

# 2025 Computed Tomography (CT) Pelvis

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## *Diagnostic Imaging*

CT-Pelvis-HH  
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# Table of Contents

Pediatric Considerations for Computed Tomography .....	3
CT Pelvis Overview .....	3
Role of Ultrasound .....	3
Computed Tomography (CT) Pelvis .....	4
CT Pelvis National Coverage Determination (NCD)/Local Coverage Determination (LCD) .....	4
Clinical Judgment .....	4
Preamble: Pediatric Diagnostic Imaging .....	4
CT General Contraindications .....	4
CT Pelvis Guideline .....	5
Combination CT and MRI for Metastases Evaluation Guideline .....	6
CT Pelvis Summary of Changes .....	6
CT Pelvis Procedure Codes .....	8
CT Pelvis Definition/Key Terms .....	8
CT Pelvis References .....	12
Disclaimer section .....	13
Purpose .....	13
Clinician Review .....	14
Payment .....	14
Registered Trademarks (®/™) and Copyright (©) .....	14
National and Local Coverage Determination (NCD and LCD) .....	14
Background .....	15
Medical Necessity Codes .....	15



## Pediatric Considerations for Computed Tomography

While computed tomography (CT) is used in children, magnetic resonance imaging (MRI) or ultrasound is preferred for initial evaluation to minimize radiation exposure. CT is reserved for complex cases where detailed imaging is required. By integrating ultrasound and adhering to these guidelines, healthcare providers can optimize diagnostic accuracy while minimizing risks associated with radiation.

Recommendations for CT imaging include **ALL** of the following:

1. Ultrasound first: Utilize ultrasound as the initial modality where appropriate.
2. CT for complex cases: Reserve CT for when ultrasound or MRI is inadequate.
3. Adhere to guidelines: Follow established protocols to ensure safety and efficacy.
4. Minimize radiation exposure: Especially important for children, young adults and pregnant women.

## CT Pelvis Overview

The documents provide comprehensive guidelines for the use of computed tomography (CT) in diagnosing and managing pelvic conditions. Emphasis is placed on appropriate usage, contraindications, and the integration of ultrasound and magnetic resonance imaging (MRI) as complementary modalities.

### Role of Ultrasound

Ultrasound is prioritized as the initial imaging modality for many pelvic conditions due to its safety and cost-effectiveness. It avoids ionizing radiation, making it especially suitable for:

- Children and Young Adults: Reduces radiation exposure.
- Pregnant Women: Safeguards against fetal radiation risks.

Key conditions where ultrasound is used:

- Appendicitis: Preferred for initial diagnosis, especially in pediatric and pregnant patients.
- Renal pathologies: First-line imaging for renal colic and kidney stones.
- Hernias and abscesses: Evaluates hernia complications and localized abscesses.
- Cancer Surveillance: Applied in hepatocellular carcinoma and lymph node assessments.

When ultrasound findings are non-diagnostic or indeterminate, CT or MRI is recommended.



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## Computed Tomography (CT) Pelvis

### CT Pelvis National Coverage Determination (NCD)/Local Coverage Determination (LCD)

Please refer to <https://www.cms.gov/medicare-coverage-database/search.aspx> if applicable to the individual's health plan membership.

Type/ID Number	Title
NCD 220.1	Computed Tomography
LCD 34415	CT of the Abdomen and Pelvis
LCD 35391	Multiple Imaging in Oncology

### Clinical Judgment

These medical policies are designed to provide clinical guidance and do not supplant a provider's independent professional judgment. Physicians retain full and independent authority to determine appropriate care based on each patient's individual clinical circumstances. Although services may be subject to documentation requirements, medical necessity review, or coverage limitations, nothing in this policy is intended to restrict or interfere with a physician's independent medical judgment.

### Preamble: Pediatric Diagnostic Imaging

HealthHelp's clinical guidelines for the Diagnostic Imaging program, are intended to apply to both adults and pediatrics (21 years of age or younger), unless otherwise specified within the criteria.

