2018 Cardiology & Radiology Imaging Guideline Revisions

Version 20.0.2018*

***Effective* May 01, 2018**

Executive Summary of Changes

ADULT	
Preface	**Abdomen**
Breast (*V1.0.2018)	**Cardiac**
Cardiac Rhythm Implantable Device (CRID)	**Chest**
Head	**Musculoskeletal**
Neck	**OB Ultrasound**
Oncology (*V19.0.2018)	**Pelvis**
Peripheral Nerve Disorders (PND)	**Peripheral Vascular Disease (PVD)**
Sleep	**Spine**
PEDIATRIC	
Pediatric Abdomen	**Pediatric Cardiac**
Pediatric Chest	**Pediatric Head**
Pediatric Musculoskeletal	**Pediatric Neck**
Pediatric Oncology (*V19.0.2018)	**Pediatric Pelvis**
Pediatric Peripheral Nerve Disorders (PND)	**Pediatric Peripheral Vascular Disease (PVD)**
Pediatric Spine	

Executive Summary
Radiology - Preface
eviCore Medical Advisory Committee (MAC) Approved
10-31-17

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
4.1	Addition of Pelvis (Gyn) indications to 3D	S	For organization of information
Non-Substantive			
4.3	Clarification use non-diagnostic unlisted procedures	NS	Clarification
4.3	Radiation Therapy Planning moved to ONC-1.5	NS	More optimal location

Executive Summary
Radiology - Abdomen
eviCore Medical Advisory Committee (MAC) Approved
1-16-18

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
8.1	Guidelines for lymphadenopathy strengthened. A clearer pathways provided for abdominal imaging with lymphadenopathy, which terminates at one year, if there are no changes. PET can be considered under certain circumstances, and guidance is provided for this scenario.	S	Guidelines are based on the ACR Incidental Findings Committee recommendations for the finding of abdominal lymphadenopathy.
10.1	Guidelines enhanced to include what constitutes a high probability of abdominal injury during trauma. Added CT Abdomen and Pelvis in patients with BMI ≥ 35 instead of US	S	Provides guidance for reviewer when advanced imaging is indicated in this setting.
10.1	Added indication for CT Abdomen and Pelvis for patients with BMI > 35 as ultrasound imaging may be markedly suboptimal and unsatisfactory	S	Clarification and evidence based literature
10.1	Reworded bullet related to allow but not require CT Abdomen and Pelvis with contrast rather than US in individuals with BMI > 35	S	Allow for provider's use of medical judgment
11.2	Guidelines will now allow MRI for iron quantification for hemochromatosis under clear and strict criteria.	S	Provides guidance for reviewers when MRI may be indicated.
12	Hernia guidelines enhanced to more clearly define indications for advanced imaging.	S	Guidelines updated to reflect the recommendations of the 2016 World Guidelines for Groin Hernia Management.
16.1	Added indication for asymptomatic adrenal mass containing intracellular lipid / myelolipoma / adenoma > 4 cm incidentally detected on any CT or MRI exam	S	Additional evidence based literature
16.1	Updated Imaging Decision Tree: Incidentally Discovered Adrenal Mass	S	Updated to reflect current literature
16.1	Added indication for asymptomatic adrenal mass containing intracellular lipid / myelolipoma / adenoma > 4 cm incidentally detected on any CT or MRI exam	S	Additional evidence based literature
16.1	Deleted row discussing asymptomatic adrenal mass containing intracellularlipid / myelolipoma / adenoma > 4 cm and deleted related verbiage in Practice Note	S	Updated evidence (2017 White Paper on Management of Incidental Adrenal Masses from ACR)

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GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
21.3	Guidelines are now provided for the use of MR defecography.	S	Guidelines updated to provide a step-wise approach to the use of functional MRI in constipation. This approach is in line with ACG guidelines for the evaluation of defecatory disorders.
22.2	Updated to indicate CT enterography as the test of choice	S	Updated to reflect ACG small bowel bleeding GL
25	Guideline adjusted to reflect the latest Multi-society recommendations: age ranges adjusted, African-American screening to start younger, and high-risk patients re-defined.	S	Guidelines reflect latest CRC recommendations.
26	Guidelines were adapted to reflect the latest (2017) guidelines with respect to imaging for surveillance for hepatocellular carcinoma in chronic liver disease. An approach, based on a large retrospective analysis, is now included with respect to the use of advanced imaging when AFP is elevated in this setting.	S	Guidelines reflect the latest AASLD guidelines, and as noted include the appropriate use of advanced imaging when AFP is elevated. In addition, the use of the guideline is maintained regardless of the etiology of the chronic liver disease.
26.1	Modified for liver nodule > 1 cm: removed MRI as designated test of choice, either MRI or CT acceptable	S	In keeping with published Guideline
28.2	Added indications for the appropriate use of advanced imaging for the evaluation of gall bladder polyps	S	The previous version did not include appropriate indications for advanced imaging for the evaluation of gall bladder polyps. This has been revised based on a retrospective review and expert opinion.
30	Updated the imaging guidelines with respect to elevated liver enzymes	S	Based on the ACG Clinical Guideline for the evaluation of abnormal liver chemistries. (2017).
31.1	Updated to allow for MRI imaging to clarify CT findings.	S	Provide guidance as to when an MRI is appropriate after an abnormal CT.
34.1	Updated splenic imaging based on published guidelines.	S	Based on guidelines established by the incidental findings committee of the Amer. Coll. of Radiology.
42	Updated post-liver transplant guidelines	S	Based on guidelines established by the AASLD and Amer. Society for Transplantation for post-liver transplant imaging.
45	Added new section on transient elastography for fibrosis scoring in patients with chronic liver disease.	S	Based on the American Gastroenterologic Association Guideline for the role of Elastography for liver fibrosis.
Non-Substantive			
Throughout document	Minor edits and formatting with no change to clinical intent	NS	Consistency
1.3	Updated information on contrast during pregnancy	NS	Informational

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
2.1	Changed "Elevated WBC count" to "Elevated WBC as per the testing laboratory's range"	NS	Clarification
2.2	Table: RLQ - rule out appendicitis in - All men and non-pregnant women: Removed text related to body habitus; added that US may be performed but is not required prior to performing a CT Abdomen and Pelvis	NS	Evidence based literature
2.2	Table: LUQ - All men and non-pregnant women: Removed all text and referred to AB-2.4	NS	Clarification
2.3	Indication changed based on negative or equivocal US	NS	Informational
4.5	Added information on obstructive findings	NS	Informational
6.1	Changed repeat imaging from "unchanged" to "improving patients"	NS	Clarification of indications for repeat imaging
6.2	Changed "Elevated WBC count" to "Elevated WBC as per the testing laboratory's range"; Removed text related to body habitus; added that US may be performed but is not required prior to performing a CT Abdomen and Pelvis	NS	Clarification
6.2	Added back Abdominal CTA for suspicion of right sided or pancolonic ischemia and added practice note	NS	Removed in error in previous version; clarification
9.1	Added information on urgency of suspected hernia	NS	Informational
12.2	Clarification of which tests should be ordered when hernia is above, above and below, or below umbilicus	NS	Clarification
16.1	Deleted references to Hounsfield Units in a couple of areas where it was redundant	NS	Clarity with no change in intent
16.1	Spelled out abbreviation; correction of typo	NS	Clarity with no change in intent
16.1	Deleted duplicative verbiage related to Chemical Shift MRI	NS	Clarity with no change in intent
17.1	AAA Obese individual CT Abdomen and Pelvis substituted for US changed from CT Abdomen	NS	Informational
23.2	Updated follow up for Crohns. MRI enterography is the test of choice for the follow up of young patients with IBD given the lack of ionizing radiation and the need for lifetime follow up in many patients. Removed CT is superior to MRI in this application given its superior spatial resolution.	NS	Informational to reflect current research
26.1	Clarified CPT codes for multiphase CT and added practice note explaining what a 3-phase (multiphase) CT scan is.	NS	Clarification

