

Commercial Reimbursement Policy		
Subject: Three-Dimensional (3D) Radiology Services – Professional and Facility		
Policy Number: C-12006	Policy Section: Radiology	
Last Approval Date: 10/01/2022	Effective Date: 01/01/2023	

Disclaimer

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Anthem Blue Cross (Anthem) benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Our policies apply to both participating and nonparticipating professionals and facilities as indicated.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem:

- Reject or deny the claim
- Recover and/or recoup claim payment

Anthem's reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, State, Federal or Centers for Medicare and Medicaid Services (CMS) contracts and/or requirements. System logic or set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Anthem strives to minimize these variations.

Policy

The Health Plan considers 3D radiology services to be included in the reimbursement for the imaging study performed and not eligible for separate reimbursement unless provider, state, or federal contracts and/or mandates indicate otherwise.

3D radiology services are considered elective, visual enhancements that may be applied to imaging studies, as defined in the related coding section below.

Related Coding				
Code	Description	Comments		
76376	3D rendering with interpretation and	Not eligible for separate		
	reporting of computed tomography,	reimbursement;		
	magnetic resonance imaging, ultrasound,	modifiers will not override these		
	or other tomographic modality; not	edits		



	requiring image post-processing on an independent workstation	
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image post-processing on an independent workstation	Not eligible for separate reimbursement; modifiers will not override these edits

Policy History	
10/01/2022	Initial approval 10/01/2022 and effective 01/01/2023: minor language changes;
	added facility language to policy and updated title to ThreeDimensional (3D)
	Radiology Services – Professional and Facility

References and Research Materials

This policy has been developed through consideration of the following:

- American Medical Associations (AMA)
- CMS
- CPT® 2021

Definitions		
Three-dimensional (3D)	Uses multiple thin sections of images and reconstructs them into 3D	
rendering of imaging	images which can extract and display anomalies and/or structures	
studies	to optimize visualization of the pathology	
General Reimbursement Policy Definitions		

Related Policies and Materials Bundled Services and Supplies - Professional

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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