

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

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[Coverage Policy](#) 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 the medical necessity of 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, 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
- 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)

Whole-body computed tomography with indications of **1 or more** of the following:

- Multiple myeloma (MM)
- Myeloid/Lymphoid Neoplasms
- Plasma cell dyscrasia (to differentiate MGUS, smoldering, and active myeloma/plasmacytoma)
- 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.

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

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:

- 2024: September – criteria updated references updated
- 2021: December
- 2020: June, December
- 2019: December

Reviewed Dates:

- 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: *

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.

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)