

Outpatient Facility Coding Alert

Reader Question: Always Have a Written Order for 76376

Question: Does the ordering doctor need to request the use of 3D reconstruction codes? We're in our own center (not a hospital).

Colorado Subscriber

Answer: Many payers explicitly instruct that the referring provider must request 3D reconstruction. Additionally, the ACR Radiology Coding Source (Nov./Dec. 2005) "strongly encourages radiology practices to obtain an order from the referring physician in the nonhospital setting. In the hospital setting, radiologists may generate their own order, but they are strongly encouraged to justify medical necessity for the use of 3D rendering in a separate dictation."

To ensure compliance with payer rules, research whether the payer has a written policy for the 3D 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, ... requiring image postprocessing on an independent workstation.

For instance: Colorado's Part B MAC Novitas Solutions states in local coverage determination (LCD) L32602 that "Medicare expects the referring physician to generate an appropriate written request indicating the clinical need for the additional 3-D imaging, that a copy of that request be maintained by the interpreting physician and the interpreting physician's report addresses those specific clinical issues. In the event that a 3-D interpretation is deemed urgently needed by the radiologist and the referring physician is not immediately available, the radiologist must document the time of the study, the specific need for the study, and a summary of the findings that were urgently transmitted to the practitioner named as the referring physician on the radiology report."

You can search for Medicare LCDs online at www.cms.gov/medicare-coverage-database/.