



MASSACHUSETTS

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Medical Policy

Magnetic Resonance Imaging (MRI) Bone Marrow Blood Supply

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Policy Number: 798

BCBSA Reference Number: N/A

Related Policies

- **Medicare Advantage: High-Technology Radiology and Sleep Disorder Management Clinical and Utilization Guidance Redirect, #[923](#)**
- Fetal MRI, #[770](#)
- Functional Magnetic Resonance Imaging (fMRI) Brain, #[771](#)
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- Magnetic Resonance Imaging (MRI) Lower Extremity (Joint & Non-Joint), #[779](#)
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- Magnetic Resonance Imaging (MRI) Orbit, Face & Neck (Soft Tissues), #[780](#)
- Magnetic Resonance Imaging (MRI) Pelvis, #[781](#)
- Magnetic Resonance Imaging (MRI) Temporomandibular Joint (TMJ), #[782](#)
- Magnetic Resonance Imaging (MRI) Thoracic Spine, #[783](#)
- Magnetic Resonance Imaging (MRI) Upper Extremity (Any Joint), #[784](#)
- Magnetic Resonance Imaging (MRI) Upper Extremity (Non-Joint), #[785](#)
- Magnetic Resonance Spectroscopy (MRS), #[488](#)

Policy¹

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Magnetic Resonance Imaging (MRI) Bone Marrow Supply is considered **[MEDICALLY NECESSARY](#)** for the following conditions:

Myeloma^{2,3}

- Diagnosis when all of the following are met:

- No lytic bone lesions seen on whole body radiography
 - Note: for further characterization of an equivocal bone lesion seen on whole body radiography. A dedicated MRI of the region (i.e. cervical, thoracic, lumbar spine, pelvis or extremity) should be obtained
- To establish the diagnosis of myeloma at least one of the following is required:
 - Biopsy proven plasmacytoma
 - Clonal bone marrow plasma cells greater than 10%
 - M-protein greater than or equal to 3 g/dL and/or 10 to 60 percent bone marrow plasma cells

Note: The evidence for use of MRI in myeloma is insufficient for the evaluation of the following: Response to therapy, prognosis, and monoclonal gammopathy of uncertain significance (MGUS). For myeloma with back pain, see tumor evaluation (cervical, thoracic, lumbar spine).

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	The requirements of BCBSMA Radiology Management Program may require a precertification/prior authorization via AIM Specialty Health. These requirements are member-specific:
Commercial PPO and Indemnity	<p>Please verify member eligibility and requirements through Online Services by logging onto Provider Central. Refer to our Quick Tip for an overview of precertification and prior authorization requirements.</p> <p>Ordering clinicians should request pre-certification from AIM Specialty Health or call 1-866-745-1783 (when applicable).</p> <p>Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products.</p>

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

CPT Codes

CPT codes:	Code Description
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT codes above if medical necessity criteria are met:

ICD-10 diagnosis coding

ICD-10-CM- diagnosis codes:	Code Description
C90.00	Multiple myeloma not having achieved remission
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.30	Solitary plasmacytoma not having achieved remission
D47.2	Monoclonal gammopathy
E88.09	Other disorders of plasma-protein metabolism, not elsewhere classified

Policy History

Date	Action
1/2018	Prior authorization information for Medicare HMO Blue and Medicare PPO Blue removed. Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products . 1/1/2018
5/2017	Prior Authorization Information clarified. 5/1/2017
7/2016	New medical policy describing medically necessary indications. Effective 7/1/2016. Adopted AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Imaging of Bone Marrow Blood Supply. Effective Date: March 1, 2016.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

1. Siegel MJ. MRI of Bone Marrow. In: Kransdorf MJ, Reinhold C, Ho VB, eds. *Syllabus of the American Roentgen Ray Society (ARRS) 2006 Cateogrical Course. Body MRI*. ARRS; 2006:243-254.
2. Dimopoulos MA, Hillengass J, Usmani S, et al. Role of Magnetic Resonance Imaging in the Management of Patients With Multiple Myeloma: A Consensus Statement. *J Clin Oncol*. 2015 Jan 20
3. Rajkumar SV, Dimopoulos MA, Palumbo A, et al. International Myeloma Working Group updated criteria for the diagnosis of multiple myeloma. *Lancet Oncol*. 2014 Nov;15(12):e538-48.

Endnotes

¹ Based on AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Imaging of Bone Marrow Blood Supply.