*National Imaging Associates, Inc.	
Clinical guidelines: **UNLISTED STUDY**	**Original Date: September 2013**
76497 - Unlisted CT **76498 – Unlisted MRI**	**Last Revised Date: March 2023**
Guideline Number: NIA_CG_063	**Implementation Date: January 2024**

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.*
- *Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines and state/national recommendations.*

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 - see background):
    - 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; chronic recurrent multifocal osteomyelitis; 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

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 as this method is now preferred over skeletal radiographs. Whole body MRI without contrast, 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.[1, 2] Whole body imaging with MRI (or PET/CT if MRI is not available) is the initial study of choice for initial evaluation of solitary osseous plasmacytoma,[1, 2] which is ordered as Bone Marrow MRI. Whole body imaging with PET/CT is the first choice for initial imaging of solitary extraosseous plasmacytoma.[1, 2]

Summary of Key American Association of Cancer Research Recommendations for WB-MRI Screening in Cancer Predisposition Syndrome[3, 4]	
Li-Fraumeni syndrome	Every 12 mos. from diagnosis
Constitutional mismatch repair deficiency syndrome	Every 12 mos. beginning at 6-8 y old
Hereditary paraganglioma-pheochromocytoma syndrome	Every 24 mos. beginning at 6-8 y old
Hereditary retinoblastoma	Every 12 mos. beginning at 8 y old
Neurofibromatosis:	
Type 1	Baseline tumor burden assessment at 16–20 y old
Type 2	Considered based on symptoms and lesion location

REFERENCES

1. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic Version 2.2023. National Comprehensive Cancer Network (NCCN). Updated January 10, 2023. Accessed January 19, 2023. https://www.nccn.org/professionals/physician_gls/pdf/genetics_bop.pdf
2. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Multiple Myeloma Version 3.2023. National Comprehensive Cancer Network (NCCN). Updated December 8, 2022. Accessed February 21, 2023. https://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf
3. Grasparil AD, Gottumukkala RV, Greer M-LC, Gee MS. Whole-body MRI surveillance of cancer predisposition syndromes: current best practice guidelines for use, performance, and interpretation. *American Journal of Roentgenology*. 2020;215(4):1002-1011.
4. Gottumukkala RV, Gee MS, Hampilos PJ, Greer MC. Current and Emerging Roles of Whole-Body MRI in Evaluation of Pediatric Cancer Patients. *Radiographics*. Mar-Apr 2019;39(2):516-534. doi:10.1148/rg.2019180130

POLICY HISTORY

Date	Summary
March 2023	• Updated and background and references • General Information moved to beginning of guideline with added statement on clinical indications not addressed in this guideline
April 2022	No changes

Reviewed / Approved by NIA Clinical Guideline Committee

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