiologies (Caprio et al., 2019).

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924 www.EviCore.com
These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

References (PEDPV-4)

v1.0.2027

1. Behr, S. C., Courtier, J. L., & Qayyum, A. (2012). Imaging of müllerian duct anomalies. *Radiographics, 32*(6), E233–E250. https://doi.org/10.1148/rg.326125515
2. Caprio, M. G., Di Serafino, M., De Feo, A., Guerriero, E., Perillo, T., Barbuto, L., Vezzali, N., Rossi, E., Ferro, F., Vallone, G., & Orazi, C. (2019). Ultrasonographic and multimodal imaging of pediatric genital female diseases. *Journal of Ultrasound, 22*(3), 273–289. https://doi.org/10.1007/s40477-019-00358-5
3. Cohen, H. L., & Raju, A. D. (2023). Amenorrhea and abnormalities of puberty. In B. Coley & E. Saunders (Eds.), *Caffey's pediatric diagnostic imaging* (13th ed., p. 12). Elsevier.
4. Haamid, F., & Sucato, G. S. (2024). Amenorrhea. In R. M. Kliegman & J. W. St. Geme III (Eds.), Nelson textbook of pediatrics (22nd ed., p. 1211). Elsevier - OHCE. https://bookshelf.health.elsevier.com/books/9780323883078
5. Langer, J. E., Oliver, E. R., Lev-Toaff, A. S., & Coleman, B. G. (2012). Imaging of the female pelvis through the life cycle. *Radiographics, 32*(6), 1575–1597. https://doi.org/10.1148/rg.326125513

Endometriosis (PEDPV-5)

Guideline Page

Endometriosis (PEDPV-5.1)..... 20
Reference (PEDPV-5)..... 21

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Endometriosis (PEDPV-5.1)

PVP.EM.0005.1.C
v1.0.2027

Criteria

- Endometriosis imaging indications in pediatric individuals are very similar to those for adult individuals. See **Endometriosis (PV-6.1)** in the General Pelvis Imaging Guidelines.
- Pediatric-specific imaging considerations include:
  - Transvaginal ultrasound is generally not appropriate in individuals who are pre-pubescent or have never been sexually active.

Evidence Discussion

Transabdominal ultrasound is the first-line imaging modality in adolescents with suspected endometriosis because it is noninvasive and can exclude alternative causes of pelvic pain, though it has limited sensitivity for detecting deep disease (Lampl et al., 2025). However, imaging may fail to detect superficial lesions, which are common in adolescents, creating a risk of false reassurance and underscoring that negative imaging does not exclude disease (Lampl et al., 2025).

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924 www.EviCore.com
These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Reference (PEDPV-5)

v1.0.2027

1. Lampl, B., R King, C., Attaran, M., & K Feldman, M. (2025). Adolescent endometriosis: clinical insights and imaging considerations. *Abdominal radiology (New York), 50*(10), 4844–4853. https://doi.org/10.1007/s00261-025-04870-7
2. Haamid, F., & Sucato, G. S. (2024). Amenorrhea. In R. M. Kliegman & J. W. St. Geme III (Eds.), *Nelson textbook of pediatrics* (22nd ed., p. 1211). Elsevier - OHCE. https://bookshelf.health.elsevier.com/books/9780323883078

Suspected Adnexal Mass (PEDPV-6)

Guideline Page

Suspected Adnexal Mass (PEDPV-6.1).....23
References (PEDPV-6).....24

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Suspected Adnexal Mass (PEDPV-6.1)

PVP.AM.0006.1.C
v1.0.2027

Criteria

- Suspected adnexal mass imaging indications in pediatric individuals are very similar to those for adult individuals. See **Adnexal Mass/Ovarian Cysts (PV-5)** in the General Pelvis Imaging Guidelines. Ultrasound is the first study for evaluation of a suspected adnexal mass.
- 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 **Pediatric Germ Cell Tumors (PEDONC-10)** in the Pediatric and Special Populations Oncology Imaging Guidelines.

Evidence Discussion

Ultrasound is the first-line imaging modality for suspected pediatric adnexal masses because it is noninvasive and allows characterization of lesion size, structure, and vascularity, which improves diagnostic specificity and guides management (Caprio et al., 2019).

