

Updates to Carelon Medical Benefits Management, Inc. Clinical Appropriateness Guidelines

Effective for dates of service on and after October 20, 2024 the following updates will apply to the 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.

Radiology

Brain Imaging

Added indications for MRI and amyloid beta PET imaging in Alzheimer disease to address patients considering or receiving lecanemab

Spine Imaging

Changed “Perioperative and Periprocedural Imaging” to “Postoperative and Postprocedural Imaging;” pre-procedure requests should be reviewed based on more specific indication

Extremity Imaging

Separated criteria for osteomyelitis and septic arthritis into separate indications; US or arthrocentesis as preliminary tests were placed only in the “septic arthritis” indication

Vascular Imaging

CTA/MRA Head addition for chronic posterior circulation Stroke/TIA presentations (CTA/MRA neck already allowed, intracranial eval needed for full extent of anatomy)

Lower Extremity PAD: Updated physiologic testing parameters and added allowance for ischemic signs/symptoms at presentation, in alignment with ACR Appropriateness Criteria

Suboptimal imaging option downgrades/removals in Brain, Head and Neck and Abdomen/Pelvis

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](#).