



3D Reconstruction Imaging

I. Policy

University Health Alliance (UHA) will reimburse for 3D reconstruction imaging when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Criteria/Guidelines

- A. 3D reconstructions are covered (subject to Limitations/Exclusions and Administrative Guidelines) in conjunction with the following primary procedures in the following clinical situations:
1. Computerized Tomography (CT)/Magnetic Resonance Imaging (MRI):
 - a. Complicated multi-fragmented fractures (e.g., comminuted) or congenital skeletal deformities when ordered by the orthopedic surgeon to plan a surgical approach to determine the need for requisite hardware and/or to determine the most appropriate reduction approach.
 - b. Renal/ureteral masses, strictures, or congenital anomalies when ordered by the urologist/general surgeon to evaluate the need for or the approach to surgery, or in the evaluation and work-up of hematuria (including Computerized Tomography Intravenous Pyelogram CTIVP).
 - c. Complex oncology cases when ordered by the surgeon to assess for resectability and/or reconstruction, and only when the patient would be rendered tumor free by resection, i.e., not for cytoreductive procedures
 2. Ultrasounds when used to evaluate intrauterine fetal anomalies and to plan appropriate prenatal or perinatal interventions.
 3. Echocardiography for evaluation of cardiac masses and congenital abnormalities when ordered by a cardiologist or cardiac surgeon for surgical planning.
 4. 3D imaging using the EOS system is covered for the evaluation and monitoring of scoliosis.
- B. There must be medical necessity justification for the use of 3D rendering in the radiology report to make a separate charge under 76376 or 76377. The referring physician is required to provide a written request indicating the clinical need for 3D imaging and the interpreting physician is required to maintain a copy of the request and address the specific clinical findings.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may

request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation through direct peer communication.

III. Limitations/Exclusions

- A. 3D reconstruction (76376 and 76377) is reserved for situations where additional imaging is necessary for surgical or treatment planning.
- B. 3D renderings are not covered if reported in conjunction with any of the following procedures:
 - 1. CT angiography of the head, neck, chest, pelvis, upper and lower extremity, abdomen, and abdominal aorta and bilateral iliofemoral lower extremity vessels;
 - 2. Magnetic resonance angiography of the head, neck, chest, spinal canal, pelvis, upper and lower extremity, and abdomen;
 - 3. Computed colonography;
 - 4. Nuclear medicine; except PET as outlined above
 - 5. Cardiac MRI;
 - 6. CT KUB;
 - 7. Quantitative CT bone mineral density study; or
 - 8. Mammography.
- C. 3D reconstruction is not covered in the following situations:
 - 1. When conventional imaging study results are normal, non-complex or non-surgical, or have incidental findings;
 - 2. When 2D reformatting is able to resolve the clinical question(s);
 - 3. When only 2D multiplanar reconstruction is done.
- D. When contiguous body parts are imaged, the technical component for 3D reconstruction will be paid only once (i.e., abdomen and pelvis).
- E. 3D reconstruction is not covered if equivalent information obtained from the test has already been provided by another procedure (MRI, US, angiography, etc.) or could be provided by a standard CT scan (two-dimensional) without reconstruction.
- F. 3D reconstruction is not to be utilized to report coronal, sagittal, multiplanar, or oblique reformats constructed from axial images.
- G. 3D reformatting should not be standard protocol for MRI and CT scanning.

IV. Administrative Guidelines

- A. Prior authorization is not required.
- B. Documentation supporting the medical necessity must be clear, legible, and maintained in the patient's medical record and must be made available to UHA upon request. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met medical necessity.
- C. The written request for the study from the referring physician should also be kept in the patient's medical record. If done on an urgent basis without a referral, the 3D report should document the time of the study, the specific need for the study, and the summary of the findings that were urgently transmitted to the practitioner named as the referring physician. This documentation must be maintained by the radiologist and made available to UHA upon request.

D. Applicable codes:

CPT Code	Description
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

V. Policy History

Policy Number: MPP-0029-120301

Current Effective Date: 08/01/2022

Original Document Effective Date: 03/01/2012

Previous Revision Dates: 01/01/2017, 08/08/2018, 08/08/2019

PAC Approved Date: 3/01/2012