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

References (PEDPV-6)

v1.0.2027

1. Allen-Rhoades, W. A., & Steuber, C. P. (2016). Clinical assessment and differential diagnosis of the child with suspected cancer. In P. A. Pizzo, D. G. Poplack, P. C. Adamson, S. M. Blaney, & L. Helman (Eds.), *Principles and practice of pediatric oncology* (7th ed., pp. 101–111). Wolters Kluwer.
2. Caprio, M. G., Di Serafino, M., De Feo, A., Guerriero, E., Perillo, T., Barbuto, L., Vezzali, N., Rossi, E., Ferro, F., Vallone, G., & Orazi, C. (2019). Ultrasonographic and multimodal imaging of pediatric genital female diseases. *Journal of ultrasound, 22*(3), 273–289. https://doi.org/10.1007/s40477-019-00358-5
3. Kelleher, C. M., & Goldstein, A. M. (2015). Adnexal masses in children and adolescents. *Clinical obstetrics and gynecology, 58*(1), 76–92. https://doi.org/10.1097/GRF.0000000000000084

Pelvic Pain/ Dyspareunia, and Ovarian Torsion (PEDPV-7)

Guideline Page

Pelvic Pain/Dyspareunia, and Ovarian Torsion (PEDPV-7.1)..... 26
References (PEDPV-7).....27

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924 www.EviCore.com
These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Pelvic Pain/Dyspareunia, and Ovarian Torsion (PEDPV-7.1)

PVP.PP.0007.1.A
v1.0.2027

Criteria

- Pelvic Pain/Dyspareunia imaging indications in pediatric individuals are identical to those for adult individuals. See **Pelvic Pain/Dyspareunia, Female (PV-11.1)** in the General Pelvis Imaging Guidelines.
- Transabdominal ultrasound (CPT® 76856) with Doppler (CPT® 93975) is appropriate in all pediatric individuals.
- Transvaginal (TV) ultrasound (CPT® 76830) with Doppler (CPT® 93975) is appropriate in pediatric individuals who are sexually active or use a tampon and consent to the study. Transvaginal ultrasound is generally not appropriate in individuals who are pre-pubescent or have never been sexually active.

Background and Supporting Information

Ovarian torsion in children is typically associated with a normal ovary. Spontaneous torsion of a normal ovary is more common than torsion caused by a lead mass, such as a cyst or tumor. Torsion involves both the ovary and fallopian tube and typically presents with acute of onset of lower abdominal pain, often associated with nausea or vomiting.

Evidence Discussion

Ultrasound is the first-line imaging modality for pediatric pelvic pain and suspected ovarian torsion because it is noninvasive and can identify characteristic findings such as enlarged ovary, abnormal echotexture, and the twisted vascular pedicle, which improves diagnostic accuracy (Caprio et al., 2019).

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924 www.EviCore.com
These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

References (PEDPV-7)

v1.0.2027

1. Caprio, M. G., Di Serafino, M., De Feo, A., Guerriero, E., Perillo, T., Barbuto, L., Vezzali, N., Rossi, E., Ferro, F., Vallone, G., & Orazi, C. (2019). Ultrasonographic and multimodal imaging of pediatric genital female diseases. *Journal of Ultrasound, 22*(3), 273–289. https://doi.org/10.1007/s40477-019-00358-5
2. Cohen, H. L., & Raju, A. D. (2023). Abnormalities of the female genital tract. In B. Coley & E. Saunders (Eds.), *Caffey's pediatric diagnostic imaging* (13th ed., pp. 1201–1211). Elsevier.
3. Naffaa, L., Deshmukh, T., Tumu, S., Johnson, C., Boyd, K. P., & Meyers, A. B. (2017). Imaging of acute pelvic pain in girls: Ovarian torsion and beyond. *Current Problems in Diagnostic Radiology, 46*(4), 317–329. https://doi.org/10.1067/j.cpradiol.2016.12.010
4. Siegel, M. J. (2018). *Pediatric sonography* (5th ed., pp. 513–556). Wolters Kluwer.
5. Sintim-Damoa, A., Majmudar, A. S., Cohen, H. L., & Parvey, L. S. (2017). Pediatric ovarian torsion: Spectrum of imaging findings. *Radiographics, 37*(6), 1892–1908. https://doi.org/10.1148/rg.2017170026
6. Ssi-Yan-Kai, G., Rivain, A. L., Trichot, C., Morcelet, M. C., Prevot, S., Deffieux, X., & De Laveaucoupet, J. (2018). What every radiologist should know about adnexal torsion. *Emergency Radiology, 25*(1), 51–59. https://doi.org/10.1007/s10140-017-1549-8

