Commercial Reimbursement Policy

Subject: Three-Dimensional (3D) Radiology Services

Policy Number: C-12006

Policy Section: Radiology

Last Approval Date: 06/06/17

Effective Date: 06/06/17

Disclaimer

These 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 a member’s Anthem Blue Cross and Blue Shield (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. Unless otherwise noted within the policy, our policies apply to both participating and non-participating providers and facilities. This reimbursement policy also applies to Employer Group Retiree Medicare Advantage programs.

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These policies may be superseded by provider or State contract language, or State, Federal requirements or mandates. 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. Anthem reserves the right to review and revise its policies periodically when necessary. When there is an update we will publish the most current policy to the website.

Policy

The Health Plan considers 3D rendering of imaging studies to be a technology and technique improvement that represents an aid to the physician via computer generated real-time study interpretation and decision support. These visual enhancements are considered an elective component of the overall imaging study performed. Therefore, separate visual enhancements reported with Current Procedural Terminology (CPT®) codes 76376 and 76377 are not eligible for reimbursement. Modifiers will not override these edits.

Related Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>76376</td>
<td>3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image post-processing on an independent workstation</td>
<td>Not reimbursed</td>
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**Exemptions**

There are no exemptions to this policy.

**Policy History**

<table>
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<tr>
<td>06/01/2019</td>
<td>Policy template updated; removed description section and added definition section</td>
</tr>
<tr>
<td>06/06/2017</td>
<td>Annual Review: Removed the word “not” under the description for 76377.</td>
</tr>
<tr>
<td>06/07/2016</td>
<td>Annual Review: Policy Language Updated to add line under coding “According to Health Plan policy, the following codes are not eligible for reimbursement.”</td>
</tr>
</tbody>
</table>
| 06/02/2015| Revisited: 1) Remove reference to digital breast tomosynthesis (DBT)--CPT 77061, 77062, & 77063, unlisted 76499, and HCPCS G0279 codes  
2) Current medical policy states experimental/investigational  
3) Our various systems handle med policy vs. reimbursement policy differently therefore let medical policy handled the codes across the board  
4) Our radiology medical director explained to Tim that DBT is not the same as 3D reconstruction; DBT is the actual image in 3D format, not reconstructing a flat film or digital image to 3D; it images as “slices” and then puts into 3D format (similar to a CT scan) |
| 01/06/2015| Revised: This policy is revised based on new codes for 2015 for digital breast tomosynthesis and the new codes are added to the coding table.  
1) Adding to the last line of the description section reference to our Bundled Services policy (will show in finalized version)  
2) Adding to the policy section: Digital breast tomosynthesis (DBT) is also considered a visual enhancement improvement technique therefore CPT codes 77601, 77602 and 77603 and Healthcare Common Procedure Coding System (HCPCS Level II) code G0279 are not eligible for reimbursement. |
| 07/01/2014| Revised: Removed customized edits “tag”; not necessary as policy is our customization.  
1) Under the description section, adding a new 3rd paragraph to describe DBT: Three-dimensional (3-D) mammography, also referred to as digital breast tomosynthesis (DBT), may be used as an adjunct and alternative to x-ray mammography or breast MRI for the screening and diagnosis of breast cancer |
cancer. DBT combines the use of tomography and 3-D reconstruction with breast imaging to improve the visibility of breast lesions.

2) Update the 4th paragraph in the description section to read “This policy documents the Health Plan’s reimbursement position on 3D radiology services” rather than 3D rendering of imaging studies.

3) Adding a paragraph under the policy section for DBT to read: In addition, when 76499 is reported and specified as digital breast tomosynthesis (DBT) with mammography or breast MRI services, 76499 will not be eligible for separate reimbursement.

4) Under the policy section, removed “modifier 59 will not override this edit in paragraph 1” and added minimal paragraph—Modifiers will not override these edits.

5) Addition to the coding section: 76499--Unlisted diagnostic radiographic procedure (when specified as digital breast tomosynthesis)

6) Update policy name from “3D Rendering of Imaging Services” to “Three-Dimensional (3D) Radiology Services”.

References and Research Materials

This policy has been developed through consideration of the following:

- Centers for Medicare and Medicaid Services (CMS)

Definitions

| Three-dimensional (3D) rendering of imaging studies | Uses multiple thin sections of images and reconstructs them into 3D images which can extract and display anomalies and/or structures to optimize visualization of the pathology. This type of reconstruction may be applied to computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), other tomographic studies, or ultrasound (U/S) studies. |
General Reimbursement Policy Definitions

**Related Policies and Materials**

**Bundled Services and Supplies**

**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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