

As we notified you in the June 1, 2026, eNewsletter. Effective for dates of service on and after September 19, 2026, there are updates to Carelon Medical Benefits Management, Inc., Clinical Appropriateness Guidelines. Details below:

Radiology

Imaging of the Brain

- Expanded indications for CT cerebral perfusion

Imaging of the Extremities

- Allowances management without requiring repeat x-ray for Osteomyelitis, Avascular necrosis
- Specification for triangular fibrocartilage complex (TFCC) instability bypassing requirement for conservative management
- Meniscal tear knee: Added allowances aligned with CMBM MSK guidelines and following meniscal repair
- Knee arthroplasty pre-surgical imaging: Expanded allowance when conventional arthroplasty not feasible; specification of deformity criteria

Imaging of the Spine

- Modality specifications for Spinal Infection and Axial Spondyloarthritis
- Spine pain/radiculopathy: condensed content, added frequency limitation aligned with MSK Interventional Pain Management guidelines

Nuclear Medicine Imaging

- Condensing content for osseous tumors and established malignancy/neoplasm
- Added content for radioembolization scintigraphy using non-liver specific CPT codes

SPECT Imaging

- Guideline reaffirmed – no changes

Vascular Imaging

- Separated content into 2 guidelines: Advanced Imaging for Vascular Indications and Vascular Ultrasound and Physiologic Testing

Advanced Imaging for Vascular Indications

General

- Added indication for PET/CT for vasculitis

Brain, Head and Neck

- Added allowances for newly added CTA Head/Neck code for aneurysm, arteriovenous malformation (AVM), dissection, fibromuscular dysplasia, pulsatile tinnitus, procedure related imaging, stenosis or occlusion, and signs/symptoms/abnormal imaging
- Duplex ultrasound required prior to CTA/MRA for all signs or symptoms of stroke/TIA that have been present more than 30 days
- Removed allowance for advanced vascular imaging for syncope to align with professional society guidelines
- Added criterion for CTA/MRA for evidence of stroke on brain imaging
- Added criterion for CTA/MRA for evaluation of subclavian steal syndrome

Chest

- Added surveillance intervals following endovascular repair for thoracic aortic dissection
- Added criteria for surveillance after repair of thoracic aortic aneurysm

Abdomen and Pelvis

- Reduced required number of antihypertensive medications from 4 to 3 for renal artery stenosis to treat refractory hypertension to align with the European Society for Vascular Surgery guideline recommendations
- Added surveillance indication after endovascular revascularization of the aortoiliac vessels
- Added criterion for imaging of pelvic venous disease

Upper Extremity

- Modified post-revascularization imaging intervals in upper extremity peripheral arterial disease to align with lower extremity criteria

Lower Extremity

- Aligned the post-revascularization intervals for surgical and endovascular revascularization in peripheral arterial disease

Vascular Ultrasound and Physiologic Testing

Neck

- Added indication for Duplex ultrasound for giant cell arteritis diagnosis and management
- Removed indication for carotid imaging in syncope to align with professional society guidelines
- Added indication for duplex ultrasound to screen for carotid disease in asymptomatic high-risk patients based on professional society guidelines
- Added indication for Duplex ultrasound for traumatic vascular injury as an alternative to advanced imaging

Abdomen and Pelvis

- Added an indication for a single follow-up ultrasound in patients found to have subaneurysmal dilation of the abdominal aorta

- Added indication for surveillance following revascularization of the aortoiliac vessels based on Society for Vascular Surgery guidelines
- Added indication for duplex ultrasound for pelvic venous disease

Upper Extremity

- Added subclavian steal as an indication for physiologic testing for peripheral arterial disease
- Aligned surveillance intervals for evaluation after surgical or endovascular revascularization (physiologic testing and duplex ultrasound)
- Added indication for duplex ultrasound for upper extremity vasculitis (for axillary artery assessment in giant cell arteritis)

Lower Extremity

- Aligned surveillance intervals for evaluation after surgical or endovascular revascularization (physiologic testing and duplex ultrasound)
- Expanded criteria for surveillance of unrepaired popliteal artery aneurysms
- Added indications for lower extremity duplex ultrasound for arterial entrapment syndrome, aneurysm/dilation of vessels other than the popliteal artery, arteriovenous malformation or arteriovenous fistula and dissection or intramural hematoma since these are already included as indications for advanced imaging.

Radiology/Cardiology

[Imaging of the Heart](#)

Cardiac CT with Quantitative Evaluation of Coronary Calcification

- When CAC is used for go/no go statin decision and score is zero, 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease Arnett et al recommends repeat study in 5-10 yrs to reevaluate statin question (provided other criteria still met)

MRI Cardiac

- Expansion of criteria for when to allow cardiac MRI for hypertrophic and non-compaction cardiomyopathy

PET Myocardial Imaging

- Clarification of language in indications for PET Perfusion Imaging