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Polyendocrine Metabolic Ovarian Syndrome (PEDPV-8)

Guideline Page

Polyendocrine Metabolic Ovarian Syndrome (PMOS) (PEDPV-8.1).....29
References (PEDPV-8).....30

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Polyendocrine Metabolic Ovarian Syndrome (PMOS) (PEDPV-8.1)

PVP.OS.0008.1.A
v1.0.2027

Criteria

- Polyendocrine Metabolic Ovarian Syndrome (PMOS) – previously known as Polycystic ovary syndrome (PCOS) – imaging indications in pediatric individuals are very similar to those for adult individuals. See **Polyendocrine Metabolic Ovarian Syndrome (PMOS) (PV-8.1)** in the General Pelvis Imaging Guidelines.
- Pediatric-specific imaging considerations include:
  - Transabdominal ultrasound (CPT® 76856) is appropriate in all pediatric individuals.
  - Transvaginal (TV) ultrasound (CPT® 76830) is appropriate in pediatric individuals who are sexually active or use a tampon and consent to the study. Transvaginal ultrasound is generally not appropriate in individuals who are pre-pubescent or have never been sexually active.

Background and Supporting Information

Adolescent girls may have multiple ovarian cysts as part of normal pubertal development (DiVall & Merjaneh, 2019; Baldauff & Witchel, 2017). As such the diagnosis should not be based on morphology alone, but requires abnormal laboratory studies.

Evidence Discussion

Transabdominal ultrasound is appropriate as a first-line, noninvasive modality that is well tolerated and broadly applicable in pediatric patients, though it may have limited sensitivity for detailed ovarian morphology (Baldauff & Witchel, 2017; Fondin et al., 2017). Transvaginal ultrasound provides improved anatomic detail but is generally restricted to sexually active or consenting patients due to appropriateness and comfort concerns in prepubescent individuals.

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924 www.EviCore.com
These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

References (PEDPV-8)

v1.0.2027

1. Baldauff, N. H., & Witchel, S. F. (2017). Polycystic ovary syndrome in adolescent girls. *Current Opinion in Endocrinology, Diabetes, and Obesity, 24*(1), 56–66. https://doi.org/10.1097/MED.0000000000000309
2. Cohen, H. L., & Raju, A. D. (2023). Abnormalities of the female genital tract. In B. Coley & E. Saunders (Eds.), *Caffey's pediatric diagnostic imaging* (13th ed., pp. 1201–1211). Elsevier.
3. DiVall, S., & Merjaneh, L. (2019). Adolescent polycystic ovary syndrome: An update. *Pediatric Annals, 48*(8), e304–e310. https://doi.org/10.3928/19382359-20190729-01
4. Fondin, M., Rachas, A., Huynh, V., Franchi-Abella, S., Teglas, J. P., Duranteau, L., & Adamsbaum, C. (2017). Polycystic ovary syndrome in adolescents: Which MR imaging–based diagnostic criteria? *Radiology, 285*(3), 961–970. https://doi.org/10.1148/radiol.2017161513
5. Huddleston, H. G., Quinn, M., & Gibson, M. (2024). Polycystic ovary syndrome and hirsutism. In R. M. Kliegman, J. W. St. Geme III, N. J. Blum, S. S. Shah, R. C. Tasker, & K. M. Wilson (Eds.), *Nelson textbook of pediatrics* (22nd ed., pp. 2857–2861). Elsevier.

©2026 EviCore by EVERNORTH

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Periurethral Cysts and Urethral Diverticula (PEDPV-9)

Guideline Page

Periurethral Cysts and Urethral Diverticula (PEDPV-9.1)..... 32

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Periurethral Cysts and Urethral Diverticula (PEDPV-9.1)

PVP.CD.0009.1.A

v1.0.2027

- Periurethral cysts and urethral diverticula imaging indications in pediatric individuals are identical to those for adult individuals. See **Periurethral Cysts and Urethral Diverticula (PV-13)** in the General Pelvis Imaging Guidelines.