### CT General Contraindications

Computed tomography (CT) is contraindicated (relative) for **ANY** of the following:

1. Allergy/idiosyncratic reaction to contrast material (if intravascular contrast material is used)  
**References:** [2025 ACR Manual on Contrast Media]
2. Pregnancy  
**References:** [2025 ACR Manual on Contrast Media]
3. Renal impairment (glomerular filtration rate [GFR] is less than 30 ml/min/1.73 m<sup>2</sup>.)  
**References:** [2025 ACR Manual on Contrast Media]

## CT Pelvis Guideline

Computed tomography (CT) of the pelvis is considered medically appropriate when the documentation demonstrates **ANY** of the following:

(\***NOTE:** For syndromes for which imaging starts in the pediatric age group, magnetic resonance imaging [MRI] is preferred.)

(\***NOTE:** Aneurysm for diagnosis and monitoring is completed with CT angiography [CTA] or magnetic resonance angiography [MRA] See CTA or MRA Abdomen and Pelvis guidelines)

**References:** [3] [5]

1. Cancer is known and **EITHER** of the following:
  - a. Initial diagnosis for staging and metastasis evaluation
  - b. Surveillance (*Follow the NCCN surveillance. See **Surveillance** section below*)

**References:** [1] [9]

2. Infection or inflammation and **EITHER** of the following:
  - a. Crohn's disease, ulcerative colitis or diverticulitis complication evaluation and symptoms are persistent. (**NOTE:** Use CT enterography [CTE])
  - b. Diverticulitis, inflammatory bowel disease or peritonitis is suspected, for diagnosis.

**References:** [10] [15] [6]

3. Pain, localized to the pelvis and **ANY** of the following:
  - a. Age is over 65 years old **AND** pelvic pain is acute.
  - b. Initial workup is non-diagnostic or indeterminate. (\***NOTE:** initial workup must include: ultrasound, laboratory testing [eg, complete blood count [CBC], chemistry, urinalysis, amylase/lipase if pancreatitis is suspected, liver function tests if hepatic disease is suspected.])

**References:** [11] [13]

4. Post-surgical assessments for evaluation of complications or disease recurrence.
5. Prior pelvic ultrasound is non-diagnostic or indeterminate.
6. Renal pathologies (hematuria, renal colic, complicated UTI) are suspected and ultrasound is non-diagnostic or indeterminate. (\***NOTE:** use CT urography for hematuria evaluation and kidney stone complications.)

**References:** [17] [4] [7] [16]

7. Small bowel bleeding when endoscopy is non-diagnostic or indeterminate. (**NOTE:** Use CTE)

**References:** [8]

8. Trauma, blunt, to the pelvis is known and complications are suspected.  
**References:** [14]
9. Weight loss occurred and is unintentional and unexplained (more than 10% of body weight in 2 months or more than 5% of body weight in 6 months).  
**References:** [12]

## Combination CT and MRI for Metastases Evaluation Guideline

Combination CT/MRI studies (5 or less concurrent studies, with a CT or MRI appropriate for cancer location: abdomen, brain, cervical spine, chest, lumbar spine, neck, pelvis and/or thoracic spine) for **ANY** of the following situations:

1. Staging evaluation, for baseline pre-therapy
2. Surveillance following the National Comprehensive Cancer Network (NCCN) Guidelines recommended schedule (See **Surveillance** section)

## CT Pelvis Summary of Changes

CT Pelvis guideline had the following version changes from 2024 to 2025:

