Molina Clinical Policy
Whole Body MRI and/or CT
Policy No. 662

Last Approval: 08/12/2026
Next Review Due By: August 2027

DISCLAIMER

This Molina Clinical Policy (MCP) is intended to facilitate the Utilization Management process. Policies are not a supplementation or recommendation for treatment; Providers are solely responsible for the diagnosis, treatment, and clinical recommendations for the Member. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (e.g., will be paid for by Molina) for a particular Member. The Member's benefit plan determines coverage – each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their Providers will need to consult the Member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a Member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid Members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this MCP and provide the directive for all Medicare members. References included were accurate at the time of policy approval and publication.

OVERVIEW

Magnetic Resonance Imaging (MRI) involves multiplanar imaging based on an interaction between radiofrequency electromagnetic fields and certain nuclei in the body (typically hydrogen nuclei) once a body has been placed in a strong magnetic field. MRI distinguishes between normal and abnormal tissues to give providers a sensitive examination to identify disease. The sensitivity correlates with the high degree of inherent contrast due to variations in the magnetic relaxation properties of different tissues (normal and diseased), and the necessity of the MRI signal on tissue properties (ACR 2022).

MRI can be contraindicated in any of the following circumstances: there is a metallic body anywhere in the body that is ferromagnetic, the individual has a magnetically activated implanted device (e.g., pacemakers, defibrillators, insulin pumps, neurostimulators, some types of metal), or an aneurysm clipping. The imaging facility should always be consulted with any compatibility questions as the types of metal used and development of MRI compatible devices is continually changing. A whole-body MRI uses powerful magnets and radio waves to create pictures of the body's bony and soft tissue structures. An MRI does not use ionizing radiation (x-rays).

Computed Tomography (CT) utilizes narrow beam x-rays to create computerized cross-sectional images of the body. CT imaging is quick and is therefore best when trying to rapidly assess a patient's status.

COVERAGE POLICY

Whole Body MRI

Whole Body MRI may be **considered medically necessary** when ANY of the following criteria are met:

1. **Any malignancy detected in a pregnant patient**
2. **Bony Metastases:** Whole Body MRI is reported to have a higher accuracy for metastases than other whole-body imaging techniques, including bone scintigraphy and PET/CT as it is sensitive for both initial diagnosis and response to treatment.
3. **Multiple Myeloma** and similar disease processes including Monoclonal Gammopathy of Undetermined Significance (MGUS), Solitary Plasmacytoma, and Smoldering Myeloma
4. **Lymphoma:** The medical literature supports Whole Body MRI, especially for patients with low FDG avidity.
5. **Bone Marrow:** Whole Body MRI may be useful to assess the bone marrow involvement in malignancy.
6. **Staging Solid Pediatric Malignancies** (e.g., neuroblastoma, Ewing sarcoma, and rhabdomyosarcoma).

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7. **Identifying Complications of Cancer Therapy** (e.g., osteonecrosis [steroid induced]).

8. **Screening Surveillance in Cancer Predisposition Syndromes**, such as:
   a. Neurofibromatosis (both NF1 and NF2)
   b. Li-Fraumeni Syndrome
   c. Hereditary Paraganglioma Pheochromocytoma Syndrome
   d. Hereditary Retinoblastoma

9. **Rheumatologic Disease:** Global assessment of active and chronic disease of joints and tendons in both axial and appendicular skeleton to detect pre-structural inflammatory changes in joints, discs, synovium, bone marrow and soft tissues for the following disease processes:
   a. Rheumatoid Arthritis (RA)
   b. Psoriatic Arthritis
   c. Ankylosing Spondylitis
   d. Systemic Sclerosis (Scleroderma)
   e. Juvenile Spondyloarthropathies
   f. SAPHO (synovitis, acne, pustulosis, hyperostosis, osteitis) syndrome

10. **Multifocal Inflammatory Myopathies:** To assess total disease burden and target sites of active disease for biopsy of the following:
    a. Polymyositis
    b. Muscular Dystrophies