©2026 EviCore by EVERNORTH

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Undescended Testis (PEDPV-11)

Guideline Page

Undescended Testis (PEDPV-11.1).....34
References (PEDPV-11).....36

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Undescended Testis (PEDPV-11.1)

PVP.UT.0011.1.C
v1.0.2027

Criteria

- Pediatric-specific imaging considerations include the following:
  - Suspected undescended testis is an indication for referral to a surgical subspecialist who should make the decision or be consulted on necessary imaging studies.
- After surgical evaluation or consultation, the following imaging is considered medically necessary for pre-operative evaluation:
  - Scrotal ultrasound (CPT® 76870) if testis not palpable in the scrotal sac and there is concern for retractile or inguinal testis. In general, CT and MRI are considered not medically necessary to localize non-palpable testes, as the findings would typically not alter the surgical procedure.
    - If after ultrasound there is concern for associated urogenital abnormalities, or the surgical consultant or any provider in consultation with the surgical consultant indicates that advanced imaging results would significantly alter the surgical procedure, either of the studies below are considered medically necessary:
      - MRI Abdomen (CPT® 74183) and Pelvis (CPT® 72197) without and with contrast
      - CT Abdomen and Pelvis with contrast (CPT® 74177).

Background and Supporting Information

- Males 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.

Evidence Discussion

Clinical evaluation with careful palpation is the cornerstone for suspected undescended testis and supports early referral, as imaging rarely alters management and definitive diagnosis often requires surgical exploration. Scrotal ultrasound may be useful after specialist evaluation for suspected retractile or inguinal testes, but its limited sensitivity for nonpalpable testes and inability to confirm absence introduce a risk of false reassurance (Kolon et al., 2014). Advanced imaging such as MRI provides high specificity but only moderate sensitivity for identifying nonpalpable teses and poor localization of intraabdominal or atrophic testes, while adding cost and potential need for

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

sedation, so it should be reserved for select cases in which results would meaningfully change surgical planning (Krishnaswami et al., 2013; Kolon et al., 2014).

Pediatric Pelvis Imaging Guidelines

References (PEDPV-11)

v1.0.2027

1. Aggarwal, H., Rehfuss, A., & Hollowell, J. G. (2014). Management of undescended testis may be improved with educational updates for referring providers. *Journal of Pediatric Urology, 10*(4), 707–711. https://doi.org/10.1016/j.jpurol.2013.10.025
2. Cohen, H. L., & Miller, S. F. (2023). Abnormalities of the male genital tract. In B. Coley & E. Saunders (Eds.), *Caffey's pediatric diagnostic imaging* (13th ed., pp. 1193–1200). Elsevier.
3. Di Carlo, H. N., & Crigger, C. B. (2024). Disorders and anomalies of the scrotal contents. In R. M. Kliegman, J. W. St. Geme III, N. J. Blum, S. S. Shah, R. C. Tasker, & K. M. Wilson (Eds.), *Nelson textbook of pediatrics* (22nd ed., pp. 3302–3309.e1). Elsevier.
4. Gates, R. L., Shelton, J., Diefenbach, K. A., Arnold, M., St. Peter, S. D., Renaud, E. J., Slidell, M. B., Sømme, S., Valusek, P., Villalona, G. A., McAteer, J. P., Beres, A. L., Baerg, J., Rentea, R. M., Kelley-Quon, L., Kawaguchi, A. L., Hu, Y. Y., Miniati, D., Ricca, R., & Baird, R. (2022). Management of the undescended testis in children: An American Pediatric Surgical Association Outcomes and Evidence Based Practice Committee systematic review. *Journal of Pediatric Surgery, 57*(7), 1293–1308. https://doi.org/10.1016/j.jpedsurg.2022.01.003
5. Kanaroglou, N., To, T., Zhu, J., Braga, L. H., Wehbi, E., Hajiha, M., Bägli, D. J., Salle, J. P., Koyle, M. A., & Lorenzo, A. J. (2015). Inappropriate use of ultrasound in management of pediatric cryptorchidism. *Pediatrics, 136*(3), 479–486. https://doi.org/10.1542/peds.2015-0222
6. Kolon, T. F., Herndon, C. D., Baker, L. A., Baskin, L. S., Baxter, C. G., Cheng, E. Y., Diaz, M., Lee, P. A., Seashore, C. J., Tasian, G. E., Barthold, J. S., & American Urological Assocation (2014). Evaluation and treatment of cryptorchidism: AUA guideline. *The Journal of urology, 192*(2), 337–345. https://doi.org/10.1016/j.juro.2014.05.005
7. Krishnaswami, S., Fonnesbeck, C., Penson, D., & McPheeters, M. L. (2013). Magnetic resonance imaging for locating nonpalpable undescended testicles: A meta-analysis. *Pediatrics, 131*(6), e1908–e1916. https://doi.org/10.1542/peds.2013-0073

