FIRST COAST SERVICE OPTIONS
MAC - PART A/B
LOCAL COVERAGE DETERMINATION

LCD Database ID Number
L33256

Contractor Name
First Coast Service Options, Inc.

Contractor Number
09101 - Florida
09201 – Puerto Rico/Virgin Islands
09102 – Florida
09202 – Puerto Rico
09302 – Virgin Islands

Contractor Type
MAC – Part A and B

LCD Title
3D Interpretation and Reporting of Imaging Studies

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CMS National Coverage Policy

Language quoted from CMS National Coverage Determination (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

CMS Manual System, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, Sections 80 and 80.6 – 80.6.4
CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.2.3
CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapter 13, Section 13.5.1
42 CFR §410.32
Primary Geographic Jurisdiction

Florida
Puerto Rico/Virgin Islands

Oversight Region

Region I

Original Determination Effective Date

10/01/2015

Original Determination Ending Date

N/A

Revision Effective Date

10/01/2016

Revision Ending Date

09/30/2016

Indications and Limitations of Coverage and/or Medical Necessity

Indications:

The technological approach of multi-slice imaging along with the enhanced imaging techniques has allowed for the generation of three-dimensional (3D) images known as 3D reconstruction or 3D rendering. Three-dimensional imaging has been applied to ultrasound, echocardiography, computed tomography (CT), magnetic resonance imaging (MRI), and other tomographic modalities. Applications of this technology include, for example, coronary artery imaging, visualization of central nervous system vasculature, and enhanced imaging of the thorax which includes, for example, aortic aneurysms, embolic disease, and inflammatory and neoplastic lesions. As with any diagnostic testing, the procedure should be furnished in accordance with accepted standards of medical practice based on the patient’s diagnosis, signs, and symptoms. This additional procedure applied to a base procedure must meet but not exceed the patient’s medical need.

Three dimensional rendering codes should be reserved for situations where the additional image is necessary for a complete depiction of an abnormality from the 2D study or for surgical planning.

For non-hospital based outpatient services, it is expected that the ordering/referring physician/nonphysician practitioner generate a written order/referral indicating the medical necessity for the additional 3D imaging. In addition, it is expected that the interpreting physician maintain a copy of the test results and interpretation along with a copy of the ordering/referring physician/nonphysician practitioner’s order for the study. The interpreting physician’s report should address the medical necessity identified by the ordering/referring physician/nonphysician practitioner. In the event it is deemed by the interpreting physician that a 3D interpretation is urgently needed and the ordering/referring physician/nonphysician practitioner is not immediately available, the interpreting physician must document the following on the radiology report: the time of the study; specific medical need for the study; and a legible summary of the findings that were urgently transmitted to the ordering/referring physician/nonphysician practitioner whose name is on the order for the study.
For hospital based services (inpatient/outpatient), it is expected that there should be an order for the 3D image. In the absence of the order for the 3D image, if the hospital’s interpreting physician deems that the 3D interpretation is needed, he or she should clearly state in the interpretation the medical necessity for this separate service, in addition to the base procedure.

**Limitations:**

CPT codes 76376 and 76377 will not be considered medically reasonable and necessary if equivalent information obtained from the test has already been provided by another procedure (ultrasound, MRI, angiography, etc.) or if it could be provided by a standard CT scan (two-dimensional) without reconstruction.

3D rendering with interpretation and reporting during a radiation oncology episode of care is included in 3D simulation when applicable or IMRT plan when applicable and, therefore, should not be billed.

Notice: This local coverage determination (LCD) imposes diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in this LCD, the general requirements for medical necessity as stated in the Centers for Medicare & Medicaid Services (CMS) payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.

As published in the CMS online manual, Publication 100-08, Medicare Program Integrity Manual, Chapter 13, Section 13.5.1: In order to be covered under Medicare, a service shall be reasonable and necessary. When appropriate, contractors shall describe the circumstances under which the proposed LCD for the service is considered reasonable and necessary under 1862(a)(1)(A). Contractors shall consider a service to be reasonable and necessary if the contractor determines that the service is:

- Safe and effective;
- Not experimental or investigational (exception: routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary); and
- Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is:
  - Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;
  - Furnished in a setting appropriate to the patient's medical needs and condition;
  - Ordered and furnished by qualified personnel;
  - One that meets, but does not exceed, the patient's medical need; and
  - At least as beneficial as an existing and available medically appropriate alternative.

The provider is responsible for ensuring the medical necessity of procedures and maintaining the medical record, which must be made available upon request. Three-dimensional imaging is medically reasonable and necessary only if the outcome will potentially impact the diagnosis or clinical course of the patient. Providers are encouraged to obtain additional information from referring providers and/or patients or medical records to determine the medical necessity of studies performed. Referring physicians are required to provide appropriate diagnostic information to the performing provider.

Three-dimensional imaging will not be covered when performed based on internal protocols of the testing facility; a referral for one 3D imaging is not a blanket referral for all studies. In most cases, it is expected that the provider treating the patient specifically orders the procedure in writing and that the order should be on record for each 3D imaging performed.

