

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

Table of Content

[Description & Definitions](#)

[Criteria](#)

[Document History](#)

[Coding](#)

[Special Notes](#)

[References](#)

[Keywords](#)

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[Next Review Date](#) 1/2026

[Coverage Policy](#) Imaging 53

[Version](#) 6

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [*](#).

Description & Definitions:

Whole Body Imaging includes Magnetic Resonance Imaging (MRI) from the skull base to mid-thigh and Whole-body computed tomography (CT) of the entire skeletal system which are diagnostic devices that take images in by scanning the body to see bones, tissues, organs and muscles.

Other common names: Whole body low-dose CT (WBCT), Total-Body CT (i.e., full-body or whole-body), Whole body MRI (WBMRI), Body CT, total-body CT scanning (TBCT), WB PET scan.

Criteria:

- Whole body Imaging is considered medically necessary for testing of **1 or more** of the following:
 - o **Whole body magnetic resonance imaging (MRI, WBMRI)** for individuals with select cancer or genetic predisposition syndromes and/or indications of **1 or more** of the following:
 - Chronic Nonbacterial Osteomyelitis (CNO)
 - Chronic Recurrent Multifocal Osteomyelitis (CRMO) in pediatric patients
 - Constitutional Mismatch Repair Deficiency (CMMRD or Turcot Syndrome)
 - Hereditary Paraganglioma-Pheochromocytoma (HPP) Syndromes (PGL/PCC /SDHx mutations)
 - Hereditary retinoblastoma
 - Li-Fraumeni Syndrome (LFS)
 - Medullary Carcinoma
 - Multiple Myeloma (MM)
 - Myeloid/Lymphoid Neoplasms
 - Neurofibromatosis Type 1
 - Pediatric, Adult and Pregnant Patients with Hodgkin Lymphoma
 - Rhabdoid Tumor Predisposition Syndrome (RTPS) for diagnosis and repeated intervals

- **Whole-body computed tomography (WBCT)** also known as Low Dose Whole Body CT with indications of **1 or more** of the following:
 - Monoclonal Gammopathy of Undetermined Significance (MGUS)
 - Multiple myeloma (MM)
 - Myeloid/Lymphoid Neoplasms
 - Plasma cell dyscrasia (to differentiate MGUS, smoldering, and active myeloma/plasmacytoma)
 - Plasmacytomas
 - Systemic Light Chain Amyloidosis

Whole body CT, Whole Body MRI, and LifeScan (CT Brain, Chest, Abdomen, and Pelvis) should not be used for screening of **asymptomatic individuals**.

Whole Body Imaging is considered **not medically necessary** for any use other than those indicated in clinical criteria.

Document History:

Revised Dates:

- 2025: Expanded coverage criteria.
- 2024: September – criteria updated references updated
- 2021: December
- 2020: June, December
- 2019: December

Reviewed Dates:

- 2023: September
- 2022: September

Effective Date: January 2017

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.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Special Notes: *

- Coverage
 - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
 - Additional indications may be reviewed and included at the discretion of the medical director.
 - Whole Body PET-CT use MCG Tumor Imaging Positron Emission Tomography (PET) and PET-CT (A-0098)
- Application to Products
 - Policy is applicable to Sentara Health Plan Commercial products
- Authorization requirements
 - Pre-certification by the Plan is required.
- Special Notes:
 - Commercial
 - 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.
 - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

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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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)