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924 www.EviCore.com
These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Scrotal Pathology (PEDPV-12)

Guideline Page

Scrotal Pathology (PEDPV-12.1).....38
References (PEDPV-12).....39

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Scrotal Pathology (PEDPV-12.1)

PVP.SP.0012.1.C
v1.0.2027

Criteria

- Scrotal pathology imaging indications in pediatric individuals are very similar to those for adult individuals. See **Scrotal Pathology (PV-20.1)** in the General Pelvis Imaging Guidelines.
- Pediatric-specific imaging considerations include the following:
  - Scrotal US (CPT® 76870) with Doppler (CPT® 93975 or CPT® 93976) is considered medically necessary for concerns of testicular torsion.
  - MRI Pelvis without contrast (CPT® 72195) or MRI Pelvis without and with contrast (CPT® 72197) is medically necessary if torsion is unlikely on ultrasound and no surgical exploration is planned.

Evidence Discussion

Scrotal ultrasound with Doppler is the first-line imaging modality for pediatric scrotal pathology and suspected torsion because it provides noninvasive assessment of testicular perfusion, has high sensitivity for detecting intrascrotal abnormalities, and allows real-time vascular assessment (Lyshchik et al., 2022). MRI may be used when ultrasound is nondiagnostic, but MRI is not typically used for acute scrotum due to the limited availabity of equipment and the long examination time involved, which may delay urgent care (Lyshchik et al., 2022).

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924 www.EviCore.com
These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

References (PEDPV-12)

v1.0.2027

1. Alkhori, N. A., & Barth, R. A. (2017). Pediatric scrotal ultrasound: Review and update. *Pediatric Radiology, 47*(9), 1125–1133. https://doi.org/10.1007/s00247-017-3923-9
2. Cohen, H. L., & Miller, S. F. (2023). Abnormalities of the male genital tract. In B. Coley & E. Saunders (Eds.), *Caffey's pediatric diagnostic imaging* (13th ed., pp. 1193–1200). Elsevier.
3. Di Carlo, H. N., & Crigger, C. B. (2024). Disorders and anomalies of the scrotal contents. In R. M. Kliegman, J. W. St. Geme III, N. J. Blum, S. S. Shah, R. C. Tasker, & K. M. Wilson (Eds.), *Nelson textbook of pediatrics* (22nd ed., pp. 3302–3309.e1). Elsevier.
4. Lyshchik, A., Nikolaidis, P., Khatri, G., De Leon, A.D., Flink, C., Ganeshan, D., Gupta, R.T., Nicola, R., Ojeda, J.C., Pierorazio, P.M., Purysko, A.S., Smith, A.D., Taffel, M.T., Wright, C.L., & Lockhart, M.E. (2021). ACR Appropriateness Criteria® newly diagnosed palpable scrotal abnormality. American College of Radiology. https://acsearch.acr.org/docs/3158184/Narrative/
5. MacDonald, A., & Burrell, S. (2009). Infrequently performed studies in nuclear medicine: Part 2. *Journal of Nuclear Medicine Technology, 37*(1), 1–13. https://doi.org/10.2967/jnmt.108.057851
6. Radmayr, C., Bogaert, G., Bujons, A., Burgu, B., Castagnetti, M., 't Hoen, L. A., O'Kelly, F., Pakkasjärvi, N. A., Quaedackers, J., Rawashdeh, Y. F. H., & Silay, M. S. (2026). EAU guidelines on paediatric urology. EAU Guidelines Office, Arnhem, The Netherlands. https://uroweb.org/guidelines/paediatric-urology
7. Wang, C. L., Aryal, B., Oto, A., Allen, B. C., Akin, O., Alexander, L. F., Bardo, D. M. E., Chong, J., Froemming, A. T., Fulgham, P. F., Heller, M. T., Maranchie, J. K., Mody, R. N., Patel, B. N., Schieda, N., Turkbey, I. B., Venkatesan, A. M., Yoo, D. C., & Lockhart, M. E. (2019). ACR Appropriateness Criteria® acute onset of scrotal pain—Without trauma, without antecedent mass. *Journal of the American College of Radiology, 16*(5S), S38–S43. https://doi.org/10.1016/j.jacr.2019.02.016

Penis-Soft Tissue Mass (PEDPV-13)

Guideline Page

Penis-Soft Tissue Mass (PEDPV-13.1).....41

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Penis-Soft Tissue Mass (PEDPV-13.1)

PVP.ST.0013.1.A

v1.0.2027

- Penile soft tissue masses are very rare in pediatric individuals, and imaging indications are identical to those for adult individuals. See **Penis-Soft Tissue Mass (PV-18.1)** in the General Pelvis Imaging Guidelines.

