

Outpatient Facility Coding Alert

Reader Question: Verify 3-D Reconstruction for MRCP Services

Question: I'm working on an exam header that states MRI/MRCP Abdomen with and without contrast. Does there need to be documentation of 3D reconstruction in order to bill as an MRCP?

Delaware Subscriber

Answer: It's redundant to label the exam header as magnetic resonance imaging (MRI) scan of the abdomen and magnetic resonance cholangiopancreatography (MRCP) since the MRI of the abdomen is included in the MRCP. However, the underlying difference between the two studies is that a true MRCP involves 3-dimensional (3-D) reconstruction. So, when 3-D reconstruction is documented (in addition to with and without contrast), you should report 74183 (Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences) with 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) or 76377 (...requiring image postprocessing on an independent workstation) depending whether there is documentation of the use of a workstation.

This is based on the following portion of a CPT® Assistant (July 2009; Volume 19: Issue 7) reader question response:

- "When an MRCP study is performed, it is appropriate to report one of the MRI of the abdomen codes (74181, 74182, or 74183 depending on whether contrast is administered) and a three-dimensional (3-D) reconstruction code (76376 or 76377). These codes accurately describe the procedure performed. An MRCP study includes a standard MR of the abdomen, along with MIP (maximum intensity projection) images to better delineate the bile duct anatomy."

In this example, MIP can be used interchangeably with 3-D reconstruction. If no 3-D reconstruction is documented in the body of the report (or technique), then you should query the provider as to whether 3-D reconstruction was utilized. If not, then you will submit the claim as a traditional MRI abdomen with and without contrast. If the provider states 3-D was used, then send the report back to the provider for an addendum.