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
26.1	Reworded information in practice note related to multiphase CT protocol	NS	Clarity with no change in intent
29	Clarification is made with regards to follow up imaging for hepatic hemangiomas	NS	Clarification follow up for hepatic hemangiomas
29.1	Removed CT as appropriate test for indeterminate lesion	NS	Consistent with current literature
29.1	Clarification of CPT codes and tests in Table; added back some items from 2017 guidelines that had been removed	NS	Restoration of portions removed in previous version; clarification
33	Changed "Elevated WBC count (10,000 or greater)" to "Elevated WBC as per the testing laboratory's range"	NS	Clarification
34	Clarification of CPT codes	NS	Clarification
36.1	Added contraindication for GAD with MRA	NS	Informational
37.1	Added contraindication for GAD	NS	Informational
39.1	Changed "Elevated WBC count (10,000 or greater)" to "Elevated WBC as per the testing laboratory's range"	NS	Clarification
39.4	Grammatical correction of "hydronephrosis of explained or indeterminate cause" to "unexplained".	NS	Grammatical correction.
42.3	Clarification of CPT codes and tests post-transplant (liver)	NS	Clarification
43.3	Added contraindication for GAD	NS	Informational

Executive Summary
Radiology - Breast
eviCore Medical Advisory Committee (MAC) Approved
12-21-17

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
State Specific Mandates	Document updated to include statutory provision, requirement, scope, screening mandates, and eviCore assessment	S	Added for clarity
1	Added additional verbiage re: State Specific Mandates, "Breast density notification laws have been put into effect by many states. Breast density notification laws vary, but some also contain mandates for additional imaging, which may include MRI and/or ultrasound. For applicable requests involving members in these states, their legislative mandates should be followed. The pertinent language in these mandates is provided via the link below."	S	Added for clarity
6	Added additional verbiage re: State Specific Mandates, "Breast density notification laws have been put into effect by many states. Breast density notification laws vary, but some also contain mandates for additional imaging, which may include MRI and/or ultrasound. For applicable requests involving members in these states, their legislative mandates should be followed. The pertinent language in these mandates is provided via the link below."	S	Added for clarity
Non-Substantive			
All sections	Guideline was removed from the chest imaging and into its own specific guideline. All sections have guideline number changes	NS	Ease of access
1	Routine performance of breast ultrasound as stand-alone screening or with screening mammography is inappropriate. Ultrasound screening for women whose only indication is dense breast tissue is not indicated. Equivocal or Occult Findings: Radiologist Report recommendation for Breast ultrasound (CPT®76441 or CPT®76442) and inconclusive or conflicting findings on mammography or Breast MRI.	NS	Added for clarity
9	Added several additional alternative breast imaging modalities	NS	Previous GL omitted several alternative imaging modalities

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
4.22	CT calcium score indications added	S	Based on discussion with EER and current practice
4.6	FFRCT indication added to guidelines CPT®0501T-0504T	S	New 2018 CPT codes with limited guidelines based on current practice
6.3	CD-6.3: Cardiac PET – Absolute Quantitation of Myocardial Blood Flow (CPT®0482T) ☐ Performance of quantitation of myocardial blood flow by Cardiac PET is currently non-standardized between different vendor products. ☐ Absolute quantitation of myocardial blood flow is considered experimental, investigational and/or unproven (EIU).	S	New 2018 CPT
7.1	Cardiac PET add on CPT®0482T new CPT 2018 investigational	S	New 2018 CPT
Non-Substantive			
Throughout guideline	Minor formatting and rewording edits for consistency across GLs with no change in clinical content or intent	NS	Clarity and consistency
1.4	Symptomatic 40 y/o	NS	In line with ACC
1.9	Corus®CAD genetic expression score – refer to lab management program guidelines	NS	Referral for expansion into lab program
2.1	CPT®0439T-Myocardial contrast perfusion echocardiography-investigational, CPT®0399T-myocardial strain imaging, CPT definitions updated	NS	Additions to master CPT with for potential expansion to prior authorization in future
2.2	Updated to follow up TAVR and Valve surgery.	NS	Additions made to clarify current guideline
3.5	Updated to oncology indications for MUGA follow up of cardiotoxic chemotherapy	NS	Additions made to clarify current guideline
3.6	CPT®0331T/0332T Myocardial sympathetic innervation imaging-No change to guidelines	NS	CPT had dropped off the master last year

Executive Summary
Cardiology - Cardiac
eviCore Medical Advisory Committee (MAC) Approved
1-7-18

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
3.8	CPT®78800 and CPT®78803 added for imaging cardiac amyloidosis	NS	Added to current guideline for amyloidosis
4	All cardiac CT guidelines have been moved to CD-4 and have been removed from CD-8.	NS	Facilitate more structured access to information
4.3	Updated to wording for CTA for clarification	NS	To clarify the intention of the guideline
4.4	Updated to wording for CTA for clarification	NS	To clarify the intention of the guideline
4.5	Updated exclusion criteria to relative contraindications as a Practice Note	NS	Listed as relative contraindications as there are limited reasons to perform this study despite existing contraindications
4.9	TAVR-updated follow up study; moved to a separate section	NS	To make information more accessible
5	Original section CD-5 was Calcium scoring Now covered in section CD-4. Information on MRA Chest removed from this section. Removed cardiac sarcoid and tuberous sclerosis from evaluate tumor/mass	NS	To consolidate CT in one place and remove information not related to cardiology indication
6.3	Section moved to CD-6.4	NS	Editorial
8.5	Cath indications reworded for clarity of content	NS	Clarification
8.6	Cath indications reworded for clarity of content	NS	Clarification
10.1	Removed contraindication for cardiac CT post MI or CHF for radiation exposure	NS	In line with future program expansion
10.2	CHF additional information added regarding palliative care in members with CHF	NS	In line with future program expansion
11	Section on syncope removed	NS	Covered in other areas, Not needed
12	Added a section on “CAD”	NS	Added review of PCSK9 drugs performed by eviCore specialty drug program

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Substantive			
Non-Substantive			
1	Removed CPT codes that are not included in the master CPT list, removed ICD-9 and DRG tables.	NS	Ease of the user
5	Removed CRT-P to a new section. Information in section reorganized.	NS	Make the information more accessible to the user
7.3	Added descriptor "documented" to 5 sec pause	NS	Clarification of information
10	Added CRT-P to a new section	NS	Make the information more accessible to the user

