

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

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<u>Coverage Policy</u>	Imaging 53
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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details*.

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

Systemic Light Chain Amyloidosis

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:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Special Notes: *

This medical policy expresses Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. 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.

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)