



**Cohere Medicare Advantage Policy –
Computed Tomography (CT), Abdomen/Pelvis**
Clinical Policy for Medical Necessity Review

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Important Notices

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Policy Information:

Specialty Area: Diagnostic Imaging

Policy Name: Cohere Medicare Advantage Policy - Computed Tomography (CT), Abdomen/Pelvis

Type: Adult (18+ yo) | Pediatric (0-17 yo)

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Medical Necessity Criteria

Service: Computed Tomography (CT), Abdomen/Pelvis

Related CMS Documents

Please refer to the [CMS Medicare Coverage Database](#) for the most current applicable CMS National Coverage.¹⁻⁵

- [National Coverage Determination \(NCD\). Computed tomography \(CT\) \(220.1\)](#)
- [Local Coverage Determination \(LCD\). CT of the abdomen and pelvis \(L34415\)](#)
 - [Billing and Coding: CT of the abdomen and pelvis \(A56421\)](#)
- [Local Coverage Determination \(LCD\). Multiple imaging in oncology \(L35391\)](#)
 - [Billing and Coding: Multiple imaging in oncology \(A56848\)](#)

Description

Computed tomography (CT) of the abdomen/pelvis is a cross-sectional imaging modality that visualizes the abdomen and pelvis. CT generates detailed images, especially of the soft tissue, bones, and blood vessels. Intravenous and oral contrast can be used to better characterize certain pathologies in greater detail.⁶⁻⁹

Medical Necessity Criteria

Indications

Computed tomography (CT), abdomen is considered appropriate if **ANY** of the following is **TRUE²**:

- Evaluation of **ANY** of the following:
 - Abdominal pain; **OR**
 - Abdominal masses (known or suspected); **OR**
 - Fluid collections (known or suspected); **OR**
 - Malignancies (primary or metastatic); **OR**
 - Abdominal inflammatory processes; **OR**
 - Abnormalities of abdominal vascular structures; **OR**
 - Abdominal trauma; **OR**
- Clarification of findings from other imaging studies of the abdomen; **OR**
- Laboratory abnormalities suggesting abdominal pathology; **OR**
- Guidance for interventional diagnostic or therapeutic procedures within the abdomen; **OR**
- Treatment planning for radiation therapy; **OR**
- Patient is being evaluated for potential transcatheter aortic valve implantation/replacement (TAVI or TAVR) and has not undergone a CT of the abdomen within the preceding 60 days.

Computed tomography (CT), pelvis is considered appropriate if **ANY** of the following is **TRUE²**:

- Evaluation of **ANY** of the following:
 - Cysts, tumors, or masses of the pelvic structure; **OR**
 - Metastases or primary cancers to the pelvic region; **OR**
 - Inflammatory processes in the pelvis; **OR**
 - Abnormalities of pelvic vascular structures; **OR**
 - Lymphadenopathy in this region; **OR**
 - Pain of **ANY** of the following;
 - Lower abdomen; **OR**
 - Generalized abdomen; **OR**
 - Pelvis; **OR**
 - Genitourinary (GU) disorders in which the physician cannot make a diagnosis on physical examination or by ultrasound; **OR**
 - Trauma to the pelvic structure/organs; **OR**

- Effectiveness of a radiation treatment plan; **OR**
- Patient is being evaluated for potential transcatheter aortic valve implantation/replacement (TAVI or TAVR) and has not undergone a CT of the abdomen within the preceding 60 days.

Non-Indications

Computed tomography (CT), abdomen/pelvis with contrast is not considered appropriate if **ANY** of the following is **TRUE**¹⁰:

- The patient has undergone advanced imaging of the same body part within 3 months without undergoing treatment or developing new or worsening symptoms.

*NOTE: The referring professional and radiologist should discuss the risks and benefits of contrast media administration, including possible prophylaxis, in patients with chronic or worsening kidney disease or severe renal failure.

**NOTE: CT in pregnant patients should be requested at the discretion of the ordering provider and obstetric care provider.