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
14	Addition of Fungal Infections and Wegener's Granulomatosis indications to Other Chest Infections	S	Provides guidance for reviewer
14.1	Added clinical evidence of active TB or reactivated TB	S	Evidence-based literature; reference added
16	Timelines and additional characteristics were adjusted for the new Fleischner Society Lung Nodule Guidelines.	S	New Fleischner Society Guidelines
16	A further incorporation of LUNG-RADS into LDCT screening	S	Increasing Lung Cancer Screening with findings leading to follow-up by Lung-RADS or Fleischner Society guidelines
16.4	Removed CPT®78812 as allowable for assessment of lung nodule ≥ 8 mm	S	To be consistent with ONC-8.2
19.2	Addition of Pneumomediastinum/Subcutaneous Emphysema section to Pneumothorax	S	Gives further direction for these fairly infrequent requests
22.1	Addition of Clavicle Fracture	S	Gives further direction for these fairly infrequent requests
30.5	Addition of Calcified Ascending Aorta	S	Gives further direction for these fairly infrequent requests
35	Transferred all of the Lung Cancer Screening content to this section. Also added further Lung-RADS content	S	Increasing Lung Cancer Screening with findings leading to follow-up by Lung-RADS or Fleischner Society guidelines
Non-Substantive			
2.2	Added ultrasound-directed core needle technique for assessment of axillary adenopathy	NS	Clarification; standard of care
2.3	Added CT or ultrasound directed as less invasive methods for mediastinal biopsies (in practice notes)	NS	Informational
6.1	Massive hemoptysis (≥ 30cc per episode or unable protect airway)	NS	Corrected to match intended value
12.1	Removal of 3 CT Chest scans within 3 months to follow-up multiple nodules attributed to infection	NS	Not supported by any identified evidence
16.2	Formatting fixed on pulmonary nodule chart	NS	Formatting was causing the values not to be visible on the page
18.1	Added to determine whether fluid is exudative or transudative	NS	Informational
28.1	Added verbiage related to test of choice (CTA vs. MRA) in practice note	NS	Informational
30.1	Added verbiage related to test of choice (contrast CT)	NS	Informational

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Executive Summary
Radiology - Head
eviCore Medical Advisory Committee (MAC) Approved
12-21-17

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
1.5	Correction of MRA Neck contrast options	S	Brings MRA Neck GL in compliance with practice standards
4	Revised criteria for imaging in acute psychosis per APA GL	S	Bring GL into better consistency with published GL from American Psychiatric Association - reference added
19	Updated and clarified various criteria	S	Endocrine Society Guidelines
24	Changed HD-24.7: allows screening with TCD for adults	S	NIH Guidelines
28	Wording change for conservative treatment	S	Editorial
33	Clarification for follow up surgical and radiotherapy	S	Literature reference added
Non-Substantive			
1.8	Move GL for sleep related imaging requests to radiology	NS	Places radiology requests in radiology GL rather than sleep GL
2.1	Updated reference	NS	Informational
3	Language clarification	NS	Informational
5	Updated reference	NS	Informational
6	Clarified criteria for imaging in Bell's palsy	NS	Revision to clarify and update per published GLs
7	Formatting change for clarification	NS	Editorial
8	Revision for clarification	NS	Editorial
10	Formatting change, added reference	NS	Editorial
11	Wording change in HD-11.2 for clarification	NS	Editorial
15	Clarified definition of atypical disease for imaging	NS	From published guidelines
19	Final updates for pituitary confirmed	NS	Based on current literature
29	Change in formatting and wording clarification	NS	Editorial
30	Deleted requirement for cone beam CT to be ordered by specific specialty	NS	Clarification
32	Elaboration of eye/brain distinction	NS	Continuum (AAN)
36	Correction of terms and CPT codes	NS	Clarification

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Executive Summary
Radiology - MSK
eviCore Medical Advisory Committee (MAC) Approved
11-29-17

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
4	Added indications for imaging when AVN is confirmed on Xray	S	In line with ACR AUC
5.2	Updated imaging recommendations and added additional circumstances for advanced imaging	S	In line with ACR AUC
13.1	Reworded and clarification of imaging	S	Alignment with ACR AUC and PEDMS-2.4.
14	Updated risk factors, and added indications for imaging	S	Alignment with ACR AUC
16	Added indications for imaging following joint replacement surgery. Updated anatomic tables to address conditions other than periprostheic fracture	S	Per ACR AUC
19	Avascular Necrosis of the Humeral Head-Added to table	S	Alignment with MS-4
19	Post-Operative Shoulder-Added additional indications for post shoulder replacement imaging	S	Per ACR AUC
20	Lateral (tennis elbow) or Medial (golfer's elbow) Epicondylitis-Reworded and removed MSK US and preoperative planning requirements	S	Clarification
20	Suspected Osteochondral Injury-Added additional MRI contrast option and changed CT contrast option	S	Per ACR AUC and alignment with MS-13 and PEDMS-2.4
20	Post-Operative Elbow Replacement Surgery-Added indications for imaging following joint replacement surgery	S	Alignment with MS-16
21	Kienbock's Disease (avascular necrosis of the lunate)/Preiser's Disease (avascular necrosis of the scaphoid)-Added indication for imaging	S	Per ACR AUC and alignment with MS-4
23	Athletic Pubalgia (Sports Hernia)-Added to table (moved from AB-12), advanced imaging recommendations updated	S	Per literature, and easier navigation
24	Avascular Necrosis of the Femoral Head-Added indication for imaging	S	Per ACR AUC and alignment with MS-4
24	Post-Operative Hip Replacement-Added indications for imaging following joint replacement surgery	S	Alignment with MS-16
25	Suspected Osteochondral Injury-Added imaging indications	S	Aligned with MS-13
25	Avascular Necrosis of the Distal Femur-Added imaging indication	S	Aligned with MS-4
25	Post-Operative Knee Replacement-Added imaging indication	S	Alignment with ACR AUC and MS-16

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
26	Suspected Osteochondral Injury-Clarification of indication for advanced imaging	S	Alignment with ACR AUC and MS 13
26	Avascular Necrosis of the Talus-Added to table	S	Alignment with MS-4
26	Post-Operative Ankle Replacement Surgery-Added imaging indication	S	Per ACR AUC
Non-Substantive			
1	Clarification of initial clinical evaluation and clinical re-evaluation	NS	Clarify the intent of the GL, and consistency within GL
1	Verbiage updated	NS	Reorganization for clarification
1	Practice Note: Information reorganized and updated	NS	Clarification and reorganization
2.2	Clarification of imaging for preoperative planning.	NS	Clarifies prior language
2.3	Editorial updates	NS	Clarification
2.3	Added information on contrast contraindication	NS	Per ACR AUC
4	Added general information on classification systems and removed practice notes regarding the specific classification systems	NS	Clarity with no change in intent
6	Verbiage regarding foot removed, and updated imaging recommendations	NS	In line with ACR AUC
7	Reorganization of information and updated imaging recommendations	NS	Per ACR AUC, and easier navigation
8	Updated imaging recommendations	NS	Per ACR AUC recommendations
9.1	Clarification of location of information on spinal infections and diabetic foot infections	NS	Easier navigation
9.2	CT with contrast can replace MRI without and with contrast if MRI is contraindicated	NS	Per ACR AUC
10.2	Reorganization of information and clarification of contrast and imaging	NS	Clarification and reorganization
10.2	Updated from MRI without and with contrast to MRI contrast as requested	NS	Reflect current literature references
11.2	New section for Acute Compartment Syndrome	NS	Clarification and reorganization
11.3	New section for Chronic Exertional Compartment Syndrome	NS	Clarification and reorganization
12.1	Clarification of prior information and addition of information on shoulder imaging that was previously contained in MS-19	NS	Clarification and consistency
12.1	Clarification of imaging for preoperative planning.	NS	Clarifies prior language

