

Effective for dates of service on and after **November 15, 2025** the following updates will apply to Carelon Medical Benefits Management, Inc. Clinical Appropriateness Guidelines. As part of the Carelon guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable health care services.

Advanced Imaging/Radiology

Imaging of the Brain

- Specification of MRI for amyloid therapy monitoring
- Expansion to remove intervals and include other amyloid therapies.
- Update for non-acute trauma to align with ACR AUC recommendations, terminology clarifications
- Combined pituitary tumor sections
- Incidentaloma size threshold aligned with cited ACR white paper.
- Added allowance for absence seizure, other clarifications aligned with operational intent
- New guideline content for Magnetoencephalography and magnetic source imaging
- Specification of objective findings for dizziness or vertigo aligned with ACR AUC
- Clarified current Hearing loss/Tinnitus allowances to align with ACR AUC.
- Specification of prior imaging to allow MRI evaluation for headache

Imaging of the Extremities

- Removal of non-joint modality for joint indication for septic arthritis
- Clarification/expansion to allow imaging confirmation for myositis
- Addition of high-risk site (medial malleolus) for fracture; Clarification for intra-articular fracture
- Removal of unsupported content for soft tissue mass
- Expanded/simplified criteria aligned with Carelon MSK guidelines for labral tear- shoulder.
- Added XR per ACR AUC for chronic shoulder pain, alignment with MSK thresholds.
- Removal of operationally vague scenario for ligament and tendon injuries- wrist now addressed under UE Pain NOS
- UE pain section combined with TFCC tear (no content change)
- Simplification of pain description for labral tear and femoral acetabular impingement- hip
- XR requirement for labral tear and femoral acetabular impingement aligned with MSK guideline
- Alignment with Carelon MSK Joint surgery guideline thresholds for meniscal tear/injury
- Removal of site-specific exclusions for Pain NOS with aligned thresholds for conservative management; updated OA grading

Imaging of the Spine

- Expanded and simplified allowances for axial spondyloarthropathy aligned with cited diagnostic thresholds
- Changes to vertebral compression fracture in alignment with ACR AUC recommendations
- Added specification for new neurologic findings for neck pain and radiculopathy
- Removed intervention candidacy requirement; Removed cervical x-ray requirements aligned with ACR AUC.
- Condensed Radiculopathy indication and Adult/Peds criteria (no content change)
- Removed intervention candidacy requirement for spinal stenosis and spondylolisthesis
- Title clarification: removed scenario addressed in other sections (not content change)

Vascular Imaging

- Cardiac surgery added to Procedure-related imaging (allows CT or CTA chest).
- Combined post-revascularization imaging and updated alignment with SVS guidelines.
- Cardiac surgery item moved to Procedure related imaging.
- Simplification for acute/subacute stroke/TIA by timing for intracranial and extracranial evaluation
- Specification for same-episode imaging
- Simplification of content by common presentation for venous thrombosis or compression, intracranial, allowance of CT/MRI in lieu of CTA/MRA, other clarifications.
- Added CT allowance for acute aortic syndrome (contrast CT may be sufficient for eval)
- Alignment of preop indications with Duplex US criteria for physiologic testing for peripheral arterial disease; other clarifications

Advanced Imaging/Radiology/Cardiovascular

Coronary CT Angiography (CCTA), Cardiac MRI, Perfusion PET, Myocardial Perfusion Imaging (MPI)

- Defined the term “preceding evaluation for CAD” in scenarios where the appropriateness of imaging is based on whether the patient has had a preceding evaluation
- Allow preoperative stress testing for CAD to align with the 2024 ACC/AHA joint practice guidelines for perioperative cardiovascular management for noncardiac surgery

For questions related to guidelines, please contact Carelon via email at MedicalBenefitsManagement.guidelines@Carelton.com. Additionally, you may access and download a copy of the current and upcoming guidelines [here](#).