

Commercial Reimbursement Policy

Subject: **Three-Dimensional (3D) Radiology Services – Professional and Facility**

Policy Number: **C-22004**

Policy Section: **Radiology**

Last Approval Date: **07/17/2024**

Effective Date: **07/17/2024**

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by an Anthem member's 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. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

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

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

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

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

Policy History

07/17/2024	Review approved and effective: updated Definition section
07/27/2022	Initial policy approved and effective: retired Three-Dimensional Radiology Services Professional (C-12006) and Three-Dimensional Radiology Services- Facility (C-13003) and combined into a new blended policy titled Three-Dimensional (3D) Radiology Services – Professional and Facility (C-22004)

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Optum EncoderPro 2024

Definitions

3D radiology (or rendering of imaging studies)	The reconstruction of multiple thin sections of images into 3D images which can display anomalies or structures and enhance visualization of pathology
General Reimbursement Policy Definitions	

Related Policies and Materials

Bundled Services and Supplies – Professional

Use of Reimbursement Policy

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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