

Effective Date 02/01/2022

## Medical Coverage Policy



Effective Date.....02/01/2022  
Next Review Date.....08/15/2022  
Coverage Policy Amendment ..... DV001

# Pelvis Imaging Amendment to Cigna-eviCore General Pelvis Imaging Guideline

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## Related Coverage Resources

[General Pelvis Imaging Guideline](#)  
[Transvaginal Ultrasound, Non-Obstetrical](#)

### INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment and have discretion in making individual coverage determinations. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

## Overview

This Cigna Coverage Policy replaces Section 3 Amenorrhea and Section 11.1 Pelvic Pain/Dyspareunia, Female in the Cigna-eviCore General (Adult) Pelvis Imaging guideline and applies to Cigna-administered benefit plans. All other portions of the Cigna-eviCore General Pelvis Imaging guideline remain in effect. This Amendment applies to the Cigna-eviCore General Pelvis Imaging guideline.

## Amendment

### **Pelvis 3.1: Secondary Amenorrhea**

Pelvic ultrasound (CPT® 76856 or CPT® 76857) and/or transvaginal ultrasound (CPT® 76830) is considered medically necessary for secondary amenorrhea when BOTH of the following criteria are met:

- negative pregnancy test
- elevated serum free testosterone, to rule out an androgen producing ovarian tumor

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MRI Brain (pituitary protocol) without and with contrast (CPT® 70553) is considered medically necessary for secondary amenorrhea when either of the following criteria are met:

- low Estradiol level with normal or low gonadotropins
- elevated Prolactin (PRL) level

(See Section 19: Pituitary in the Cigna-eviCore Head Imaging Guidelines.)

MRI Pelvis without contrast (CPT® 72195) or without and with contrast (CPT® 72197) is considered medically necessary for secondary amenorrhea if hysterosalpingogram (CPT® 74740), sonohysterosalpingography (CPT® 76831), or hysteroscopy is indeterminate.

### **Pelvis 3.2: Primary Amenorrhea**

Pelvic ultrasound (CPT® 76856 or CPT® 76857) and/or transvaginal ultrasound (CPT® 76830) is considered medically necessary for primary amenorrhea if physical exam/pelvic exam is indeterminate or unable to be performed.

(If ultrasound defines a uterine or vaginal anomaly, see Section 14.1: Uterine Anomalies in the Cigna-eviCore Pelvis Imaging Guidelines.)

MRI Brain (pituitary protocol) without and with contrast (CPT® 70553) is considered medically necessary for primary amenorrhea when either of the following criteria are met:

- low Estradiol level with normal or low gonadotropins
- elevated Prolactin (PRL) level

### **Pelvis 11.1: Pelvic Pain/Dyspareunia, Female**

Pelvic ultrasound (CPT® 76856 or CPT® 76857) and/or transvaginal ultrasound (TVUS) (CPT® 76830) is the initial imaging for unexplained pelvic pain and/or dyspareunia:

- add Duplex Doppler (CPT® 93975 or CPT® 93976) if there is a suspicion of ovarian torsion on the initial ultrasound
- add Duplex Doppler (CPT® 93975 or CPT® 93976) for chronic pelvic pain (pelvic pain for 6 months or greater)
- if premenopausal, pregnancy test should be performed
- if urethral diverticulum is suspected, See Section 13.2: Urethral Diverticula in the Cigna-eviCore Pelvis Imaging Guidelines
- if endometriosis is suspected, See Section 6.1: Endometriosis in the Cigna-eviCore Pelvis Imaging Guidelines

If initial ultrasound is normal, further evaluation may include urological work-up, gastroenterology work-up, laparoscopic evaluation(s) and/or screening for psychosocial factors (such as depression, anxiety).

If the initial ultrasound is equivocal for unexplained chronic pelvic pain and/or above evaluations are non-diagnostic then the following can be considered:

- CT Pelvis with contrast (CPT® 72193)
- MRI Pelvis without contrast or with and without contrast (CPT® 72195 or CPT® 72197) or MRV Pelvis (CPT® 72198), or CTV Pelvis (CPT® 72191)
- MRV Abdomen (CPT® 74185) or CTV Abdomen (CPT® 74175) if vascular intervention is planned. CTV Abdomen and Pelvis (CPT® 74174) if CTV Pelvis has not been performed

CTA Pelvis (CPT® 72191) if pelvic AVM is suspected, and if ONE of the following is present:

- pulsatile pelvic mass

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- incidental finding on prior imaging including ultrasound

### Pelvic Pain/Hip Pain/ Rule Out Piriformis Syndrome

- see Section 2: Focal Neuropathy in the Cigna-eviCore Peripheral Nerve Disorders Imaging Guidelines
- see Section 24: Hip in the Cigna-eviCore Musculoskeletal Imaging Guidelines.

### Interstitial cystitis/bladder pain syndrome (IC/BPS)

Work-up of interstitial cystitis/bladder pain syndrome (IC/BPS) may include history, physical exam, laboratory exam (urinalysis and urine culture), cystoscopy, and measurement of post void residual urine by bladder catheterization.

- pelvic ultrasound (CPT® 76856 or CPT® 76857) and/or TV ultrasound (CPT® 76830)
- CT Pelvis with contrast (CPT® 72193) may be indicated if ultrasound is equivocal for complicated interstitial cystitis/bladder pain syndrome

### Proctalgia Syndromes

Prior to advanced imaging, the evaluation of rectal/perineal pain should include:

- digital rectal examination (assess for mass, fissures, hemorrhoids, etc.)
- pelvic examination in females to exclude pelvic inflammatory disease (PID)
- recent flexible sigmoidoscopy or colonoscopy subsequent to the start of reported symptoms to exclude inflammatory conditions or malignancy

Endoanal ultrasound (CPT® 76822), MRI Pelvis with and without contrast (CPT® 72197), or CT Pelvis with contrast (CPT® 72193) are appropriate after the above studies have been performed or if laboratory or clinical information suggest infection, abscess, or inflammation.

## References

### Amenorrhea

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5. Chronic Pelvic Pain: ACOG Practice Bulletin, Number 218. *Obstet Gynecol.* 2020 Mar;135(3):e98-e109.
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