**Table 1. 2025 CT Pelvis Summary of Changes**

Date	Type of Change	Summary
05/08/2025	Annual	<ul style="list-style-type: none"> <li>• Added the following to keep in line with current evidence:           <ul style="list-style-type: none"> <li>▪ "Glomerular filtration rate" to "Renal impairment" under Contraindications</li> <li>▪ "Note: Aneurysm" per ACR</li> <li>▪ "Prior pelvic ultrasound is <u>non-diagnostic or indeterminate</u>." as less advanced imaging is more appropriate</li> <li>▪ "Renal pathologies" per ACR</li> <li>▪ "Small bowel bleeding" per ACR</li> <li>▪ "Weight loss occurred" per EBM</li> </ul> </li> <li>• Changed wording of criteria under "Infection or inflammation" and removed "Endoscopy" criteria as ultrasound is more appropriate</li> <li>• Changed wording of "Trauma" indication per ACR</li> <li>• Moved "Pain indication" to its own indication, from under "Symptom evaluation"</li> <li>• Removed the following as current evidence no longer supports the indication:           <ul style="list-style-type: none"> <li>▪ Combination studies as they are redundant</li> <li>▪ "Fracture of the pelvis" as this falls under the "Prior pelvis ultrasound" indication</li> <li>▪ "Hernia (incisional, occult, Spigelian, umbilical) is suspected or known" as this falls under the "Prior pelvis ultrasound" indication</li> <li>▪ "Intrauterine device (IUD), for location" as this falls under the "Prior pelvis ultrasound" indication</li> <li>▪ "May-Thurner syndrome" as this falls under the "Prior pelvis ultrasound" indication</li> <li>▪ "Pelvic congestion syndrome" as this falls under the "Prior pelvis ultrasound" indication</li> <li>▪ "Symptom evaluation for <b>ANY</b> of the following:" as this falls under the "Prior pelvis ultrasound" indication</li> <li>▪ Under "Cancer is suspected"               <ul style="list-style-type: none"> <li>◦ "Mass, pelvic, is suspected" as this fall under the "Prior pelvis ultrasound" indication</li> <li>◦ "Prostate cancer is known" as this fall under the "Prior pelvis ultrasound" indication</li> </ul> </li> <li>▪ Under "Infection or inflammatory disease"               <ul style="list-style-type: none"> <li>◦ "Abscess, localized to the pelvis" as this falls under "Prior pelvis ultrasound" indication</li> <li>◦ "Fistula and ANY of the following" as this falls under "Prior pelvis ultrasound" indication</li> </ul> </li> </ul> </li> </ul>

Date	Type of Change	Summary
		<ul style="list-style-type: none"> <li>◦ "Fluid collection" as this falls under "Prior pelvis ultrasound" indication</li> <li>◦ "Inflammation is suspected or known, musculoskeletal-related pain" as this falls under "Prior pelvis ultrasound" indication</li> <li>◦ "Pelvic infection is suspected" as this falls under "Prior pelvis ultrasound" indication</li> <li>◦ "Sacroiliitis" as this falls under "Prior pelvis ultrasound" indication</li> <li>◦ "Urethral stricture" as this falls under "Prior pelvis ultrasound" indication</li> <li>▪ "Undescended testes in adults" as this falls under the "Prior pelvis ultrasound" indication</li> <li>▪ "Urachal abnormalities are suspected or known" as this falls under the "Prior pelvis ultrasound" indication</li> <li>• Simplified "Cancer" indications per ACR</li> </ul>

## CT Pelvis Procedure Codes

**Table 1. CT Pelvis Associated Procedure Codes**

CODE	DESCRIPTION
72192	Computed tomography, pelvis; without contrast material
72193	Computed tomography, pelvis; with contrast material(s)
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections

## CT Pelvis Definition/Key Terms

**Abscess** is a swollen area within body tissue, containing an accumulation of pus.

**Acute** refers to initial diagnosis, up to 4 weeks.

**Alpha-fetoprotein (AFP)** is a fetal blood protein present abnormally in adults with some cancers (as of the liver) and normally in the amniotic fluid of pregnant women with high or low levels tending to be associated with certain birth defects (such as spina bifida or Down syndrome).

**Amylase** is an enzyme, or special protein, that helps digest carbohydrates. Most of the amylase in the body is made by the pancreas and salivary glands. A small amount of amylase in the blood and urine is normal.

