

Whole Body Imaging (Magnetic Resonance Imaging and Computed Tomography), Imaging 53

Table of Content

[Purpose](#)
[Description & Definitions](#)
[Criteria](#)
[Coding](#)
[Document History](#)
[References](#)
[Special Notes](#)
[Keywords](#)

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

Purpose:

This policy addresses Whole Body Imaging (Magnetic Resonance Imaging and Computed Tomography)

Description & Definitions:

Whole Body Imaging includes Magnetic Resonance Imaging (MRI) and Whole-body computed tomography (CT) which are diagnostic devices that take images in by scanning the body from the head to below the hips to see bones, tissues, organs and muscles.

Criteria:

Whole body Imaging is considered medically necessary for testing of **1 or more** of the following:

- Whole body magnetic resonance imaging (MRI) with indications of **1 or more** of the following:
 - Chronic Recurrent Multifocal Osteomyelitis (CRMO) in pediatric patients
 - Multiple Myeloma
 - Li-Fraumeni Syndrome (as an annual screening)
 - Pediatric, Adult and Pregnant Patients with Hodgkin Lymphoma
 - Chronic Nonbacterial Osteomyelitis (CNO)
- Whole body computed tomography with indications of **1 or more of the** following:
 - Individual has multiple myeloma
 - Plasmacytomas

There is insufficient scientific evidence to support the medical necessity of Whole-Body Imaging for uses other than those listed in the clinical indications for procedure section.

Coding:

Medically necessary with criteria:

Coding	Description
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2021: December
- 2020: June, December
- 2019: December

Reviewed Dates:

- 2024: September – no changes references updated
- 2023: September
- 2022: September

Effective Date: January 2017

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

28th Edition. (2024). Retrieved 8 2024, from MCG: <https://careweb.careguidelines.com/ed28/index.html>

(2024). Retrieved 2024, from DMAS: <https://www.dmas.virginia.gov/#/index>

(2024). Retrieved 8 2024, from Hayes:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Whole%2520body%2520imaging%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%2522%257B%2522page%2522:0,%2522size%2522:50%252D,%2522type%2522:%2522all%2522,%2522sou>

Whole Body Imaging. (2024, 1). Retrieved 2024, from Evolent (Formerly NIA):

<https://www.radmd.com/RadMD/Common/ClinicalGuidelines.aspx?c=91>

Carelon: Oncologic Imaging. (2024, 4). Retrieved 8 2024, from Anthem:

<https://guidelines.carelonmedicalbenefitsmanagement.com/oncologic-imaging-2024-04-14/>

Imaging. (2024). Retrieved 8 2024, from CMS: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=imaging&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all>

Imaging AUC - Whole Body Imaging. (2024). Retrieved 8 2024, from National Comprehensive Cancer Network NCCN: <https://www.nccn.org/professionals/imaging/content/>

Whole Body. (2024). Retrieved 2024, from American College of Radiology (ACR): <https://www.acr.org/Search-Results#q=whole%20body>

Whole Body Imaging. (2024, 1). Retrieved 8 2024, from Cigna - EviCore: https://www.evicore.com/sites/default/files/clinical-guidelines/2024-06/Cigna_Preface%20Imaging%20Guidelines_FINAL_V2.1.2024_Eff06.07.2024_pub06.07.24.pdf

Whole Body Scanning. (2024). Retrieved 8 2024, from DynaMed: <https://www.dynamed.com/results?q=Whole%20Body%20imaging&lang=en>

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

SHP Whole Body Imaging, SHP Imaging 53, Chronic Recurrent Multifocal Osteomyelitis, CRMO, Multiple Myeloma, Li-Fraumeni Syndrome, Magnetic Resonance Imaging, MRI, Computed Tomography, CT, multiple myeloma, Whole Body MRI (WBMRI), Whole body CT, LifeScan, Whole body Low dose scanning, WB-MRI, total body, full-body, whole-body, Neck, chest, abdomen, pelvis, whole body low-dose CT (WBCT), Total-Body CT (i.e., full-body or whole-body), Whole body MRI (WBMRI), LifeScan (CT Brain, Chest, Abdomen, and Pelvis), Body CT, total-body CT scanning (TBCT)