**Type of Bill Code**

- **012x** Hospital Inpatient (Medicare Part B only)
- **013x** Hospital Outpatient
- **021x** Skilled Nursing - Inpatient (Including Medicare Part A)
3D Interpretation and Reporting of Imaging Studies  AB

022x  Skilled Nursing - Inpatient (Including Medicare Part B only)
023x  Skilled Nursing - Outpatient
085x  Critical Access Hospital

Revenue Codes

032X  Radiology - Diagnostic - General Classification
035X  CT Scan - General Classification
040X  Other Imaging Services - General Classification
061X  Magnetic Resonance Technology (MRT) - General Classification
092X  Other Diagnostic Services - General Classification

CPT/HCPCS Codes

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 postprocessing on an independent workstation

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 postprocessing on an independent workstation

ICD-10 Codes that Support Medical Necessity

Covered Secondary Diagnoses:
The following list of diagnoses have been established as limited coverage for CPT codes 76376 and 76377 and must be accompanied by a primary diagnosis code on the claim indicating medical necessity for the study:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R91.1</td>
<td>Solitary pulmonary nodule</td>
</tr>
<tr>
<td>R91.8</td>
<td>Other nonspecific abnormal finding of lung field</td>
</tr>
<tr>
<td>R93.0</td>
<td>Abnormal findings on diagnostic imaging of skull and head, not elsewhere classified</td>
</tr>
<tr>
<td>R93.1</td>
<td>Abnormal findings on diagnostic imaging of heart and coronary circulation</td>
</tr>
<tr>
<td>R93.3</td>
<td>Abnormal findings on diagnostic imaging of other parts of digestive tract</td>
</tr>
<tr>
<td>R93.41</td>
<td>Abnormal radiologic findings on diagnostic imaging of renal pelvis, ureter, or bladder</td>
</tr>
<tr>
<td>R93.421</td>
<td>Abnormal radiologic findings on diagnostic imaging of right kidney</td>
</tr>
<tr>
<td>R93.422</td>
<td>Abnormal radiologic findings on diagnostic imaging of left kidney</td>
</tr>
<tr>
<td>R93.49</td>
<td>Abnormal radiologic findings on diagnostic imaging of other urinary organs</td>
</tr>
</tbody>
</table>
R93.5  Abnormal findings on diagnostic imaging of other abdominal regions, including retroperitoneum
R93.6  Abnormal findings on diagnostic imaging of limbs
R93.7  Abnormal findings on diagnostic imaging of other parts of musculoskeletal system
R93.8  Abnormal findings on diagnostic imaging of other specified body structures

Diagnoses that Support Medical Necessity
N/A

ICD-10 Codes that DO NOT Support Medical Necessity
N/A

Diagnoses that DO NOT Support Medical Necessity
N/A

Associated Information

Documentation Requirements

The following documentation must be included in the patient’s medical record:

- For non-hospital based outpatient services, the medical record documentation maintained by the ordering/referring physician/nonphysician practitioner must clearly indicate the medical necessity of the 3D imaging and includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

- Documentation should clearly support one of the covered secondary diagnosis code(s) for medical necessity of 3D rendering and interpretation.

- The documentation should state the need for this separate service and should be included in the interpretation. The documentation should be legible, must be maintained in the patient’s medical record, and must be made available upon request.

- When 3D interpretation is deemed urgently needed by the interpreting physician, the documentation must include the time of the study, the specific medical need for the study, and a summary of the findings that were urgently needed and transmitted to the ordering/referring physician/nonphysician practitioner whose name is on the order/referral for the study. This documentation should be legible, must be maintained by the interpreting physician, and must be made available upon request.

Per 42 CFR §410.32, all diagnostic tests must be ordered by the physician/nonphysician practitioner who is treating the patient, that is, the physician/nonphysician practitioner who furnishes a consultation or treats a patient for a specific medical problem and who uses the results in the management of the patient’s specific medical problem. Tests not ordered by the physician/nonphysician practitioner who is treating the patient are not reasonable and necessary.

Utilization Guidelines

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review.
Sources of Information and Basis for Decision

FCSO reference LCD number(s) – L32312


“3D Interpretation and Reporting of Imaging Studies,” Palmetto GBA LCD, (01102) L28229.

“3D Interpretation and Reporting of Imaging Studies,” TrailBlazer LCD, (04302) L26740.

“3D Interpretation and Reporting of Imaging Studies,” Wisconsin Physicians Services Insurance Corporation LCD, (05302) L30729.

Start Date of Comment Period

N/A

End Date of Comment Period

N/A

Start Date of Notice Period

04/01/2014

Revision History

Revision History Number: R2

Revision Number: 2
Publication: October 2016 Connection
LCR A/B2016-097

Explanation of Revision: Based on CR 9677 (Annual 2017 ICD-10-CM Update), the LCD was revised to delete ICD-10-CM diagnosis code R93.4 and add ICD-10-CM diagnosis codes R93.41, R93.421, R93.422, and R93.49. The effective date of this revision is based on date of service.

Revision History Number: R1

Revision Number: 1
Publication: November 2015 Connection
LCR A/B2015-021

Explanation of revision: LCD revised to add additional ICD-10-CM diagnosis code R93.8 to the “ICD-10 Codes that Support Medical Necessity” section of the LCD. The effective date of this revision is for claims processed on or after 11/02/15, for dates of service on or after 10/01/15.

Revision Number: Original
This LCD replaces all previous LCD versions (refer to “Sources of Information and Basis for Decision” section of the LCD) and publications on this subject to comply with ICD-10-CM based on Change Request 8112. The effective date of this LCD is based on date of service.

Related Documents

N/A

LCD Attachments

N/A