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.

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### PEDPV-1~General Guidelines

#### PEDPV-1.1 Pediatric Pelvis Imaging Age Considerations

Many conditions affecting the pelvis in the pediatric population are different diagnoses than those occurring in the adult population. For those diseases which occur in both pediatric and adult populations, minor differences may exist in management due to patient age, comorbidities, and differences in disease natural history between children and adults.

- Patients age <18 years old should be imaged according to the Pediatric Pelvis Imaging Guidelines, and patients age ≥18 years should be imaged according to the Pelvis Imaging Guidelines, except where directed otherwise by a specific guideline section.

#### PEDPV-1.2 Pediatric Pelvis Imaging Appropriate Clinical Evaluation

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

- Unless otherwise stated in a specific guideline section, the use of advanced imaging to screen asymptomatic patients for disorders involving the pelvis is not supported. Advanced imaging of the pelvis should only be approved in patients who have documented active clinical signs or symptoms of disease involving the pelvis.
Unless otherwise stated in a specific guideline section, repeat imaging studies of the pelvis are not necessary unless there is evidence for progression of disease, new onset of disease, and/or documentation of how repeat imaging will affect patient management or treatment decisions.

**PEDPV-1.3 Pediatric Pelvis Imaging Modality General Considerations**

**Ultrasound**
- Ultrasound should be done prior to advanced imaging in most pelvic conditions to rule out those situations that do not require advanced imaging.
- For those patients who do require advanced imaging, ultrasound can be very beneficial in selecting the proper modality, body area, image sequences, and contrast level that will provide the most definitive information for the patient.
- CPT codes vary by body area and presence or absence of Doppler imaging and are included in the table at the beginning of this guideline.

**MRI**
- MRI of the pelvis is generally performed without and with contrast (CPT® 72197) unless the patient has a documented contraindication to gadolinium or otherwise stated in a specific guideline section.
- Due to the length of time for image acquisition and the need for stillness, anesthesia is required for almost all infants and young children (age <7 years), as well as older children with delays in development or maturity. In this patient population, MRI imaging sessions should be planned with a goal of avoiding a short-interval repeat anesthesia exposure due to insufficient information using the following considerations:
  - MRI should always be performed without and with contrast unless there is a specific contraindication to gadolinium use, since the patient already has intravenous access for anesthesia.
  - If multiple body areas are supported by MSI guidelines for the clinical condition being evaluated, MRI of all necessary body areas should be obtained concurrently in the same anesthesia session.
- The presence of surgical hardware or implanted devices may preclude MRI.
- The selection of best examination may require coordination between the provider and the imaging service.

**CT**
- CT of the pelvis typically extends from the iliac crest to the upper margin of the sacroiliac joints, and CT of the abdomen and pelvis extends from the dome of the diaphragm through the ischial tuberosities.
  - In general, CT of the pelvis is appropriate when evaluating solid pelvic organs.
  - In general, CT of the Abdomen and pelvis is appropriate when evaluating inflammatory or infections processes, hematuria, or conditions which appear to involve both the abdomen and the pelvis.
In some cases, especially in follow-up of a known finding, it may be appropriate to limit the exam to the region of concern to reduce radiation exposure
- The contrast level in pediatric CT imaging is specific to the clinical indication, as listed in the specific guideline sections
- CT of the pelvis or abdomen and pelvis may be indicated for further evaluation of abnormalities suggested on prior US or MRI Procedures.
- CT may be appropriate without prior MR or US, as indicated in specific sections of these guidelines
- CT should not be used to replace MRI in an attempt to avoid sedation unless listed as a recommended study in a specific guideline section
- The selection of best examination may require coordination between the provider and the imaging service

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

References
PEDPV-2~Abnormal Uterine Bleeding

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

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

Reference

PEDPV-3~Pelvic Inflammatory Disease (PID)

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

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

Reference
PEDPVT-4~Amenorrhea

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

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

References

PEDPVT-5~Endometriosis

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

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

Reference
PEDPV-6~Adenomyosis

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

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

Reference

PEDPV-7~Suspected Adnexal Mass

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

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

Reference

PEDPV-8~Pelvic Pain/Dyspareunia, Female

✓ Pelvic Pain/Dyspareunia imaging indications in pediatric patients are identical to those for adult patients. See PV-11~Pelvic Pain/Dyspareunia, Female for imaging guidelines.
PEDPV-9~Polycystic Ovary Syndrome

✓ Polycystic ovary syndrome imaging indications in pediatric patients are identical to those for adult patients. See PV-8~Polycystic Ovary Syndrome for imaging guidelines.

PEDPV-10~Leiomyomata

✓ Leiomyomata imaging indications in pediatric patients are identical to those for adult patients. See PV-12~Leiomyomata for imaging guidelines.

PEDPV-11~Periurethral Cysts and Urethral Diverticula

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

PEDPV-12~Fetal MRI

✓ Fetal MRI indications in pediatric patients are identical to those for adult patients. See PV-15~Fetal MRI for imaging guidelines.
Boys with a history of cryptorchidism (undescended testis) have a several fold risk increase of testicular cancer. It is important to diagnose and treat this condition either by bringing the undescended testis into the scrotum, or resecting the testis.

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

References

**PEDPV-14~Scrotal Pathology**

- Scrotal pathology imaging indications in pediatric patients are very similar to those for adult patients. See **PV-20~Scrotal Pathology** for imaging guidelines.

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

**References**


**PEDPV-15~Penis-Soft Tissue Mass**

- Penile soft tissue masses are very rare in pediatric patients, and imaging indications are identical to those for adult patients. See **PV-18~Penis–Soft Tissue Mass** for imaging guidelines.

**PEDPV-16~Incontinence**

- Incontinence imaging indications in pediatric patients are very similar to those for adult patients. See **PV-22~Incontinence** for imaging guidelines.

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

**Reference**

PEDPV-17~Patent Urachus

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

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

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

**References**