

Draft LCD for 3D Interpretation and Reporting of Imaging Studies (DL30729)

Draft

Please note: This is a Draft policy.

Draft LCDs are works in progress that are available on the Medicare Coverage Database site for public review. Draft LCDs are not necessarily a reflection of the current policies or practices of the contractor.

Contractor Information

Draft Draft Draft

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

00951, 00952, 00953, 00954, 05101, 05201, 05301, 05401, 05102, 05202, 05302, 05402, 52280

Contractor Type

Carrier, MAC, FI

LCD Information

Draft Draft Draft

LCD ID Number

DL30729

LCD Title

3D Interpretation and Reporting of Imaging Studies

Contractor's Determination Number

RAD-037

AMA CPT / ADA CDT Copyright Statement

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CMS National Coverage Policy

CMS IOM Publication 100-3 Ch. 1, Part 4, §220.1

Primary Geographic Jurisdiction

Oversight Region

Region V

Projected Determination Effective Date

Original Determination Ending Date

Revision Effective Date

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

Indications and Limitations of Coverage and/or Medical Necessity

The advent of multi-slice imaging and enhanced imaging techniques has allowed for the generation of three-dimensional images called 3D reconstruction or 3D rendering. This process can be applied to computed tomography (CT), magnetic resonance imaging (MRI), ultrasound or other tomographic modality. Having 3D capability available for diagnosis and surgical planning allows the interpreting physician to first get a summary view of the entire anatomy and then refer back to the original 2D data for comparison and confirmation. Applications of this technology include visualization of central nervous system vasculature, coronary artery imaging, enhanced imaging of the thorax to include embolic disease, inflammatory and neoplastic lesions, imaging of facial malformations, complex facial fractures/trauma, aortic aneurysms and multiple others. Medicare expects that the referring physician generate a written request indicating the clinical need for the additional 3-D imaging, that a copy of that request be maintained by the interpreting physician and the interpreting physician's report addresses those specific clinical issues.

Three-dimensional (3 D) echocardiography is useful for the assessment of the severity of valvular stenosis or regurgitation where such information is critical for decisions regarding the need for valve repair. 3D echography is also useful in the evaluation of atrial and septal defects, intracardiac masses such as myxomas, and valve lesions such as abscesses and vegetations. 3D echocardiography is useful in assessment for the need of cardiac resynchronization therapy and is also useful for surgical treatment planning for complex congenital heart disease.

Limitation

CPT Codes 76376 and 76377 may be considered medically unnecessary and denied if equivalent information to that obtained from the test has already been provided by another procedure (magnetic resonance imaging, ultrasound, angiography, etc.) or could be provided by a standard CT scan (two-dimensional) without reconstruction.

Note: Type of bill and revenue codes do not apply to Part B

Coding Information



Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

12x	Hospital-inpatient or home health visits (Part B only)
13x	Hospital-outpatient (HHA-A also) (under OPPTS 13X must be used for ASC claims submitted for OPPTS payment -- eff. 7/00)
21x	SNF-inpatient, Part A
22x	SNF-inpatient or home health visits (Part B only)
23x	SNF-outpatient (HHA-A also)
71x	Clinic-rural health
75x	Clinic-CORF
83x	Special facility or ASC surgery-ambulatory surgical center (Discontinued for Hospitals Subject to Outpatient PPS; hospitals must use 13X for ASC claims submitted for OPPTS payment -- eff. 7/00)
85x	Special facility or ASC surgery-rural primary care hospital (eff 10/94)

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Note: WPS Medicare has identified the Type of Bill (TOB) and Revenue Center (RC) codes applicable for use with the CPT/HCPCS codes included in this LCD. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all TOB and/or RC codes listed. CPT/HCPCS codes are required to be billed with specific TOB and RC codes. Providers are encouraged to refer to the CMS Internet-Only Manual (IOM) Pub. 100-04, Claims Processing Manual, for further guidance.

032X	Radiology diagnostic-general classification
035X	Computed tomographic (CT) scan-general classification
040X	Other imaging services-general classification
061X	Magnetic resonance technology (MRT)-general classification
092X	Other diagnostic services-general classification

CPT/HCPCS Codes

76376	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	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY; REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION

ICD-9 Codes that Support Medical Necessity

Note: ICD-9 codes must be coded to the highest level of specificity.

The following codes are non-specific and must be accompanied by a primary diagnosis code indicating the medical reason for the primary magnetic resonance imaging, ultrasound, angiography, or other tomographic study.