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
15	Updated laboratory studies prior to advanced imaging	NS	Reflect current literature references
19	General Shoulder Pain-Added CT if MRI contraindicated	NS	Per ACR AUC
19	Impingement-Added additional MRI contrast option and CT if MRI contraindicated	NS	Per ACR AUC
19	Shoulder Labral Tear-Removed additional MRI option and added CT if MRI contraindicated	NS	Per ACR AUC
19	Shoulder Dislocation, Subluxation, or Hill-Sachs lesions-Reworded conservative treatment	NS	Clarity with no change in intent
19	Preoperative Shoulder (Glenohumeral) Replacement Surgery-Added to table and Osteoarthritis-Removed from table. MS-12 remains for osteoarthritis	NS	Reorganization for easier navigation
20	Symptomatic Loose Bodies-Added additional MRI contrast option	NS	Per ACR AUC
20	Ulnar Collateral Ligament (UCL) Tear-Added additional MRI contrast option	NS	Per ACR AUC
20	Preoperative Elbow Replacement Surgery-Added to table	NS	Clarified guidelines for easier navigation
21	Suspected Navicular/Scaphoid Fracture-Added indication for CT	NS	Per ACR AUC
21	Distal Radioulnar Joint (DRUJ) Instability-Removed MRI indication	NS	Per ACR AUC
21	Complex Distal Radius/Ulna Fracture-Updated conservative treatment	NS	Per ACR AUC
21	Carpal Tunnel Syndrome/Ulnar Tunnel Syndrome-Updated Xray to yes	NS	Alignment with MS-2
23	Insufficiency Fracture-Added CT	NS	Per ACR AUC and alignment with MS-5.2
23	Osteitis Pubis-Added to table	NS	Clarification
24	Insufficiency Fracture-Added CT	NS	Per ACR AUC and alignment with MS-5.2
24	Labral Tear-Removed MRI without and with contrast indication	NS	Per ACR AUC
24	Femoroacetabular Impingement-Reworded and changed CT contrast level	NS	Per ACR AUC and Clarification
24	Piriformis Syndrome-Updated Xray to yes	NS	Alignment with MS-2
25	Symptomatic Loose Bodies-Added CT with contrast (arthrogram)	NS	Per ACR AUC

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GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
25	Meniscus Tear-Clarification conservative treatment and reorganization of information	NS	Clarification and reorganization
25	Ligament Tear-Clarification conservative treatment and reorganization of information	NS	Clarification and reorganization
25	Knee Joint Dislocation-Differentiated knee joint from patellofemoral dislocation	NS	Per ACR AUC
25	Recurrent Patellar Instability-Realigned, and clarified	NS	Clarification and reorganization
25	Hemarthrosis-Updated indications	NS	Clarification
26	Osteoarthritis-Added to table	NS	Clarification and reorganization
26	Anterior Impingement Anterior-Lateral Impingement Posterior Impingement (e.g., OS Trigonum Syndrome)-Reworded	NS	Clarification and reorganization
27	Updated indications and imaging recommendations	NS	Per ACR AUC and alignment with MS-5.2, and MS-4
28	Updated indications for Bone scan and SPECT scan	NS	Per ACR AUC and alignment MS-5.

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Substantive			
Non-Substantive			
1	Contrast enhanced CT is helpful in the assessment of cervical adenopathy and preoperative planning in the setting of Thyroid Carcinomas	NS	Change made based on current literature
3.1	Added statement Chest CT angiography with contrast can be used in the evaluation of suspected vascular ring	NS	Change made based on current literature
5.1	Removed statement that CT is the preferred modality for neck mass	NS	Health plan feedback
11.1	Addition of a general neck pain section	NS	Provides guidance for reviewer

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
10.1	Added statement, Fetal Nuchal translucency is not indicated when cfDNA is done	S	Per ACOG/SMFM (lines of business overlap with lab)
11.1	Deleted ≤ age 17 as high risk factor	S	Deleted the age < 17 Level 2 US indication because the adolescent population only has a slight increased risk of two fetal anomalies (gastroschisis and omphalocele) which can be identified easily on a Level 1 US. If these two abnormalities in this age group are identified, they can go on to get a Level 2 exam at that point
11.1	Added History of endometrial ablation to Health Condition Related Risk Factors section	S	Reflective of current practice and evidence
13	Deleted entire section 2, restructured	S	Moved history of pre-term labor to its own section; with new ACOG evidence individuals with current pregnancy with twins or cerclage imaging is decreased
16	Deleted indications for transvaginal ultrasounds for twins	S	Per ACOG/SMFM
24.5	Added list of required elements of the CPT®76813 ultrasound code	S	Reflective of current practice and evidence
25	Added SSRI to High Risk Medications/Substances	S	Reflective of current practice and evidence
Non-Substantive			
Throughout document	Chapter numbers shifted throughout guidelines, Updated references and formatting	NS	Combined relevant guidelines, easier guidelines navigation, and Clarity; no change in clinical intent
1	Changed title; moved 13 into 1	NS	Combining relevant guidelines
3	Changed 3.2 title to "Exposure to Parvo"	NS	To differentiate from known Parvo Disease in 11.1
4	Added Oligo and Poly to title	NS	For easier navigation of guidelines and to eliminate redundancy
4.1	Changes to gestational age start time and frequency of growth US for polyhydramnios	NS	Mild polyhydram needs less frequent growth US than severe poly
4.1	Added start time for BPPs and umbilical art Doppler's	NS	To better define timing of imaging
5	Added verbiage regarding transvaginal US with anatomy US	NS	To better define the indications for a TV US with an anatomic
6	Added verbiage regarding transvaginal US with anatomy US	NS	Clarified guidelines for easier navigation
7.1	Changed Fetal Nuchal translucency to > 3.0mm	NS	New recommendation
7.1	Deleted SSRI from echo indications	NS	Not supported other than Paroxetine
8	Added verbiage regarding transvaginal US with anatomy US	NS	Clarified guidelines for easier navigation