***NOTE: CT in patients with claustrophobia should be requested at the discretion of the ordering provider.

Definitions

Bosniak Classification ⁹⁻¹⁰		
Stage	Malignancy Risk (%)	Features
I	0	Hairline-thin wall; water attenuation; no septa, calcifications, or solid components; non-enhancing.
II	0	<p>1. Few thin septa with or without perceived (not measurable) enhancement; fine calcification or a short segment of slightly thickened calcification in the wall or septa.</p> <p>2. Homogeneously high-attenuating masses less than or equal to 3 cm that are sharply marginated and do not enhance.</p>
IIF	5	<p>1. Minimally thickened or more than a few thin septa with or without perceived (not measurable) enhancement that may have thick or nodular calcification.</p> <p>2. Intrarenal non-enhancing hyperattenuating renal masses greater than 3 cm.</p>
III	50	Thickened (less than 3 mm) wall or septa with enhancement.
IV	90	Soft tissue components (e.g., nodules) with measurable enhancement.

Disclaimer on Radiation Exposure in Pediatric Populations

Due to the heightened sensitivity of pediatric patients to ionizing radiation, minimizing exposure is paramount. At Cohere, we are dedicated to ensuring that every patient, including the pediatric population, has access to appropriate imaging following accepted guidelines. Radiation risk is dependent mainly on the patient's age at exposure, the organs exposed, and the patient's sex, though there are other variables. The following technical guidelines are provided to ensure safe and effective imaging practices:

Radiation Dose Optimization: Adhere to the lowest effective dose principle for pediatric imaging. Ensure that imaging protocols are specifically tailored for pediatric patients to limit radiation exposure.^{1,12}

Alternative Modalities: Prioritize non-ionizing imaging options such as ultrasound or MRI when clinically feasible, as they are less likely to expose the patient to ionizing radiation. For instance, MRI or ultrasound should be considered if they are more likely to provide an accurate diagnosis than CT, fluoroscopy, or radiography.^{1,12}

Cumulative Dose Monitoring: Implement systems to track cumulative radiation exposure in pediatric patients, particularly for those requiring multiple imaging studies. Regularly reassess the necessity of repeat imaging based on clinical evaluation.^{1,12}

CT Imaging Considerations: When CT is deemed the best method for achieving a correct diagnosis, use the lowest possible radiation dose that still yields reliable diagnostic images.^{1,12}

Cohere Imaging Gently Guideline

The purpose of this guideline is to act as a potential override when clinically indicated to adhere to Imaging Gently and Imaging Wisely guidelines and As Low As Reasonably Possible (ALARA) principles.

Level of Care Criteria

Inpatient or Outpatient

Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description
72192	Computed tomography (CT), pelvis; without contrast material
72193	Computed tomography (CT), pelvis; with contrast material
72194	Computed tomography (CT), pelvis; without contrast material, followed by contrast material(s) and further sections
74150	Computed tomography (CT), abdomen; without contrast material
74160	Computed tomography (CT), abdomen; with contrast material
74170	Computed tomography (CT), abdomen; without contrast material, followed by contrast material(s) and further sections
74176	Computed tomography (CT), abdomen and pelvis; without contrast material
74177	Computed tomography (CT), abdomen and pelvis; with contrast material
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
76380	Computed tomography, limited or localized follow-up study

Disclaimer: S Codes are non-covered per CMS guidelines due to their experimental or investigational nature.

Evaluation of Clinical Harms and Benefits

Clinical determinations for Medicare Advantage beneficiaries are made in accordance with 42 CFR 422.101 guidance outlining CMS's required approach to decision hierarchy in the setting of NCDs/LCDs identified as being "not fully established". When clinical coverage criteria are "not fully established" Medicare Advantage organizations are instructed to create publicly accessible clinical coverage criteria based on widely-accepted clinical guidelines and/or scientific studies backed by a robust clinical evidence base. Clinical coverage criteria provided by Cohere Health in this manner include coverage rationale and risk/benefit analysis.