Covered Secondary Diagnoses

793.0	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF SKULL AND HEAD
793.1	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF LUNG FIELD
793.2	

	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF OTHER INTRATHORACIC ORGANS
793.4	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF GASTROINTESTINAL TRACT
793.5	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF GENITOURINARY ORGANS
793.6	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF ABDOMINAL AREA, INCLUDING RETROPERITONEUM
793.7	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF MUSCULOSKELETAL SYSTEM

Diagnoses that Support Medical Necessity

See “Coding Guidelines” in related article.

ICD-9 Codes that DO NOT Support Medical Necessity

NA

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

See “Coding Guidelines” in related article.

General Information



Documentation Requirements

1. Documentation supporting medical necessity should be legible, maintained in the patient’s medical record and available to Medicare upon request
2. Use of one of the secondary diagnosis codes in this LCD implies medical necessity for the 3-D rendering and interpretation.
3. A written request for the study from the referring physician must be maintained in the patient’s medical record.
4. Ordering physician requirements for services to hospital inpatients are found at 42 CFR 482.26(b) (4).

5. Ordering physician requirements for services to hospital outpatients are found at 42 CFR 410.32 (a), 42 CFR 410.32(d) (2) through (4), and 42 CFR 410.32 (e).

Appendices

Utilization Guidelines

CPT codes 76376 and 76377 are provided in conjunction with another computed tomography, magnetic resonance imaging, ultrasound or other tomographic modality procedure code.

Sources of Information and Basis for Decision

American College of Radiology Practice Guidelines

Duan Shao-Yin, Zhang Dan-Tong, Lin Qing-Chi, Wu Yan-Huan, "Clinical Value of CT Three- Dimensional Imaging in Diagnosing Gastrointestinal Tract Diseases," *World Journal of Gastroenterology*, May 14, 2006, 12(18): pp. 2945-2948

Frommelt P.C, "Update on pediatric echocardiography", *Current Opinion in Pediatrics*, Oct: 17(5):579-85.

Hibbard Mark G., Chuan Michael L., et al. "Accuracy of Three-Dimensional Echocardiography With Unrestricted Selection of Imaging Planes for Measurement of Left Ventricular Volumes and Ejection Fraction," *American Heart Journal*, 140(3);469-475, 2000

John N.W., McCloy R.F., "Navigating and Visualizing Three-Dimensional Data Sets," *The British Journal of Radiology*, 77, 2004: pp. S108-S113

Pemberton J, Kenny Li X, et al. "Real-time 3 dimensional Doppler echocardiography for the assessment of stroke volume: an in vivo human study compared with standard 2-dimensional echocardiography." *Journal of the American Society of Echocardiography*, 2005 Oct; 18(10):1030-6

Sin S.C, Rivera J.L, "Three-dimensional echocardiography. In vivo validation for left ventricular volume and function." *American Heart Association*, Vol. 88, 1715-1723

Szili-Torok T, Krenning B.J, et al. "Dynamic three-dimensional echocardiography combined with semi-automated border detection offers advantages for assessment of resynchronization therapy. *Cardiovascular Ultrasound*, 2003 1:14; www.cardiovascularultrasound.com/content/1/1/14

Trailblazer Draft Local Coverage Determination

"Three-Dimensional Echocardiography-Principles and Promises." *Journal of Clinical and Basic Cardiology*, 2002; 5 (Issue 2), pp. 149-152; www.kup.at/jcbc

van den Bosch A.E, Robbers-Visser D, et al. "Comparison of real-time three-dimensional echocardiography to magnetic resonance imaging for assessment of left ventricular mass. *American Journal of Cardiology*, 2006 Jan 1:97(1):113-7

van den Bosch A.E, Ten Harkel D.J, et al. Surgical validation of real-time transthoracic 3D echocardiographic assessment of atrial septal defects. *International Journal of Cardiology*, 2005 Nov 19

Advisory Committee Meeting Notes

Meeting Date:

Wisconsin: 02/12/2010

Illinois: 01/13/2010

Michigan: 01/27/2010

Minnesota: 01/14/2010

Iowa 02/19/2010

Kansas 02/19/2010

Missouri 02/19/2010

Nebraska 02/19/2010

Start Date of Comment Period

02/19/2010

End Date of Comment Period

04/05/2010

Start Date of Notice Period

Revision History Number

Revision History Explanation

* - An asterisk indicates a revision to that section of the policy.

See companion document titled Billing and Coding Guidelines for RAD-037; 3D Interpretation and Reporting of Imaging Studies.

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with the Carrier Advisory Committee, which includes representatives from multiple medical specialties.

Reason for Change

Last Reviewed On Date

12/03/2009

Related Documents

This LCD has no Related Documents.

LCD Attachments

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All Versions



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