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
9.1	Defined Vasa Previa more completely	NS	Clearer definition
9.2	Added marginal cord insertion	NS	Can lead to FGR
9.6a	Created a suspected and known accreta/percreta	NS	For better clarification of imaging for these entities
10.2	Moved from 22 second trimester screening	NS	For easier navigation of guidelines and to eliminate redundancy
11	Updated conditions for imaging	NS	Not all medication exposures require additional imaging, only CPT®76811
11	Moved history of preterm delivery/PPROM to new chapter	NS	Removed from old 14 with decreased TV US imaging duration
11.1	Added back bullet that had been intended to be moved into new table but was deleted "4. Starting at 32 weeks, weekly BPP (CPT®76818 or CPT®76819) or AFI (CPT®76815) with NST."	NS	Correction of prior version
11.1	Health Condition Related Risk Factors section alphabetized	NS	Clarity; no change in clinical intent
11.1d	Redefined history of miscarriages < 20 and deleted terminations < 20 wks	NS	Clarification of high risk imaging
11.3a	Changed imaging for BMI 30-34, to a later gestational age	NS	Macrosomia occurs later in third trimester
11.6	Changed hem A1C from 7 to 6.5%	NS	Evidence >6.5 % increases anomalies
11.7	Changed hem A1C from 7 to 6.5%		Evidence >6.5 % increases anomalies
11.7b	Changed abbreviation from IGUR to FGUR	NS	Field has moved from using IGUR to FGUR when abbreviating
11.11	Moved history of stillbirth 23 to high risk section	NS	Clarified guidelines for easier navigation
13.2	Correction of missing part of sentence: If a complete detailed fetal anatomic scan has not been done.	NS	Clarity; no change in clinical intent
14	Reformatted cerclage imaging	NS	Removed other indications for frequent imaging leaving cerclage
16	Separated into 16.1, 16.2, and 16.3	NS	Clarity
16.3	Deleted bullet re: IVF dichorionic twins	NS	Captured in appropriate section (16.2)
17	Changed interval of twin (di/di) growth scans	NS	Per expert and recent literature
18	Merged old 18 into 27	NS	Combining relevant guidelines
18	Moved CS to Its own chapter	NS	Clarification of high risk imaging
19	Merged with 4	NS	For easier navigation of guidelines and to eliminate redundancy
21	Deleted number 3, first trimester imaging	NS	Redundant content; content already in OB-11.
22	Merged with 10	NS	For easier navigation of guidelines and to eliminate redundancy
23	Merged with 11.11	NS	For easier navigation of guidelines and to eliminate redundancy

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
27	Now 23, 18 merged	NS	For easier navigation of guidelines and to eliminate redundancy

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
2.3	Surveillance for high grade glioma - MRI Brain every 3 months for 3 years, then every 6 months thereafter	S	NCCN guideline update
2.8	Surveillance for grade I/II Meningioma - MRI Brain every 3 years after 5 years	S	NCCN guideline update
6.2	Added whole body thyroid nuclear scan post-thyroidectomy	S	Society of Nuclear Medicine Practice guideline update
6.3	Added whole body thyroid nuclear scan within 2 weeks of RAI therapy	S	Society of Nuclear Medicine Practice guideline update
7.1	Added CT Abdomen for surveillance of Small Cell Lung Cancer and extended surveillance timeframe	S	NCCN guideline update
7.1	Added MRI Brain for surveillance of Small Cell Lung Cancer not treated with prophylactic cranial irradiation	S	NCCN guideline update
8.2	Changed CT Chest timeframe from 3 and 9 months to 6 months	S	Fleischner Society criteria update
8.5	Changed surveillance interval for stage III/IV Lung Cancer	S	NCCN guideline update
12.6	Added MRI Spine for initial staging of Chordoma	S	NCCN guideline update
12.8	Added CT Chest or Chest Xray for surveillance	S	Clarification of intent
13.2	Added MRI for evaluation of suspected Pancreatic Cancer	S	Clarification of intent
14.3	Added CT Pelvis for initial staging of Hepatocellular Carcinoma	S	NCCN guideline update
14.4	Added chest and pelvic imaging	S	Clarification of NCCN guidelines
14.5	Added chest and pelvic imaging	S	Clarification of NCCN guidelines
14.8	Added surveillance imaging for Gastric Cancer annually for 5 years	S	NCCN guideline update
15.1	Added Ga-68 Dotatate PET scan for evaluation of NET	S	NCCN guideline update
15.11	Added Ga-68 Dotatate PET scan for evaluation of NET	S	NCCN guideline update
15.2	Added Ga-68 Dotatate PET scan for evaluation of NET	S	NCCN guideline update
15.3	Added Ga-68 Dotatate PET scan for evaluation of NET	S	NCCN guideline update
15.4	Added Ga-68 Dotatate PET scan for evaluation of NET	S	NCCN guideline update
15.7	Added Ga-68 Dotatate PET scan for evaluation of NET	S	NCCN guideline update
16.4	Surveillance timeframes updated	S	NCCN guideline update
18.4	Surveillance timeframes updated	S	NCCN guideline update
19.3	Added 11-C Choline PET scan for evaluation of Prostate Cancer	S	NCCN guideline update
21.1	Added ultrasound screening for Ovarian Cancer in BRCA positive	S	NCCN and ACOG update

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GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
21.2	Added CT or MRI for suspected Ovarian Cancer	S	Concordance between PV-5.5 and ONC-21.2
25.4	Changed the surveillance for Plasmacytoma	S	NCCN guideline update
31.3	Updated surveillance imaging of treated brain metastases	S	NCCN guideline update
31.4	Updated surveillance imaging of treated spine metastases	S	NCCN guideline update
31.8	Updated surveillance criteria	S	NCCN guideline update
32.2	Added PET scans with new Radiotracers	S	Medicare NCD update
Non-Substantive			
Throughout document	Minor edits and formatting with no change to clinical intent	NS	Consistency
1.1	Severe renal insufficiency, i.e. an eGFR less than 30	NS	Clarification
2.7	Surveillance for CNS Lymphoma - MRI annually beyond 10 years	NS	NCCN guideline update
2.8	Added surveillance of grade III Meningioma	NS	Additional clarification
3.3	Reworded criteria for PET imaging	NS	Clarification of intent
5.6	Added MRI brain for suspected recurrence of Merkel Cell Cancer	NS	NCCN guideline update
15.5	Moved carcinoid tumors of lung to ONC-15.6	NS	NCCN guideline update
15.6	New section for bronchopulmonary carcinoid	NS	Clarification of guideline
28.1	Added Deauville criteria	NS	Clarification
31.2	Clarified monitoring of ablated liver metastases	NS	Clarification of intent

Executive Summary
Radiology - Pelvis
eviCore Medical Advisory Committee (MAC) Approved
1-7-18

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
1	Align with general GL Preface related to 3D rendering	S	Align with main preface
11	Added Proctalgia syndrome	S	Updated indications
19	Added Proctalgia syndrome, scrotal pain section	S	Updated indications
Non-Substantive			
3	Added sonohysterosalpingography	NS	To investigate Asherman's Syndrome/uterine anomalies
5	Minor editing, added informational verbiage	NS	Easier navigation of GLs
5.2	Corrected bullet level for Dermoids section	NS	Editorial
8	Aligned with abdominal GLs	NS	GL consistency
11.1	Removal of partially missed deletion	NS	Clarification
11.1	Reinstated verbiage from 2017 GLs	NS	Section now unchanged from 2017
13	Deleted urethrography and CT urethrography	NS	Per expert, MRI superior study for small/subtle urethral diverticuli
15	Added MRI pelvic code to Cigna GLs	NS	eviCore reviews MRI pelvis for Accreta/Percreta for Cigna but not fetal US
15.2	Corrected bullet levels	NS	Editorial
17	Aligned with Cigna verbiage	NS	Formatting only
17	Added verbiage regarding CTA for large vessel vascular insufficiency	NS	Per expert to cover rare condition
18	Aligned with Cigna verbiage	NS	Formatting only
19	Deleted suspected pudendal neuralgia	NS	eviCore does not review for Terminal Motor Latency Test nor for Quantitative Sensory Threshold Test. Focal Neuropathy addressed in peripheral nerve GL-2
20.1	Added imaging for right sided varicocele	NS	Missing from Legacy indications (rare indication)
22.1	Clarified language and information	NS	To aid with case review (describes workup)
22.3	Added verbiage regarding postop complications	NS	To aid with case review
22.3	Corrected bullet level for persistent incontinence following surgery	NS	Editorial
22.4	Reorganization regarding fecal incontinence	NS	To clarify indications
22.4	Removed "particularly" in Step 4 bullet	NS	To be consistent with MRI Pelvis bullet below
23	Added verbiage concern for malignancy	NS	To aid with case review
24	Added references	NS	Added references

