MEDICAL POLICY STATEMENT
Michigan Health Link

Policy Name & Number	Date Effective
Unlisted Codes-MRI and CT Imaging Studies-MI Health Link-MM-1567	06/01/2024-05/31/2025
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Unlisted Codes-MRI and CT Imaging Studies

B. Background

Generally, Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) imaging codes reflect a specific anatomic part or section of the body. In some cases, a whole-body MRI or CT may be needed for appropriate diagnosis and care of the patient. In those cases, an "unlisted code" (ie, non-specific) may be required as no other MRI or CT imaging code reflects the entire body.

Whole body imaging with MRI/CT is the study of choice for initial evaluation and/or screening for the conditions listed in this policy, such as multiple myeloma. Multiple myeloma is an oncologic disorder in which plasma cells amass in the bone marrow, produce abnormally high levels of immunoglobulin proteins, and eventually form tumors. A single tumor (solitary plasmacytoma) or multiple tumors may be found in various locations but are most commonly found in bone marrow. The term multiple myeloma is used when multiple tumors are present, or the bone marrow has more than 10% plasma cells.

Osseous disease is the most common, prominent finding in patients with suspected multiple myeloma. Low dose bone marrow MRI imaging studies are now preferred over skeletal radiographs, and whole-body CT imaging is the first choice for initial imaging of a solitary plasmacytoma.

C. Definitions

- **Computed Tomography (CT)** – A computerized x-ray imaging procedure in which a narrow beam of x-rays is aimed at a patient and quickly rotated around the body, producing signals that are processed by the machine's computer to generate cross-sectional images or "slices."
- **Current Procedural Terminology (CPT®)** – Codes that offer doctors and health care professionals a uniform language for coding medical services and procedures to streamline reporting and increase accuracy and efficiency.
- **Magnetic Resonance Imaging (MRI)** – An imaging test that uses powerful magnets and radio waves to create pictures of the body without the use of radiation.
- **Unlisted CPT® Code** – An unlisted CPT® code represents an item, service, or procedure for which there is no specific CPT® code.

D. Policy

I. CareSource considers unlisted CPT® codes medically necessary and require a medical necessity review in **any** of the following:

A. Unlisted CT - low dose whole-body CTs do not have a specific CPT® code. CPT® code 76497 can be used in one of the following:

1. Initial workup of plasma cell dyscrasia (to differentiate monoclonal gammopathy of undetermined significance, smoldering, and active myeloma/plasmacytoma)
2. Initial staging of known or suspected active or smoldering multiple myeloma/plasmacytoma
3. Restaging of known active or smoldering myeloma/plasmacytoma conducted annually if no change in patient status, or at shorter intervals clinically indicated by signs/symptoms, laboratory, or radiographic concern for disease relapse or progression

B. Unlisted MRI - whole body MRIs do not have a specific CPT® code. CPT® code 76498 can be used for one of the following:
   1. rare genetic disease screening including, but not limited to:
      a. Constitutional Mismatch Repair Deficiency Syndrome
      b. hereditary Retinoblastoma
      c. hereditary Paraganglioma-Pheochromocytoma Syndrome
      d. increased genetic risk related to other cancer-predisposing syndromes
      e. Li-Fraumeni Syndrome
      f. Neurofibromatosis Type 1
      g. Rhabdoid Tumor Predisposition Syndrome
   2. radiation treatment planning

C. If a CPT® code exists that is specific to the MRI or CT service being requested, that code should be utilized.

CPT®	Description
76497	Unlisted CT procedure (eg, diagnostic or interventional)
76498	Unlisted MR procedure (eg, diagnostic or interventional)

E. Conditions of Coverage
NA

F. Related Policies/Rules
NA

G. Review/Revision History

	DATE	ACTION
Date Issued	12/13/2023	New policy. Approved at Committee.
Date Revised	03/13/2024	Annual review. Updated references. Approved at Committee.
Date Effective	06/01/2024	
Date Archived	05/31/2025	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

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