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3D Rendering with Interpretation and Reporting of Imaging Studies

APS' coding team would like to highlight common questions received from our clients regarding use of CPT® codes 76376 and 76377. When medically necessary, CPT codes 76376 and 76377 may be reported for 3D rendering in addition to most CT, MRI and ultrasound studies. These codes should only be reported once per session when multiple base codes are imaged.

Code selection is based upon whether the 3D postprocessing was done on an independent workstation or on the acquisition scanner.

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**

Both codes require concurrent physician supervision of image postprocessing 3D manipulation of volumetric data set and image rendering. Concurrent supervision is defined by the ACR as:

"Concurrent means active participation in and monitoring of the reconstruction process that includes: design of the anatomic region that is to be reconstructed; determination of the tissue types and actual structures to be displayed (e.g., bone, organs, and vessels); determination of the images or cine loops that are to be archived; and monitoring and adjustment of 3D work product."

Coders look for specific terms to support documentation when assigning these codes. Any of the following may be used:

- 3D reconstructions
- MIP (Maximum intensity projection)
- Shaded surface rendering
- Volume rendering

It is important to note that 3D rendering should not be reported routinely or as part of a protocol. 3D should only be performed when medically necessary and this must be clearly documented in the radiology report. According to the ACR, these codes are to be reserved for situations where additional imaging is necessary for surgical planning or for complete depiction of an abnormality from the two-dimensional study.

Should you have any questions regarding this topic or other coding topics, please reach out to your Practice Manager.

Sources:
ACR Radiology Coding Source March-April 2012 Q&A
ACR Radiology Coding Source November/December 2005

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