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GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
6	Added CT Chest without contrast may be used if there is concern regarding adverse effects of contrast in patients with Myasthenia Gravis and added supporting reference.	S	Somashekar et al. (2013)
Non-Substantive			
All sections	Minor formatting and correction of typographical errors	NS	Improved quality of document
1	Additional references and reference grading	NS	Provide additional support for GL section
2	Additional references and reference grading	NS	Provide additional support for GL section

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
7.6	Added CPT®76970 as additional selection for follow up US post radiofrequency ablation of varicosities	S	CPT omitted in prior version
Non-Substantive			
1.2	Updated descriptions of CPT®93922, CPT®93923, and ABI for clarification	NS	Clarification
1.3	Further defined ABI for clarification: removed if abnormal, arterial duplex scans are usually performed as the next study, and removed portion about External Counterpulsation- this refers to an indication no longer addressed in cardiac guidelines	NS	Clarification
2.1	Clarified symptomatic versus asymptomatic screening in PAF	NS	Clarification
2.2	Moved content to 7.1 and edited for clarity and consistency; deleted 2.2	NS	Clarity and Consistency
7.1	Content from 2.2 moved to 7.1 and edited for clarity and consistency	NS	Clarity and Consistency
7.5	May-Thurner is moved to Lower extremity DVT/PVD	NS	Editorial

Executive Summary
Sleep
eviCore Medical Advisory Committee (MAC) Approved
11-10-17

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
1.2	Added Insomnia Severity Index to list of questionnaires	S	AASM Practice Parameter update published 2017 recommend against HST for patients with chronic insomnia, creating need for objective, validated measure.
2.21	Added additional exclusion criteria for Home Sleep Testing	S	AASM Practice Parameter update published 2017 recommend against HST for patients with chronic insomnia and chronic opioid use. Also recommended against requiring a second HST if the first is non-diagnostic due to increased drop-out and false reporting.
2.21	Added criteria for facility diagnostic testing indication pre and post hypoglossal nerve stimulator implant	S	FDA approved device with specific need for facility testing (not HST) for increased sensitivity needed for clinical decision making.
8	Added a copy of Insomnia Severity Index questionnaire to section S	S	AASM Practice Parameter update published 2017 recommend against HST for patients with chronic insomnia, creating need for objective, validated measure.
9	Addition of guidelines for custom-fit oral appliance for OSA	S	New product for PA
Non-Substantive			
All	Reorganized sections and table of contents	NS	Additions and removals based on updated clinical information and Health Care Plan feedback
1	Added and defined RDI (respiratory disturbance index) to AHI (apnea hypopnea index) as accepted measures of reporting Obstructive Sleep Apnea.	NS	Oversight in past versions of guidelines and is now included.
1.1	Additional symptoms added	NS	Informational, External review
1.3	Cheyne Stokes Respiration reworded for clarity	NS	Informational
2.21	Removed example of complicated parasomnias for clarity	NS	Informational
5.1	Removed hypoglossal nerve stimulator from Experimental and Investigational list (as well as many antiquated and irrelevant items) leaving Winx negative pressure device on list	NS	FDA approved treatment since original inclusion
6	Removed Advanced Imaging section, which will be included in Head/Neck radiology imaging guidelines	NS	Healthcare Plan complaint/confusion regarding inclusion in 2017
7	Removed redundant information regarding home sleep testing, restless leg syndrome, periodic limb movements of sleep (already in SL-2).	NS	Already described earlier in the document
7	Added RDI and REI definitions to practice notes	NS	Oversight in past versions of guidelines and is now included.

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
4.2	Clarification of thoracic radiculopathy	S	Clarification
Non-Substantive			
1.1	Clarification that pathological reflexes	NS	Clarification
1.1	Added practice notes to describe the following tests/signs: Straight leg raise test, slump test, femoral nerve tension test, Hoffmann's sign, Babinski's sign, Chaddock sign	NS	Clarification
1.2	Reworded red flag indications for Aortic Aneurysm or Dissection	NS	Alignment with Abdomen and Chest Guidelines
1.2	Reworded red flag indications for Severe Radicular Pain	NS	Clarification
7.1	Removed requirement of brain imaging, clarification of conservative treatment and moved description of Lhermitte's sign, Babinski's sign, and Hoffman's sign to Practice Notes	NS	Clarification and easier navigation
8.1	Clarification of indications for imaging	NS	Clarification
10.1	Reorganization of information and updated imaging recommendations	NS	Per ACR
10.2	Updated imaging recommendations	NS	Per ACR
14.1	Updated imaging recommendations	NS	Updating per: Kim H, Kim HS, Moon ES, et al. Scoliosis Imaging: What Radiologists Should Know. Radiographics, 2010;30:1823-1842
16.2	Updated indications and imaging recommendations	NS	Aligning with eviCore Interventional Pain Guidelines
17	Updated indications and imaging recommendations	NS	Per ACR and clarification

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GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
33	New Section added for infant and hypertrophic pyloric stenosis	S	Given that more HP are reviewing ultrasound requests, guidance for imaging for this indication added
Non-Substantive			
1.3	Allow for non contrast MRI in young children when there is a concern for gadolinium tissue deposition	NS	Evidence based literature demonstrates potential for gadolinium deposition in tissues, though there is no literature to suggest any adverse symptoms associated with gadolinium deposition
5	Clarify the use of fluoroscopic and scintigraphic voiding cystograms.	NS	Male anatomy and pathology supports the use of fluoroscopic studies to better visualize the urethra, whereas the urethra is rarely a source of pathology in females, so nuclear cystography can be performed at a reduce radiation exposure
14	Updated blood pressures based on current literature	NS	Flynn JT, Kaelber DC, Baker-Smith, CM, et al. Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. Pediatrics. 2017;140(3)e2017 1904
15	Updated guideline to emphasize US as initial study of choice for liver lesions	NS	Literature supports US as initial imaging modality

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
6	Added to guideline strongly suspected or known Kawasaki disease as an indication for echocardiogram.	S	Added to bring in line with current AHA research
Non-Substantive			
Throughout guideline	References updated	NS	Supporting guidelines
7	Kawasaki disease is removed from statement for screening for aneurysms	NS	Not necessary, statement does not apply to Kawasaki disease only

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
11	Added consideration for MRI of the chest without and with contrast (CPT®71552) in patients with pectus deformities when congenital heart disease or Marfan's syndrome is suspected	S	Multiple literature sources (including Dore et al added to the guidelines) support routine use of MRI in favor to CT when evaluating cardiac disease associate with pectus deformities.
Non-Substantive			
Throughout guideline	Formatting and content was updated for clarification with no change in clinical intent	NS	Updates for clarity
1.3	Allow for non contrast MRI in young children when there is a concern for gadolinium tissue deposition	NS	Evidence-based literature demonstrates potential for gadolinium deposition in tissues, though there is no literature to suggest any adverse symptoms associated with gadolinium deposition.