©2026 EviCore by EVERNORTH

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Incontinence (PEDPV-14)

Guideline Page

Incontinence (PEDPV-14.1).....43
References (PEDPV-14).....44

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Incontinence (PEDPV-14.1)

PVP.IN.0014.1.C
v1.0.2027

Criteria

- Incontinence imaging indications in pediatric individuals are very similar to those for adult individuals. See **Urinary Incontinence/Pelvic Prolapse/Fecal Incontinence (PV-22)** in the General Pelvis Imaging Guidelines.
- Pediatric-specific imaging considerations include the following:
  - MRI Pelvis without and with contrast (CPT® 72197) is considered medically necessary if ultrasound is inconclusive or spinal abnormality is suspected.
  - CT Pelvis with contrast (CPT® 72193) is considered medically necessaryif MRI is not readily available.

Background and Supporting Information

Most often incontinence in children is not due to a medical condition. Several uncommon disorders that can lead to urinary incontinence include a spinal cord defect such as spina bifida, ureteral duplication with ectopic insertion, and overactive bladder or dysfunctional voiding.

Evidence Discussion

In pediatric incontinence, clinical evaluation with history and urinalysis is essential because many cases such as primary enuresis do not require imaging, which helps avoid unnecessary radiation exposure and invasive testing (Arlen & Cooper, 2019). Advanced imaging such as MRI is reserved for inconclusive cases or suspected neurologic or structural abnormalities due to its superior soft tissue characterization but higher cost and resource use (Arlen & Cooper, 2019).

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924 www.EviCore.com
These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

References (PEDPV-14)

v1.0.2027

1. Arlen, A. M., & Cooper, C. S. (2019). New trends in voiding cystourethrography and vesicoureteral reflux: Who, when and how? *International Journal of Urology, 26*(4), 440–445. https://doi.org/10.1111/iju.13915
2. Elder, J. S. (2024). Enuresis and voiding dysfunction. In R. M. Kliegman, J. W. St. Geme III, N. J. Blum, S. S. Shah, R. C. Tasker, & K. M. Wilson (Eds.), *Nelson textbook of pediatrics* (22nd ed., pp. 3300–3306). Elsevier.
3. Fettich, J., Colarinha, P., Fischer, S., Frökier, J., Gordon, I., Hahn, K., Kabasakal, L., Mann, M., Mitjavila, M., Olivier, P., Piepsz, A., Porn, U., Roca, I., Sixt, R., & van Velzen, J. (2003). Guidelines for direct radionuclide cystography in children. *European Journal of Nuclear Medicine and Molecular Imaging, 30*(5), B39–B44. https://doi.org/10.1007/s00259-003-1137-x
4. Mandell, G. A., Eggli, D. F., Gilday, D. L., Heyman, S., Leonard, J. C., Miller, J. H., Nadel, H. R., & Treves, S. T. (1997). Procedure guideline for radionuclide cystography in children. *Journal of Nuclear Medicine, 38*(10), 1650–1654.

©2026 EviCore by EVERNORTH

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Patent Urachus (PEDPV-15)

Guideline Page

Patent Urachus (PEDPV-15.1).....46
References (PEDPV-15).....47

Pediatric Pelvis Imaging Guidelines

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Patent Urachus (PEDPV-15.1)

PVP.UR.0015.1.C
v1.0.2027

Criteria

- Ultrasound Pelvis (CPT® 76856) is considered medically necessary as the initial evaluation for patent urachus.
  - ANY of the following are considered medically necessary 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 considered medically necessary for the following:
  - New or worsening symptoms
  - Preoperative planning

Background and Supporting Information

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 complete or partial connection between the bladder and the umbilicus.

Evidence Discussion

Ultrasound has an accuracy greater than 90% for urachal anomalies (Parada Villavicencio, et al., 2016). It is recommended as the initial imaging modality because it is noninvasive, lacks radiation, and reliably identifies the location and extent of a patent urachus (Parada Villavicencio et al., 2016; Little et al., 2005). Cross sectional imaging with MRI or CT is reserved for inconclusive cases or preoperative planning to better define anatomy and complications, but these modalities introduce tradeoffs such as higher cost, resource use, and radiation exposure with CT (Buddha et al., 2019; Parada Villavicencio et al., 2016).