**Aneurysm** occurs when part of an artery wall weakens, allowing it to abnormally balloon out or widen.

**Anorexia** is defined as a loss of appetite or an inability to eat, which can be secondary to various conditions such as depression, infection, cancer, or medication side effects.[1] Anorexia nervosa, on the other hand, is a complex psychological disorder characterized by restrictive eating leading to significantly low body weight, intense fear of gaining weight, and distorted body image.

**Avascular necrosis** is localized death of bone tissue due to impaired or disrupted blood supply (as from traumatic injury or disease).

**Cancer Antigen (CA) 19-9** is a tumor marker that can indicate advanced pancreatic cancer. It's also associated with cancers in the colon, stomach and bile duct.

**Carcinoembryonic antigen (CEA)** is a glycoprotein involved in intercellular adhesion, produced by columnar and goblet cells, and found in normal colonic mucosa, but overexpressed in various malignancies, particularly colorectal cancer.

**Computed tomography (CT)** is an imaging test that uses X-rays to computer analysis to generate cross sectional images of the internal structures of the body that can be displayed in multiple planes.

**Computed tomography angiography (CTA)** is a medical test that combines a computed tomography (CT) scan with an injection of a special dye to produce pictures of blood vessels and tissues in a part of the body.

**CT enterography (CTE)** is an imaging test that uses CT imagery and a contrast material to view the small intestine.

**Computed tomography venography (CTV)** is a technique targeted to assess venous anatomy, determine venous patency and delineate collateral circulation, often using contrast material.

**Conservative management** is an approach to treating pain utilizing non-surgical treatment options such as physical therapy, medication and injections, for a designated time, usually 4 to 6 weeks.

**C-reactive protein (CRP)** is a pentameric protein synthesized by the liver, whose level rises in response to inflammation.

**Crohn's disease** is chronic inflammation that typically involves the lower portion of the ileum, often spreads to the colon, and is characterized by diarrhea, cramping, loss of appetite and weight and the development of abscesses and scarring.

**Edema** an abnormal infiltration and excess accumulation of serous fluid in connective tissue or in a serous cavity.

**Endograft** is a minimally invasive procedure helps protect the aneurysm by placing a stent directly inside the aneurysm, using a guide wire that is inserted into the groin. Once placed at the site of the aneurysm, the graft expands to seal the aneurysm and exclude it from circulation.

**Endoscopy** is a procedure that uses an endoscope to examine the inside of the body. An endoscope is a thin, tube-like instrument with a light and a lens for viewing. It may also have a tool to remove tissue to be checked under a microscope for signs of disease.

**Erythrocyte sedimentation rate (ESR)** is a blood test that measures the rate at which red blood cells settle at the bottom of a test tube over one hour, indicating the presence of inflammation in the body.

**Fistula** is an abnormal connection between two epithelialized surfaces, often involving organs such as the gut, bladder, vagina, or skin, and can result from various causes including surgery, trauma, Crohn's disease, diverticular disease, or malignancy.

**Hematoma** is a mass of usually clotted blood that forms in a tissue, organ or body space as a result of a broken blood vessel.

**Hernia** is a gap in the muscular wall that allows the contents inside the abdomen to protrude outward.

**Iliac vein compression syndrome (May-Thurner syndrome)** also known as May-Thurner syndrome, is a condition where the left common iliac vein is compressed by the overlying right common iliac artery and the underlying vertebral body, leading to venous congestion and stasis, which predisposes to venous thromboembolism (VTE).

**Incisional hernia** is a hernia that develops along a prior surgical incision in the abdomen.

**Indeterminate** findings are inconclusive or insufficient for treatment planning.

**Inflammatory bowel disease** is a group of chronic inflammatory conditions that affect the gastrointestinal tract, primarily the intestines. The two main types of IBD are Crohn's disease and ulcerative colitis.

**Intrauterine devices (IUDs)** are small contraceptive devices that are inserted into the uterus (womb) to prevent pregnancy. The 2 types available are the copper IUD and the hormonal IUD.

