Health New Zealand
Te Whatu Ora

Summary of CRR Criteria Changes for November 2026 Release

This document outlines the latest updates to the national Community Referred Radiology (CRR) criteria. The criteria are reviewed three times per year by a multidisciplinary clinical expert group, which considers feedback from across the sector and assesses proposed changes against the available evidence base. Across the criteria, changes may also simplify and clarify existing pathways so they are easier to interpret and apply in clinical practice while remaining aligned with current evidence and national guidance. The update process is managed collaboratively by the CRR Programme team, GPRL regional leads and the national HealthPathways team to maintain national consistency while remaining responsive to local insights and system learning.

Criteria changes are outlined below by modality, scan type, and whether they are a new or updated clinical indication.

Key change: Community referrers can no longer request CT colonography (CTC) directly under the updated pathway. Referral is now through the FIT pathway, with secondary care determining whether colonoscopy or CTC is appropriate, in line with the National FIT for Symptomatic Patients Guidelines. Implementation remains work in progress in some districts; existing local referral processes remain in place until changes are advised on HealthPathways. New criteria have also been introduced for CT Abdomen and Pelvis to support alignment with lower gastrointestinal pathways.

Under the updated lower gastrointestinal pathway, most patients will undergo faecal immunochemical testing (FIT), with implementation arrangements likely to vary during transition. This pathway will be reviewed in 2027 as FIT testing is rolled out to primary care.

The new CT Abdomen and Pelvis criteria provide new, defined access. Their impact will be monitored to ensure they are achieving their intended purpose. Referrers remain responsible for follow-up and management of incidental findings arising from direct access imaging.

Adult Criteria

CT Type	Any Changes to Criteria	Summary of Changes
CT Abdo / Pelvis	NEW CT type	New urgent (within 2 weeks) direct access CT Abdomen and Pelvis (CT AP) criteria - see the new CT AP Radiology Page.
CT Chest / Abdo / Pelvis (CT CAP)	Yes	• The following specific tests are now required as part of the initial work up - CBC, U&Es, CRP, calcium, ferritin, LFTs, TSH, and any other initial investigations relevant to the patient's specific presentation. • Requirement for a chest X-ray before referral has been removed. • Raised LDH in a non-haemolysed sample added to list of abnormal lab results required to refer >40yo male, or >50y female.
CT Chest	No	
CT Colonography or Colonoscopy	Significant	Updated to align with the National FIT for Symptomatic Patients Guidelines. Following referral to the local FIT Service, CT colonography (CTC) will now be arranged by the secondary care team if CTC is deemed more appropriate than Colonoscopy. CTC can no longer be requested by community referrers.

CT Head	Yes	• New 'Acute Bleed' criteria added – do not delay acute admission by arranging imaging for any patient presentation where an underlying acute bleed is suspected.
		• Seizure guidance changed for non-palliative patients aged 21y or older:
		  ○ MRI is now the first line investigation.
		  ○ CT Head is only able to be requested if discussed with and recommended by a secondary care specialist.

CT IVU / CT Renal	Yes	Guidance updated to align with national IV Contrast guidance
CT KUB	Yes	First presentation of pain separated into: • Acute (within 48h) criteria for patients who have no red flags and who do have pain at the time they present. • Routine (within 6 weeks) criteria for patients who have no red flags and who do not have pain at the

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		time of presentation (i.e. their renal colic pain has resolved).
CT Other	Yes	The CT AP criteria have been removed from CT Other, as they now have their own specific criteria and a new CT AP HealthPathway.
CT Sinus	No	

Ultrasound Type	Any Changes to Criteria	Summary of Changes
US Abdomen	Yes	New routine criteria for patients with a confirmed diagnosis of cirrhosis (as per Cirrhosis HealthPathway), where the patient is either, not yet under specialist care or has not had an ultrasound in the last 6 months.
US Carotid	No	
US DVT	No	
US Guided FNA or Core Biopsy	Yes	• Criteria updated to include Core Biopsies. • Guidance note added: Referral for ultrasound-guided tissue sampling may be accepted after discussion with the relevant specialist service. If lymphoma is part of the differential diagnosis, please request core biopsy and flow cytometry.
US MSK	No	
US Neck / Thyroid	No	
US Pelvis	Yes	• AUB criteria for women <45years with one or more factors associated with a higher risk of endometrial cancer or hyperplasia now must also have had non-uterine causes excluded (i.e. pelvic exam findings are required as part of the referral) • PCOS is now referred to as PMOS (Polyendocrine Metabolic Ovarian Syndrome) in line with updated international terminology. • The Pelvic mass criteria has been extended to include new examination finding of a bulky uterus which is suspicious for cancer.
US Renal	Yes	• Suspected chronic urinary retention with new onset incontinence and a palpable enlarged bladder

Ultrasound Type	Any Changes to Criteria	Summary of Changes
		expanded to include patients with pelvic organ prolapse resulting in obstructive urinary symptoms. • Macroscopic haematuria – eGFR less than 30mL/min and taking metformin removed as contraindications. • UTI criteria – clarified imaging for recurrent pyelonephritis same as that for recurrent UTI • Removed persistent pyelonephritis from the criteria as these patients would need admission, not community imaging. • Removed requirement for Xray KUB and pre and post void renal US for persistent UTI.
US Scrotum / Testis	No	
US Soft Tissue Mass	No	

Xray Type	Any Changes to Criteria	Summary of Changes
Xray Abdomen	Yes	Removed criteria: Persistent lower UTI or pyelonephritis and bacteria confirmed on MSU, despite treatment with appropriate antibiotic – consider colonisation of a renal tract stone and request both a pre- and post-void renal ultrasound and a KUB X-ray.
Xray Chest	Yes	• Removed requirement for a chest X-ray to always be done before a CT CAP. • - Removed 'unexplained weight loss and loss of appetite persisting for more than 3 weeks' from the list of Lung Cancer symptoms. • New neck lumps criteria – as part of an initial assessment for an underlying cause (e.g. TB, lymphadenopathy, lymphoma or other suspected malignancy (Acute within 48h) • New Inflammatory Arthritis criteria - if the patient has atypical symptoms and considering starting steroids (urgent within 2 weeks) • PMR (urgent within 2 weeks) criteria updated – ○ if the patient has atypical symptoms and considering starting steroids. • Post Surgical patients (acute within 48h) for investigation of a suspected pleural effusion, where the patient does not need acute admission.

Xray Type	Any Changes to Criteria	Summary of Changes
Xray Shoulder and upper limbs	Yes	Examples of cancers with propensity to metastasize to bone added
Xray – Pelvis/Hip and Lower Limb	Yes	Examples of cancers with propensity to metastasize to bone added
Xray Spine	Yes	Examples of cancers with propensity to metastasize to bone added

Child Criteria

NO CHANGES

Updated criteria and referral requirements will be available on local HealthPathways from November 2026. Referrers should refer to their local HealthPathway for current referral requirements.