

Evolut Clinical Guideline 2029 for Follow Up, Limited or Localized Computed Tomography (CT)

<u>Guideline Number:</u> Evolut CG 2029	<u>Applicable Codes</u>	
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<u>Original Date:</u> January 2026	<u>Last Revised Date:</u> July 2025	<u>Implementation Date:</u> January 2026

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STATEMENT

General Information

- It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.
- Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines and state/national recommendations.
- The guideline criteria in the following sections were developed utilizing evidence-based and peer-reviewed resources from medical publications and societal organization guidelines as well as from widely accepted standard of care, best practice recommendations.

Purpose

Limited or localized follow-up Computed Tomography (CT) imaging is used when there is a known imaging finding for which follow-up will potentially alter management and full diagnostic imaging of that body part is not needed.

INDICATIONS

For Follow-Up Imaging ⁽¹⁻³⁾

- Limited CT scan of a localized anatomic area (any body part) is indicated when there is a known previous imaging finding for which follow-up imaging of that finding is reasonably expected to alter management and this is the CPT specifically requested by the ordering provider (i.e. full diagnostic imaging of that body part is not needed). Clinical scenarios where this study is indicated include but are not limited to the following:
 - Re-evaluation of an advanced infection (such as focal osteomyelitis, abscess)
 - Confirming location of a stent, a brachytherapy treatment medium, or a treatment-related substance ⁽⁴⁾
 - Limited CT performed intra-procedurally (such as during an angiogram) ⁽⁵⁾
 - Re-evaluation of nephrolithiasis

CODING AND STANDARDS

Codes

76380

Applicable Lines of Business

<input checked="" type="checkbox"/>	<u>CHIP (Children’s Health Insurance Program)</u>
<input checked="" type="checkbox"/>	<u>Commercial</u>
<input checked="" type="checkbox"/>	<u>Exchange/Marketplace</u>
<input checked="" type="checkbox"/>	<u>Medicaid</u>
<input checked="" type="checkbox"/>	<u>Medicare Advantage</u>

SUMMARY OF EVIDENCE

ACR-AAPM-SPR PRACTICE PARAMETER FOR DIAGNOSTIC REFERENCE LEVELS AND ACHIEVABLE DOSES IN MEDICAL X-RAY IMAGING ⁽¹⁾

Study Design: This practice parameter document provides guidance on the implementation of diagnostic reference levels (DRLs) and achievable doses (ADs) in medical X-ray imaging.

Target Population: The document is intended for physicians, nonphysician radiology providers, other ancillary personnel, and qualified medical physicists.

Key Factors: The document summarizes relevant existing US national DRL and AD values and provides guidance on optimizing patient radiation dose and image quality. It emphasizes the importance of cooperation and communication between the clinical team, medical physicists, and radiologic technologists. The document also discusses the qualifications and responsibilities of personnel involved in medical X-ray imaging and provides benchmarks for comparing X-ray dose estimates.

Standardization and optimization of CT protocols to achieve low dose ⁽²⁾

Study Design: This paper summarizes approaches to reduce radiation dose in computed tomography (CT) scans, as discussed in the 2013 UCSF Virtual Symposium on Radiation Safety in Computed Tomography.

Target Population: The study is aimed at healthcare professionals involved in CT imaging, including radiologists, technologists, and medical physicists.

Key Factors: The paper addresses the importance of justifying the medical need for each scan, tailoring scans to patients, minimizing scan length, and using tube current modulation. It also emphasizes the role of professional societies in standardizing and optimizing CT protocols. The study discusses the roles of physicians and technologists in CT protocol review and management and provides strategies for achieving low-dose CT in various body regions.

Digital radiography: The balance between image quality and required radiation dose ⁽³⁾

Study Design: This study discusses the transition from conventional screen-film imaging to digital radiography (DR) and computed radiography (CR). It explores the balance between image quality and required radiation dose, emphasizing the importance of optimizing imaging parameters.

Target Population: The study is relevant to radiologists and medical physicists who are involved in digital radiography.

Key Factors: The paper highlights the flexibility of digital systems in reducing acquisition dose at the expense of image quality and vice versa. It discusses the implementation of dose indicators and dose monitoring as mandatory for digital radiography. The study also introduces the concept of image quality classes and strategies for dose containment.

ANALYSIS OF EVIDENCE

Analysis ⁽¹⁻³⁾:

In summary, while all three articles share a common goal of optimizing radiation doses and ensuring patient safety, they differ in their focus on specific imaging modalities, techniques, and protocols. Together, these articles provide a robust framework for understanding and implementing dose reduction strategies in medical imaging.

Shared Findings

- **Radiation Dose Management:** All three articles emphasize the importance of managing and optimizing radiation doses to ensure patient safety while maintaining diagnostic image quality. They discuss various strategies for dose reduction, including the use of dose indicators, dose monitoring, and the implementation of diagnostic reference levels (DRLs) and achievable doses (ADs).
- **ALARA Principle:** The principle of As Low As Reasonably Achievable (ALARA) is a common theme across the articles. This principle aims to minimize radiation exposure while achieving the necessary image quality for accurate diagnosis.
- **Technological Advancements:** The articles highlight the role of technological advancements in reducing radiation doses. These include digital radiography, computed radiography, iterative reconstruction algorithms, and adaptive beam filtration.

POLICY HISTORY

<u>Date</u>	<u>Summary</u>
<u>July 2025</u>	<ul style="list-style-type: none"> ● <u>Adjusted guideline title</u> ● <u>Added in a Summary of Evidence and Analysis of Evidence</u>
<u>June 2025</u>	<ul style="list-style-type: none"> ● <u>New Guideline</u>

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Services Clinical Guideline Review Committee

Disclaimer

Evolut Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolut uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolut Clinical Guidelines. Evolut clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolut reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

Evolut Clinical Guidelines are comprehensive and inclusive of various procedural applications for each service type. Our guidelines may be used to supplement Medicare criteria when such criteria is not fully established. When Medicare criteria is determined to not be fully established, we only reference the relevant portion of the corresponding Evolut Clinical Guideline that is applicable to the specific service or item requested in order to determine medical necessity.

REFERENCES

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