**Kattan Nomogram** is a commonly used pre-operative prediction tool used for estimating individualized risk of biochemical recurrence after radical prostatectomy. The nomogram can be found at: <https://www.mskcc.org/nomograms/prostate>

**Lipase** is a digestive enzyme that breaks down fats during digestion. It is produced in the pancreas, mouth and stomach.

**Magnetic resonance angiogram (MRA)** is a test that uses a magnetic field and pulses of radio wave energy to provide images of blood vessels inside the body, allowing for evaluation of blood flow and blood vessel wall condition. MRA is used to look for aneurysms, clots, tears in the aorta, arteriovenous malformations and stenosis caused by plaque in the carotid arteries (neck) or blood vessels leading to the lungs, kidneys or legs.

**Magnetic resonance imaging (MRI)** is a non-invasive diagnostic technique that produces computerized images of internal body tissues and is based on nuclear magnetic resonance of atoms within the body induced by the application of radio waves.

**Magnetic resonance venogram (MRV)** is a diagnostic procedure that uses a combination of a large magnet, radiofrequencies, and a computer to produce detailed images of organs and structures within the body. An MRV uses magnetic resonance technology and intravenous (IV) contrast dye to visualize the veins. Contrast dye causes the blood vessels to appear opaque on the X-ray image, allowing the visualization the blood vessels being evaluated. MRV is useful in some cases because it can help detect causes of leg pain other than vein problems.

**May-Thurner syndrome (iliac vein compression syndrome)** is a condition where the left common iliac vein is compressed by the overlying right common iliac artery and the underlying vertebral body, leading to venous congestion and stasis, which predisposes to venous thromboembolism (VTE).

**Memorial Sloan Kettering Cancer Center (MSKCC) nomograms** are prediction tools designed to help patients and their physicians understand the nature of their prostate cancer, assess risk based on specific characteristics of a patient and his disease, and predict the likely outcomes of treatment. The nomograms can be located at: <https://www.mskcc.org/nomograms/prostate>

**Metastases** is the spread of a disease-producing agency (such as cancer cells) from the initial or primary site of disease to another part of the body.

**Non-diagnostic** is a result that does not lead to a confirmed diagnosis.

**Occult** means the problem was hidden, not immediately apparent or cannot be detected with clinical methods alone.

**Occult hernia** or hidden hernia, also commonly referred to as an occult inguinal hernia, is an undetectable mass of herniated tissue.

**Osteonecrosis** is localized death of bone tissue due to impaired or disrupted blood supply.

**Pediatric approximate ages** are defined by the US Department of Health (USDH), the Food and Drug Administration (FDA), and the American Academy of Pediatrics (AAP) as the following:

1. Infancy, between birth and 2 years of age
2. Childhood, from 2 to 12 years of age
3. Adolescence, from 12 to 21 years of age, further defined by the AAP into:
  - a. Early (ages 11–14 years)
  - b. Middle (ages 15–17 years),
  - c. Late (ages 18–21 years)
  - d. Older ages may be appropriate for children with special healthcare needs.

**Pelvic congestion syndrome** occurs when varicose veins develop around the ovaries, similar to varicose veins that occur in the legs. The valves in the veins no longer function normally, which causes blood to back up. The veins become engorged or “congested”, which can be very painful.

**Prostate specific antigen (PSA)** is a protease (an enzyme that hydrolyzes proteins) secreted by epithelial cells of the prostate gland. PSA's concentration in blood serum tends to be proportional to the clinical stage of the disease, making it useful in detecting prostate cancer.

**Recurrence** is a new occurrence of something that happened or appeared before.

**Sacroiliitis** is an inflammation of one or both of the sacroiliac joints, which are situated where the lower spine and pelvis connect.

**Sacroiliac joint dysfunction** is a condition in which pain is caused by the sacroiliac joint that connects the sacrum and the pelvis, believed to be caused by either too much movement (hypermobility) or too little movement (hypomobility) at the joint.