©2026 EviCore by EVERNORTH

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

References (PEDPV-15)

v1.0.2027

1. Berrocal, T., López-Pereira, P., Arjonilla, A., & Gutiérrez, J. (2002). Anomalies of the distal ureter, bladder, and urethra in children: embryologic, radiologic, and pathologic features. *Radiographics, 22*(5), 1139–1164. https://doi.org/10.1148/radiographics.22.5.g02se101139
2. Buddha, S., Menias, C. O., & Katabathina, V. S. (2019). Imaging of urachal anomalies. *Abdominal Radiology, 44*(12), 3978–3989. https://doi.org/10.1007/s00261-019-02205-x
3. Di Carlo, H. N. & Crigger, C. B. (2024). Anomalies of the Bladder. In R. M. Kliegman & J. W. St. Geme III (Eds.), Nelson textbook of pediatrics (22nd ed., pp. 3285–3287). Elsevier - OHCE. https://bookshelf.health.elsevier.com/books/9780323883078
4. Little, D. C., Shah, S. R., St. Peter, S. D., Calkins, C. M., Murphy, J. P., Gatti, J. M., Gittes, G. K., Sharp, R. J., Andrews, W. S., Holcomb, G. W., III, Ostlie, D. J., & Snyder, C. L. (2005). Urachal anomalies in children: The vanishing relevance of the preoperative voiding cystourethrogram. *Journal of Pediatric Surgery, 40*(12), 1874–1876. https://doi.org/10.1016/j.jpedsurg.2005.08.029
5. Parada Villavicencio, C., Adam, S. Z., Nikolaidis, P., Yaghmai, V., & Miller, F. H. (2016). Imaging of the urachus: Anomalies, complications, and mimics. *Radiographics, 36*(7), 2049–2063. https://doi.org/10.1148/rg.2016160062
6. West, H. C., & Anton, C. G. (2023). Bladder and urethra. In B. Coley & E. Saunders (Eds.), *Caffey's pediatric diagnostic imaging* (13th ed., pp. 1157–1166). Elsevier.

©2026 EviCore by EVERNORTH

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Procedure Codes Associated with Pelvis Imaging

Guideline Page

Procedure Codes Associated with Pelvis Imaging.....49

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924 www.EviCore.com
These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Procedure Codes Associated with Pelvis Imaging

PVP.GG.ProcedureCodes.C
v1.0.2027

MRI	CPT®
MRI Pelvis without contrast	72195
MRI Pelvis with contrast (rarely used)	72196
MRI Pelvis without and with contrast	72197
Unlisted MRI procedure (for radiation planning or surgical software)	76498

MRA	CPT®
MRA Pelvis	72198

CT	CPT®
CT Abdomen and Pelvis without contrast	74176
CT Abdomen and Pelvis with contrast	74177
CT Abdomen and Pelvis without and with contrast	74178
CT Pelvis without contrast	72192
CT Pelvis with contrast	72193
CT Pelvis without and with contrast	72194
CT Guidance for Needle Placement (Biopsy, Aspiration, Injection, etc.)	77012
CT Guidance for and monitoring of Visceral Tissue Ablation	77013

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

CT	CPT®
CT Guidance for Placement of Radiation Therapy Fields	77014
Unlisted CT procedure (for radiation planning or surgical software)	76497

CTA	CPT®
CTA Abdomen and Pelvis	74174
CTA Pelvis	72191

Ultrasound	CPT®
Ultrasound, pelvic (nonobstetric), complete	76856
Ultrasound, pelvic transvaginal	76830
Ultrasound, pelvic (nonobstetric), limited or follow-up	76857
Ultrasound, scrotum and contents	76870
Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	93975
Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	93976
Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete	93978
Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; limited	93979
Duplex scan of arterial inflow and venous outflow of penile vessels; complete	93980

©2026 EviCore by EVERNORTH

730 Cool Springs Blvd, Franklin, TN 37067 (800) 918-8924

These guidelines apply to services or supplies managed by EviCore for Cigna as outlined by the Cigna CPT list.

Ultrasound	CPT®
Duplex scan of arterial inflow and venous outflow of penile vessels; limited study	93981

Pediatric Pelvis Imaging Guidelines