11. **Multifocal Osteonecrosis** due to any of the following:
    a. Sickle Cell (to distinguish osteomyelitis from osteonecrosis)
    b. Alcohol Misuse
    c. Coagulopathies
    d. Systemic Lupus Erythematosus (SLE)
    e. Renal Failure

12. **Multifocal Bone Lesions and Marrow Replacement Processes,** such as:
    a. Multiple Exostoses (for detection of malignant transformation)
    b. Langerhans Cell Histiocytosis
    c. Gaucher Disease, and other applicable metabolic storage diseases
    d. Chronic recurrent multifocal osteomyelitis

13. **Vascular Malformation Syndromes** that may affect multiple organs, bones, and soft tissues such as:
    a. Sturge-Weber Syndrome
    b. von Hippel-Lindau Syndrome
    c. Osler-Weber-Rendu (or Hereditary Hemorrhagic Telangiectasia)
    d. Angiomatosis
    e. Gorham's Disease
    f. Maffucci's Syndrome
    g. Klippel-Trénaunay-Weber Syndrome

14. **Workup of Fever of Unknown Origin (FUO)**

15. **Radiation Therapy Planning**

Whole Body CT

Whole Body CT may be **considered medically necessary** when ANY of the following criteria are met:

1. Trauma (e.g., high speed MVA, fall from a great height, explosion) [Note: Not applicable to the outpatient setting.]

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2. For indications involving osseous structures when utilized as a substitute for whole body MRI, if MRI is contraindicated

Additional Critical Information

The above medical necessity recommendations are used to determine the best diagnostic study based on a Member's specific clinical circumstances. The recommendations were developed using evidence-based studies and current accepted clinical practices. Medical necessity will be determined using a combination of these recommendations as well as the Member's individual clinical or social circumstances.

- Tests that will not change treatment plans should not be recommended.
- Same or similar tests recently completed need a specific reason for repeat imaging.

DOCUMENTATION REQUIREMENTS: Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational, or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

SUMMARY OF MEDICAL EVIDENCE

For peer-reviewed studies used in the development and update of this policy, please see the *References* section.

National and Specialty Organizations

The **American College of Radiology (ACR)** (2022) also published the *ACR Practice Parameter for Performing and Interpreting Magnetic Resonance Imaging (MRI).* Guidance is provided on indications and contraindications for MRI, provider qualifications to perform MRI, specifications of the examination, proper documentation, equipment specifications, and safety guidelines. A section regarding quality control and improvement is also included with information on safety, infection control, and patient education.

The **American College of Obstetricians and Gynecologists (ACOG)** (2017) published *Committee Opinion No. 723: Guidelines for Diagnostic Imaging During Pregnancy and Lactation.* The guidance provides an overview of safety, necessity, and clinical usefulness of imaging studies for acute and chronic conditions during pregnancy. Ultrasound and MRI are the preferred choice of imaging for pregnant patients. However, these modalities should only be utilized when medically necessary. The risk of radiation exposure to the fetus is low as radiography, CT and nuclear medicine use lower doses of radiation. Further, patients do not need to stop breastfeeding if imaging studies are necessary.

CODING & BILLING INFORMATION

CPT (Current Procedural Terminology)

Code	Description
76497	Unlisted computed tomography procedure (e.g., diagnostic, interventional) [when specified as whole body CT]
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional) [when specified as whole body MRI]

CODING DISCLAIMER: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.

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APPROVAL HISTORY

08/12/2026	Policy reviewed. No changes to coverage criteria.
08/13/2025	Policy revised. Added three indications: SAPHO (synovitis, acne, pustulosis, hyperostosis, osteitis) syndrome, any malignancy detected in a pregnant patient, and chronic recurrent multifocal osteomyelitis. IRO peer-reviewed on July 27, 2025, by a practicing physician board certified in Diagnostic Radiology.
08/14/2024	Policy reviewed. No changes to coverage criteria.
08/09/2023	Policy revised. Title updated, and criteria updated to include note on whole body CT indications. Overview, Summary of Medical Evidence, and References updated. Grammatical edits to Disclaimer section and Documentation Requirements disclaimer.
02/08/2023	Policy reviewed. No changes to coverage criteria.
02/09/2022	New policy.

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