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
12.4	Added option for CTA in Moyamoya when MRA is contraindicated or not readily accessible	S	Existing references would support CTA
19.3	Added guidance for imaging developmental motor delay	S	Clinical condition not clearly covered in prior guidelines
29	Added screening imaging for Zika exposure	S	Supported by CDC management algorithm for Zika Exposure
30	Added discussion of neonatal scalp masses	S	Supported by literature from external review
Non-Substantive			
Throughout guideline	Formatting and content was updated for clarification with no change in clinical intent	NS	For clarity
1.3	Allow for non contrast MRI in young children when there is a concern for gadolinium tissue deposition	NS	Evidence based literature demonstrates potential for gadolinium deposition in tissues, though there is no literature to suggest any adverse symptoms associated with gadolinium deposition

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
Non-Substantive			
Throughout guideline	Formatting and content was updated for clarification with no change in clinical intent	NS	For clarity
1.3	Allow for non contrast MRI in young children when there is a concern for gadolinium tissue deposition	NS	Evidence-based literature demonstrates potential for gadolinium deposition in tissues, though there is no literature to suggest any adverse symptoms associated with gadolinium deposition
9	Expanded discussion of role of US as initial imaging study in evaluation of foreign bodies	NS	Evidence-based literature as supported by external reviewer
16	Expanded discussion of congenital foot deformities	NS	Evidence-based literature as supported by external reviewer

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
3	US may be approved without 4 weeks observation in patents with findings concerning for suppurative lymphadenopathy or abscess	S	Ellika SK, Chadha M, Yang Z. Imaging in Nontraumatic Pediatric Head and Neck Emergencies. Journal of Pediatric Neurology. 2017 Jul 27
Non-Substantive			
Throughout guideline	Formatting and content was updated for clarification with no change in clinical intent	NS	For clarity
1.3	Allow for non contrast MRI in young children when there is a concern for gadolinium tissue deposition	NS	Evidence based literature demonstrates potential for gadolinium deposition in tissues, though there is no literature to suggest any adverse symptoms associated with gadolinium deposition

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
2.2	Annual MRI Brain without and with contrast allowed for all patients	S	New evidence
2.3	Specifying when MRI Spine is allowed annually versus every 3 years for patients with NF2 with and without spinal tumors	S	New evidence
2.4	Added US as an annual option for abdominal imaging (MRI or CT or US)	S	New evidence
3.2	Added CT indication for diagnosis of suspected subchondral fracture in osteonecrosis patients	S	New evidence
4.2	Clarification Low Grade Gliomas MRI Brain surveillance imaging after completion of therapy and removed time limitation for annual imaging beginning in year 6	S	New NCCN guideline
4.2	Clarification Low Grade Gliomas MRI Spine surveillance imaging for individuals with cord involvement at diagnosis after completion of therapy and removed time limitation for annual imaging beginning in year 6	S	New NCCN guideline
4.3	Clarification High Grade Gliomas MRI Brain surveillance imaging after completion of therapy and removed time limitation for annual imaging beginning in year 6	S	New NCCN guideline
4.3	Clarification High Grade Gliomas MRI Spine surveillance imaging for individuals with cord involvement at diagnosis after completion of therapy and removed time limitation for annual imaging beginning in year 6	S	New NCCN guideline
4.4	Clarification MDB, sPNET, and Pineoblastoma MRI Brain surveillance imaging after completion of therapy and removed time limitation for annual imaging beginning in year 6	S	New NCCN guideline
4.4	Clarification MDB, sPNET, and Pineoblastoma MRI Spine surveillance imaging for individuals with cord involvement at diagnosis after completion of therapy and removed time limitation for annual imaging beginning in year 6	S	New NCCN guideline
4.5	Clarification ATRT MRI Brain surveillance imaging after completion of therapy and removed time limitation for annual imaging beginning in year 6	S	Align with new NCCN guideline for Medulloblastoma
4.5	Clarification ATRT MRI Spine surveillance imaging for individuals with cord involvement at diagnosis after completion of therapy and removed time limitation for annual imaging beginning in year 6	S	Align with new NCCN guideline for Medulloblastoma

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
4.6	Clarification Pineocytomas MRI Brain surveillance imaging after completion of therapy and removed time limitation for annual imaging beginning in year 4	S	Align with new NCCN guideline for Low Grade Gliomas
4.6	Clarification Pineocytomas MRI Spine surveillance imaging for individuals with cord involvement at diagnosis after completion of therapy and removed time limitation for annual imaging beginning in year 4	S	Align with new NCCN guideline for Low Grade Gliomas
4.8	Primary Intracranial Ependymoma: Clarified MRI Brain without and with contrast can be performed after completion of therapy, changed designated intervals, and removed time limitation for annual imaging at year 3	S	New NCCN guideline
4.8	Primary Intracranial Ependymoma: Clarified individuals with metastatic cord involvement at diagnosis MRI Spine without and with contrast can be performed after completion of therapy, changed designated intervals, and removed time limitation for annual imaging at year 3	S	New NCCN guideline
4.8	Added section on primary intraspinal, allowing MRI Spine, MRI Brain without and with contrast after completion of therapy at designated intervals based on location of Ependymoma and whether there is cranial or metastatic involvement.	S	Clarification of intent
4.8	Individuals with metastatic cord involvement at diagnosis, MRI Spine without and with contrast (Cervical CPT®72156, Thoracic CPT®72157, Lumbar CPT®72158) after completion of therapy every 3 months for 1 year, then every 6 months for 1 year, then annually	S	New NCCN guideline
5.2	Clarification Pediatric Hodgkin Lymphoma surveillance individuals with stage I or II HL: CT Neck, Chest and other previously involved areas at 6 months and 12 months after completing therapy and removed annually for 2 years	S	New NCCN guideline
5.2	Clarification Pediatric Hodgkin Lymphoma surveillance individuals with stage III or IV HL: CT of the Neck, Chest, Abdomen, Pelvis, and other previously involved areas 6 months and 12 months after completing therapy and removed annually for 2 years	S	New NCCN guideline
7.7	Section Added on CMN, initial staging, treatment response, and surveillance	S	New evidence