**Spigelian hernia** is a rare ventral hernia that is defined as herniation of abdominal contents or peritoneum through a defect, namely the Spigelian fascia which is comprised of the transversus abdominis and the internal oblique aponeuroses.

**Staging** in cancer is the process of determining how much cancer is within the body (tumor size) and if it has metastasized (spread).

**Stent** is a small, narrow tube made of metal or plastic that is inserted into a hollow structure in the body to keep a passageway open.

**Stricture** is a narrowing or constriction of the lumen of a tube, duct or hollow organ such as the esophagus, ureter or urethra.

**Surveillance** in cancer is the ongoing, timely and systematic collection and analysis of information on new cancer cases, extent of disease, screening tests, treatment, survival and cancer deaths.

**Ulcerative colitis (UC)** is a nonspecific inflammatory disease of the colon of unknown cause characterized by diarrhea with discharge of mucus and blood, cramping abdominal pain, inflammation and edema of the mucous membrane with patches of ulceration.

**Ultrasound** is the diagnostic or therapeutic use of ultrasound and especially a noninvasive technique involving the formation of images used for the examination and measurement of internal body structures and the detection of bodily abnormalities.

**Umbilical hernia** occurs when part of the intestine bulges through the opening in the abdominal muscles near the navel.

**Urachus** is a cord of fibrous tissue extending from the bladder to the navel and constituting the functionless remnant of a part of the duct of the allantois of the embryo.

**Varicocele** is abnormal dilation and enlargement of the scrotal venous pampiniform plexus which drains blood from each testicle.

## CT Pelvis References

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## Disclaimer section

### Purpose

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically. HealthHelp reserves the right to include in

these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.

## Clinician Review

These clinical guidelines neither preempt clinical judgment of trained professionals nor advise anyone on how to practice medicine. Healthcare professionals using these clinical guidelines are responsible for all clinical decisions based on their assessment. All Clinical Reviewers are instructed to apply clinical indications based on individual patient assessment and documentation, within the scope of their clinical license.

## Payment

The use of these clinical guidelines does not provide authorization, certification, explanation of benefits, or guarantee of payment; nor do the guidelines substitute for, or constitute, medical advice. Federal and State law, as well as member benefit contract language (including definitions and specific contract provisions/exclusions) take precedence over clinical guidelines and must be considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise.

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## National and Local Coverage Determination (NCD and LCD)



### NOTICE

To ensure appropriate review occurs to the most current NCD and/or LCD, always defer to <https://www.cms.gov/medicare-coverage-database/search.aspx>.



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## Background

National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) are payment policy documents outlined by the Centers for Medicare and Medicaid Services (CMS) and the government's delegated Medicare Audit Contractors (MACs) that operate regionally in jurisdictions.

CMS introduced variation between different jurisdictions/Medicare Audit Contractors (MACs) and their associated covered code lists with the transition to ICD 10. The variation resulted in jurisdictions independently defining how codes are applied for exclusions, limitations, groupings, ranges, etc. for the medical necessity indications outlined in the NCD and LCD. Due to this variation, there is an inconsistent use/application of codes and coverage determinations across the United States between the different MACs.

In addition, **WITHOUT** notice, CMS can change the codes that indicate medical necessity and the format of the coverage determinations/associated documents (eg, Articles). This is an additional challenge for organizations to keep up with ongoing, unplanned changes in covered codes and medical necessity indications.

## Medical Necessity Codes

Due to the variation in code application between jurisdictions/MACs and that updates can happen without notification, HealthHelp is not able to guarantee full accuracy of the codes listed for any Coverage Determination, and advises that prior to use, the associated Coverage Determination Articles are reviewed to ensure applicability to HealthHelp's programs and any associated NCDs and LCDs.

## For Internal Use Only:

11248 11249 11253 11282 11325 11328 11333 11349 11350 11351 11352 11354 11355 11356  
11358 11359 11360 11361 11362 11365 11366 11367 11368 11369 11370 11374 11375 11394  
11395 11396 11565