The potential clinical harms of using these criteria for computed tomography of the abdomen/pelvis may include:

- An inherent risk of procedure: There are inherent risks of imaging, including cumulative radiation exposure, contrast, allergy, nephrotoxicity, and contrast extravasation into surrounding tissues.⁹⁻¹²
- Potential danger to pregnancy: CT imaging completed during pregnancy confers a dose of ionizing radiation to the fetus and is generally only utilized when the potential benefits of this specific imaging modality outweigh the risks to the pregnancy.¹³ Fetal risk includes fetal demise, intrauterine growth restriction, microcephaly, delayed intellectual development, risk of childhood cancer, and fetal thyroid injury.¹³
- Increased healthcare costs and complications from the inappropriate use of additional interventions.¹⁴

The clinical benefits of using these criteria for computed tomography of the abdomen/pelvis include¹⁵:

- Detailed images of bone, soft tissue, and blood vessels allow for diagnosing conditions as well as for treatment planning and evaluation. Exploratory surgery and biopsy may be unnecessary in some scenarios due to the detail that CT provides.^{16,17}
- Appendicitis is the most common reason for emergency abdominal surgery and is difficult to diagnose clinically. Diagnostic accuracy of acute

appendicitis is 93 to 98% with CT.¹⁸ When compared to ultrasound, CT has a higher sensitivity and positive predictive value.^{19,20}

- CT scans of thorax, abdomen, or pelvic organs have been shown to be most effective in diagnosing cancers. Due to widespread availability and relatively low cost, CT is a valuable approach for cancer screening.²¹
- Enhanced overall patient satisfaction and healthcare experience.

Medical Evidence

Shah et al. (2022) performed a retrospective review of patients who had at least one CT scan of the abdomen (with or without pelvis) or MRI of the abdomen (with or without pelvis) at least 30 days post-diagnosis of Crohn's disease (CD) or ulcerative colitis (UC). The review identified factors associated with patients undergoing more than 5 CT scans of the abdomen between 2010 and 2019 and included 176,110 patients with CD and 143,460 patients with UC. From 2010 to 2019, the prevalence of individuals undergoing at least one annual CT scan of the abdomen increased with a mean annual percentage change of +3.6% for CD and +4.9% for UC. A 3.8% increase was found in the proportion of CD patients receiving greater than or equal to 5 CT scans of the abdomen annually compared to a 2.4% increase among UC patients over the ten years. The authors concluded that the prevalence of CT scans in inflammatory bowel disease patients has escalated. Future research is needed regarding the determinants influencing the utilization of CT and MRI scans.¹³

Oldroyd et al. (2021) conducted a meta-analysis that focused on using CT to identify underlying asymptomatic cancers. CT scans of the thorax, abdomen, or pelvic organs proved to be most effective in diagnosing cancer cases, accounting for most detections (5 out of 18, 28%). Due to widespread availability and relatively low cost, CT scanning is a potentially valuable approach for cancer screening.¹⁴

Baron et al. (2018) performed a systematic review and meta-analysis on the accuracy of CT in the diagnosis of intra-abdominal injuries in patients presenting to the emergency department (ED) with anterior abdominal stab wounds. The study aimed to assess the precision of abdominal and pelvic computed tomography (CTAP) in diagnosing intra-abdominal injuries that necessitate therapeutic laparotomy (THER-LAP) in ED patients with acute abdominal or abdominal and pelvic blunt trauma. A total of 575 patients were included. For stable patients with suspected abdominal aortic syndromes, relying solely on a negative CT scan without a period of observation is insufficient to rule out significant intra-abdominal injuries.²²

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Policy Revision History/Information

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Review History

Version 2	10/16/2025	<p>Annual review</p> <p>Rewrote indications to conform to L34415.</p> <p>Reframed indications for concision and clarity.</p> <p>Updated conservative care language.</p> <p>Updated DI non-indication language (e.g. removed contrast allergy bullet).</p> <p>Updated references.</p>
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