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
9.3	Osteogenic Sarcoma surveillance Imaging: Plain Xrays of the primary tumor site should be completed every 3 months for 1 year, then every 4 months for 1 year, then every 6 months for 1 year, then annually for 2 years after completion of all therapy	S	New evidence
9.3	Added the individual does not have endoprosthesis that will cause MRI or CT artifact as an approved indication for MRI	S	New evidence
9.3	Clarified MRI without and with contrast of the primary tumor site every 3 months for 1 year, then every 4 months for 1 year, then every 6 months for 1 year, then annually for 2 years after completion of all therapy.	S	New evidence
9.3	Clarified individuals with localized OS CT Chest with or without contrast every 3 months for 1 year then every 4 months for 1 year after completion of all therapy.	S	New evidence
9.3	Clarified individuals with metastatic or recurrent OS: CT Chest with or without contrast every 3 months for 1 year, then every 4 months for 1 year, then every 6 months for 1 year, then annually for 2 years after completion of all therapy	S	New evidence
9.4	Clarified individuals with ESFT: CT Chest with or without contrast every 3 months for 1 year, then every 4 months for 1 year, then every 6 months for 1 year, then annually for 2 years after completion of all therapy	S	New evidence
9.4	Added the individual does not have endoprosthesis that will cause MRI or CT artifact as an approved indication for MRI	S	New evidence
9.4	Clarified CT with contrast or MRI without and with contrast of the primary tumor site every 3 months for 1 year, then every 4 months for 1 year, then every 6 months for 1 year, then annually for 2 years after completion of all therapy	S	New evidence
9.4	Clarified CT Chest with or without contrast every 3 months for 1 year then every 4 months for 1 year after completion of all therapy	S	New evidence
9.4	Added Chest Xray should be used for pulmonary recurrence surveillance after 24 months, and CT Chest can be approved to clarify inconclusive Chest Xray findings	S	New evidence
9.4	Clarified CT Chest with or without contrast every 3 months for 1 year, then every 4 months for 1 year, then every 6 months for 1 year, then annually for 2 years after completion of all therapy	S	New evidence

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
9.4	Clarified Nuclear bone scan should be used for evaluation of distant bony metastases every 3 months for 1 year, then every 4 months for 1 year, then every 6 months for 1 year, then annually for 2 years	S	New evidence
10.1	For stage II-IV patients: CT Chest with contrast every 3 months for 1 year then every 6 months for 1 year after completion of all therapy. Surveillance after 24 months Chest Xray	S	New evidence
18.2	Clarified CT temporal bone may be substituted for MRI Brain for otorrhea or hearing loss	S	Additional indication from EER
Non-Substantive			
Throughout guideline	Formatting and content was updated for clarification with no change in clinical intent	NS	For clarity
2.7	Added tumors of the pancreas and small bowel, Medulloblastoma and Thyroid Cancer to FAP related conditions	NS	Educational only suggested by EER
2.13	Added Pheochromocytoma or Paraganglioma to diagnosis in the family history. Added whichever is earlier	NS	Educational only suggested by EER
3.2	Added MRI Brain without and with contrast can be performed in individuals exhibiting CNS symptoms and in individuals found to have tumor burden on CSF cytology.	NS	Clarification of intent
3.2	Added most patients to relapsed ALL patients.	NS	Clarification of intent
3.2	Added or suspected new to sites of invasive fungal infections	NS	Clarification of intent
3.2	Added or other aggressive to invasive fungal infections	NS	Clarification of intent
4.8	Clarified that when assessing treatment response following resection of the tumor, a single MRI without and with contrast brain or involved spinal level(s)	NS	Clarification of intent
4.8	Clarified that when assessing treatment response following incomplete resection or high risk adjuvant radiation therapy, a single MRI without and with contrast can be done for the brain or involved spinal level(s)	NS	Clarification of intent
4.8	Clarified that when assessing treatment response of chemotherapy, MRI without and with contrast brain or involved spinal level(s) every 2 cycles during active treatment and at the end of planned chemotherapy	NS	Clarification of intent

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
4.8	Added MRI Brain without and with contrast at the end of induction chemotherapy for an individual with localized intraspinal tumors	NS	Clarification of intent
5.2	Clarification that in Pediatric Hodgkin Lymphoma initial staging all patients should undergo CT Neck, Chest, Abdomen, Pelvis, and any other symptomatic body area	NS	Clarification of intent
5.2	Clarification once a patients has a negative PET/CT (Deauville 1, 2 or 3) all subsequent treatment response evaluations should use CT only, including end of therapy evaluation.	NS	Clarification of intent
5.2	Clarification that in Pediatric Hodgkin Lymphoma initial staging all patients should undergo CT Neck, Chest, Abdomen, Pelvis and any other symptomatic body area	NS	Clarification of intent
5.3	Clarification that in Pediatric Aggressive Mature B-Cell NHL initial staging all patients should undergo CT Neck, Chest, Abdomen, Pelvis, and any other symptomatic body area	NS	Clarification of intent
5.3	Added Lugano as a scale	NS	Clarification of intent
5.4	Clarification that in Anaplastic Large Cell Lymphoma initial staging all patients should undergo CT Neck, Chest, Abdomen, Pelvis and any other symptomatic body area	NS	Clarification of intent
8.2	Restructured for improved clarity and readability	NS	Clarification of intent
8.3	Restructured for improved clarity and readability	NS	Clarification of intent
10	Clarified minimal or no visible solid component on ultrasound for staging of ovarian masses < 10 cm in size	NS	Clarification of intent requested by EER

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
Throughout guideline	Support the use of transvaginal ultrasound in sexually active patients who consent	S	As supported in literature and recommended by external reviewer
6	Adenomyosis section deleted	S	No documented pediatric cases in literature
10	Leiomyomata section deleted	S	No documented pediatric cases in literature
Non-Substantive			
Throughout guideline	Formatting and content was updated for clarification with no change in clinical intent	NS	For clarity
1.3	Allow for non contrast MRI in young children when there is a concern for gadolinium tissue deposition	NS	Evidence based literature demonstrates potential for gadolinium deposition in tissues, though there is no literature to suggest any adverse symptoms associated with gadolinium deposition
2	Added option of non contrast pelvis MRI when appropriate	NS	Made consistent with adult pelvic guidelines with no clear contraindication in pediatric literature
3	Added option of non contrast pelvis MRI when appropriate	NS	Made consistent with adult pelvic guidelines with no clear contraindication in pediatric literature
4	Added option of non contrast pelvis MRI when appropriate	NS	Made consistent with adult pelvic guidelines with no clear contraindication in pediatric literature

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
3	Added consideration of extremity US in infants	S	Supported by literature, expanded US coverage
Non-Substantive			
Throughout guideline	Formatting and content was updated for clarification with no change in clinical intent	NS	For clarity
1.3	Allow for non contrast MRI in young children when there is a concern for gadolinium tissue deposition	NS	Evidence based literature demonstrates potential for gadolinium deposition in tissues, though there is no literature to suggest any adverse symptoms associated with gadolinium deposition

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
Non-Substantive			
Throughout guideline	Formatting and content was updated for clarification with no change in clinical intent	NS	For clarity
1.3	Allow for non contrast MRI in young children when there is a concern for gadolinium tissue deposition	NS	Evidence based literature demonstrates potential for gadolinium deposition in tissues, though there is no literature to suggest any adverse symptoms associated with gadolinium deposition

GL Section #	Executive Summary of change to be reviewed in conjunction with GL	Classify as Substantive or Non-Substantive (S or NS)	Reasoning/evidence to support the change
Substantive			
Non-Substantive			
Throughout guideline	Formatting and content was updated for clarification with no change in clinical intent	NS	For clarity
1.3	Allow for non contrast MRI in young children when there is a concern for gadolinium tissue deposition	NS	Evidence based literature demonstrates potential for gadolinium deposition in tissues, though there is no literature to suggest any adverse symptoms associated with gadolinium deposition
2.3	In the absence of a red flag to warrant advanced imaging Xrays are of limited clinical value, though Xrays are of value prior to advanced imaging if advanced imaging is indicated. This is a subtle change in workflow where previously Xrays were required in all patients before considering red flag findings	NS	Revised guidance in ACR appropriateness Criteria for Back Pain-Child