National Imaging Associates, Inc.*	
Clinical guidelines: **UNLISTED STUDY**	**Original Date: September 2013**
76497 - Unlisted CT **76498 – Unlisted MRI, +0698T**	**Last Revised Date: August 2021**
Guideline Number: NIA_CG_063	**Implementation Date: January 2022**

IMPORTANT NOTE
The CPT code that has been selected is considered to be an "unlisted code".

UNLISTED MRI

CPT Code 76498, Unlisted MRI, can be used in the context of:

- Radiation treatment planning
- Whole Body MRI requests related to Rare Genetic Disease Screening as determined by professional society recommendations (not an all-inclusive list):
    - Li-Fraumeni Syndrome (LFS)
    - Constitutional Mismatch Repair Deficiency (CMMRD) syndrome
    - Hereditary retinoblastoma
    - Neurofibromatosis Type 1
    - Hereditary Paraganglioma-Pheochromocytoma (PGL/PCC) Syndrome
    - Rhabdoid Tumor Predisposition Syndrome (RTPS)
    - Increased genetic risk related to other cancer-predisposing syndromes

For all other MRI studies, another CPT code should be selected that describes the specific service being requested; otherwise, this procedure cannot be approved.

***NOTE: If there is concern for bone marrow pathologies** (for example, diffuse or multifocal marrow disorders; marrow involvement in storage diseases or progression of smoldering multiple myeloma (SMM) to multiple myeloma (MM) or high risk SMM patients) **a Bone Marrow MRI study may be more appropriate, please see NIA GL 059*.**

UNLISTED CT

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CPT Code 76497, Unlisted CT, can be used in the context of:

- Low Dose Whole Body CT
    - Initial workup of plasma cell dyscrasia (to differentiate MGUS, smoldering, and active myeloma/plasmacytoma)
    - Initial staging of known or suspected of active or smoldering multiple myeloma/plasmacytoma
    - Restaging of known active or smoldering myeloma/plasmacytoma- annually if no change in patient status, or at shorter interval clinically indicated by signs/symptoms, laboratory, or radiographic concern for disease relapse or progression

For all other CT studies, another CPT code should be selected that describes the specific service being requested, otherwise this procedure cannot be approved.

BACKGROUND

Multiple myeloma is a clonal plasma cell proliferative disorder hallmark by primary infiltration of bone marrow and the production of abnormal immunoglobulins. Myeloma is the second most common hematologic malignancy after lymphoma. Osseous disease is the most prominent finding in patients with suspected multiple myeloma (including smoldering myeloma).

Given the increased sensitivity of cross-sectional imaging and low dose that the studies can be performed at this method is now preferred over skeletal radiographs. Whole body low dose CT (WBLD CT) or PET/CT the initial study of choice to evaluate patients with known or suspected multiple myeloma and smoldering myeloma (NCCN 2021). Whole body imaging with MRI is the initial study of choice for initial evaluation of solitary plasmacytoma (NCCN 2021), which is ordered as Bone Marrow MRI. Whole body imaging with PET/CT is the first choice for initial imaging of solitary plasmacytoma (NCCN 2021).

POLICY HISTORY

Date	Summary
November 2021	• Added +0698T
August 2021	• Added section for whole body MRI for rare genetic disease screening • Added: ***NOTE: If there is concern for bone marrow pathologies** (for example, diffuse or multifocal marrow disorders; marrow involvement in storage diseases or progression of smoldering multiple myeloma (SMM) to multiple myeloma (MM) or high risk SMM patients) **a Bone Marrow MRI study may be more appropriate, please see NIA GL 059*.**

	• Added**: UNLISTED CT** **CPT Code 76497, Unlisted CT**, can be used in the context of: • Low Dose Whole Body CT ○ Initial workup of plasma cell dyscrasia (to differentiate MGUS, smoldering, and active myeloma/plasmacytoma) ○ Initial staging of known or suspected of active or smoldering multiple myeloma/plasmacytoma ○ Restaging of known active or smoldering myeloma/plasmacytoma- annually if no change in patient status, or at shorter interval clinically indicated by signs/symptoms, laboratory, or radiographic concern for disease relapse or progression **For all other CT studies, another CPT code should be selected that describes the specific service being requested, otherwise this procedure cannot be approved.** • Added background information
May 2020	• No changes
August 2019	• No changes

REFERENCES

Anupindi SA, Bedoya MA, Lindell RB, et al. Diagnostic performance of whole-body MRI as a tool for cancer screening in children with genetic cancer-predisposing conditions. *Am J Roentgenol*. 2015 Aug; 205(2): 400-08.

National Comprehensive Cancer Network (NCCN). Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic. Version 1.2021. https://www.nccn.org/professionals/physician_gls/pdf/genetics_screening.pdf.

ADDITIONAL RESOURCES

Chavhan GB, Babyn PS. Whole-body MR imaging in children: principles, technique, current applications, and future directions. RadioGraphics 2011; 31:1757–1772.

Gavriatopoulou M, Boultadaki A, Koutoulidis V, et al. The role of low dose whole body CT in the detection of progression of patients with Smoldering Multiple Myeloma. *Blood Cancer J*. 2020 Sep 25;10(9):93. doi: 10.1038/s41408-020-00360-9.

Goo HW, Choi SH, Ghim T, Moon HN, Seo JJ. Whole-body MRI of paediatric malignant tumours: comparison with conventional oncological imaging methods. Pediatr Radiol 2005; 35:766–773.

Hisada M, Garber JE, Fung CY, Fraumeni JF Jr, Li FP. Multiple primary cancers in families with Li-Fraumeni syndrome. J Natl Cancer Inst 1998; 90:606–611.

Kellenberger CJ, Epelman M, Miller SF, Babyn PS. Fast STIR whole-body MR imaging in children. RadioGraphics 2004; 24:1317–1330.

Monsalve J, Kapur J, Malkin D, Babyn PS. Imaging of cancer predisposition syndromes in children. RadioGraphics 2011; 31:263–280.

Ormond Filho AG, Carneiro BC, Pastore D, et al. Whole-body imaging of Multiple Myeloma: Diagnostic criteria. *Radiographics*. 2019 Jul-Aug;39(4):1077-1097. doi: 10.1148/rg.2019180096.

Siegel MJ, Acharyya S, Hoffer FA, et al. Whole-body MR imaging for staging of malignant tumors in pediatric patients: results of the American College of Radiology Imaging Network 6660 Trial. Radiology 2013; 266:599–609.

Villani A, Tabori U, Schiffman J, et al. Biochemical and imaging surveillance in germline *TP53* mutation carriers with Li-Fraumeni syndrome: a prospective observational study. Lancet Oncol 2011; 12:559–567.

Reviewed / Approved by NIA Clinical Guideline Committee

GENERAL INFORMATION

It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.

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