

EVOLENT CLINICAL GUIDELINE 063 FOR UNLISTED STUDY

Guideline or Policy Number: Evolent_CG_063	<u>Applicable Codes</u>	
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STATEMENT

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.

Purpose

Whole Body Magnetic Resonance Imaging (MRI) generates images of the whole body (skull base to mid-thigh) without the use of ionizing radiation. It is used to evaluate for conditions where imaging of the whole body is needed such as certain genetic syndromes and rare diseases. MRI can also be used for radiation planning. CPT 76498 is used for either Whole Body MRI or radiation planning MRI.

Whole Body Low Dose Computed Tomography (CT) generates images of the whole skeleton and can be used when images of the entire skeletal system is needed such as for certain hematologic malignancies. CPT 76497 is used when Whole Body Low Dose CT is needed.

Special Note

When used for CT or MRI, another CPT code should be selected that describes the specific service being requested. This code is only to be used when there is not an existing CPT code to describe the requested imaging study. As there is no dedicated CPT code for whole body MRI or CT, the unlisted code is used when whole body imaging is needed rather than individual body part studies.

INDICATIONS FOR UNLISTED MRI

Unlisted MRI (CPT Code 76498)

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), Annually, all ages^(1,2)
- Constitutional Mismatch Repair Deficiency (CMMRD) syndrome as clinically indicated
- Hereditary Retinoblastoma as clinically indicated
- Neurofibromatosis Type 1 as clinically indicated⁽³⁾
- Hereditary Paraganglioma-Pheochromocytoma (PGL/PCC) Syndrome (SDHx mutations) every 2 years⁽⁴⁾
- Rhabdoid Tumor Predisposition Syndrome (RTPS) at diagnosis and then at the following intervals:
 - Age 0-6 months: monthly
 - Age 7 months - 18 months: every 2 months when Brain and Spine MRI are not ordered
 - Age 19 months - 5 years: every 3 months when Brain and Spine MRI are not ordered
 - Age > 5 years: every 6 months
 - **NOTE:** between ages 7 months and 5 years, WB MRI may not be as reliable for the imaging the neuraxis and Brain and Spine MRI can be approved in lieu of WB MRI if requested. After age 5, the preferred surveillance imaging study is WB MRI.

Rhabdoid Tumor Predisposition Syndrome is rare and aggressive, thus frequent imaging is warranted.

Whole Body MRI using CPT 76498 is used for evaluation of the soft tissue and bone. For conditions where imaging of the bone marrow is needed (such as chronic recurrent multifocal osteomyelitis and smoldering/multiple myeloma), please see indications for Bone Marrow MRI (Evolent_CG_059).

INDICATIONS FOR UNLISTED CT

Unlisted CT (CPT Code 76497)

CPT Code 76497, Unlisted CT, can be used when imaging of the whole body is needed for certain hematologic malignancies:

- Low Dose Whole Body CT is indicated for the evaluation of the following conditions:
 - Multiple Myeloma - monoclonal proliferation of plasma cells with myeloma-defining CRAB (Calcium level elevation, Renal failure, Anemia, or Bone lesions) findings
 - Monoclonal Gammopathy of Undetermined Significance (MGUS) - monoclonal proliferation of plasma cells without myeloma-defining CRAB
 - Solitary Plasmacytoma - monoclonal plasma cells manifesting as a single tumor

- Smoldering Multiple Myeloma - monoclonal proliferation of plasma cells in bone marrow and/or serum/urine with abnormal levels of monoclonal protein (asymptomatic precursor state of MM)⁽⁵⁾
- Low Dose Whole Body CT for the **above conditions** is indicated at the following intervals:
 - Suspected Disease
 - Initial Staging of Known Disease
 - Restaging on Active Treatment
 - Surveillance
 - Annually if in asymptomatic
 - More frequent imaging as clinically indicated by signs/symptoms, laboratory, or radiographic concern for disease relapse or progression

CODING AND STANDARDS

Coding

CPT Codes

Unlisted CT - 76497, +0722T

Unlisted MRI - 76498, +0698T

Applicable Lines of Business

<input checked="" type="checkbox"/>	CHIP (Children's Health Insurance Program)
<input checked="" type="checkbox"/>	Commercial
<input checked="" type="checkbox"/>	Exchange/Marketplace
<input checked="" type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare Advantage

BACKGROUND

Contraindicated and Preferred Studies

- Contraindications and reasons why a CT/CTA cannot be performed may include: impaired renal function, significant allergy to IV contrast, pregnancy (depending on trimester)
- Contraindications and reasons why an MRI/MRA cannot be performed may include: impaired renal function, claustrophobia, non-MRI compatible devices (such as non-

compatible defibrillator or pacemaker), metallic fragments in a high-risk location, patient exceeds weight limit/dimensions of MRI machine

POLICY HISTORY

Summary

Date	Summary
May 2024	<ul style="list-style-type: none">• Clarified purpose of the guideline• Clarified the frequency and detail on why you would get an unlisted study• Whole Body MRI discussed and refer the user to Bone Marrow MRI guideline• Defined the points in time on when you would get the study• Reduced the background section• Added CPT Codes +0722T and +0698T per Clinical Informatics• Added Contraindications and Preferred Studies section in background
March 2023	<ul style="list-style-type: none">• Updated background and references• General Information moved to beginning of guideline with added statement on clinical indications not addressed in this guideline

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Clinical Guideline Review Committee

Disclaimer

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agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

REFERENCES

1. NCCN. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic Version 3.2024. National Comprehensive Cancer Network®. 2024; Accessed April 2024:
2. Schneider K, Zelle K, Nichols K, et al. Li-Fraumeni Syndrome. 1999 Jan 19 [Updated 2019 Nov 21]. GeneReviews® [Internet]. 2019; Accessed Feb 2024:
3. Friedman J. Neurofibromatosis 1. [Updated 2022 Apr 21]. GeneReviews® [Internet]. 2022; Accessed Feb 28, 2024:
4. NCCN. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Neuroendocrine and Adrenal Tumors Version 1.2023. National Comprehensive Cancer Network®. 2023; Accessed April 17, 2024:
5. Mateos M, Kumar S, Dimopoulos M, González-Calle V, Kastritis E S O R et al. International Myeloma Working Group risk stratification model for smoldering multiple myeloma (SMM). Blood cancer journal. 2020; 10: 102. 10.1038/s41408-020-00366-3.