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

Effective for dates of service on and after **September 19, 2026,** 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.

Radiology

Imaging of the Brain

- Expanded indications for CT cerebral perfusion

Imaging of the Extremities

Infection

- Allowances for management without requiring repeat x-ray for osteomyelitis, avascular necrosis
- Added specification for PET when MRI nondiagnostic

Conditions of the Upper Extremity

- Specification for triangular fibrocartilage complex (TFCC) instability bypassing requirement for conservative management

Conditions of the Lower Extremity

- Meniscal tear knee: Added allowances aligned with CMBM MSK guidelines and following meniscal repair

Knee arthroplasty pre-surgical imaging

- Expanded allowance when conventional arthroplasty is not feasible
- Specification of deformity criteria

Imaging of the Spine

Infectious and Inflammatory Conditions

- Modality specifications for Spinal Infection and Axial Spondyloarthropathy
- Add specification for FDG PET/Ct when MRI is non-diagnostic
- Added specification for CT

Pain/Radiculopathy

- Condensed content
- Added frequency limitation aligned with MSK Interventional Pain Management guidelines

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

Imaging of the Heart

Cardiac CT with Quantitative Evaluation of Coronary Calcification

- Added criteria of r CAC testing not performed within the preceding 5 years 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