



## Radiology Views™ Newsletter – December 2010

### DOCUMENTATION FOR 3D RENDERING - WHAT RADIOLOGISTS NEED TO KNOW

There are two CPT codes that can be assigned when 3D rendering is performed in addition to CT, MRI, ultrasound, or other tomographic modality:

**76376** (Work RVU 0.20)

*3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation*

**76377** (Work RVU 0.79)

*3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation*

(Note: CPT 76376 and 76377 are not assigned in conjunction with CTA, MRA, Nuclear Medicine, PET, CT Colonography, or cardiac CT and CTA procedures because all of these procedures have 3D rendering valued into the codes.)

#### WHAT YOU NEED TO KNOW:

It is important for Radiologists to understand that radiology coders assign CPT codes based on the Radiologist's documentation and not from what the hospital charged for the technical component of the procedure. For clarity, and to aid the coder in accurately coding the procedure, it is important that the Radiologist's documentation explicitly reflects the actual procedure/service that he/she performed.

- Two-dimensional reconstructions (eg, coronal, sagittal, multiplanar, and oblique reformats from 2D axial images) are not considered to be 3D and cannot be coded as 3D rendering. Do not document two-dimensional reconstructions as 3D.
- Your financial audience (coders and insurance companies) only understands terminology that matches the CPT code descriptions in the AMA CPT book. Even though other terminology also equates to 3D rendering, such as shaded surface rendering, volumetric rendering, and sometimes MIPS, in order to avoid ambiguity the Radiologist should document either "3D rendering was performed from the acquisition scanner" or "3D image postprocessing was performed on an independent workstation."
- When 3D renderings are performed and interpreted, be sure there is an archived image that can be retrieved.
- If you use macros that include 3D renderings, only use them when true 3D is performed.
- It must be medically necessary to perform 3D rendering.
- For the technical component, Centers for Medicare and Medicaid Services (CMS) requires: General supervision for 76376 and Personal Supervision for 76377.

References: 2010 CPT, [www.cms.gov](http://www.cms.gov), and Clinical Examples in Radiology, Winter 2006

**If you have any questions on this or other documentation and coding topics, please call or email Wendy Block, at 330.564.2618 or [wblock@prcmedical.com](mailto:wblock@prcmedical.com).**