

January 11, 2021

Aetna Better Health® of Kansas

Clinical Payment, Coding and Policy Changes

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. To keep our providers informed, please see the below communication of upcoming new policies.

Effective for dates of service beginning April 1, 2021:

Diagnostic Imaging – 3D Rendering

According to CMS policy, 3D rendering with interpretation and reporting of CT, MRI, US, or other tomographic modality (76376, 76377), requires an approved secondary diagnosis. A qualifying procedure for the 3D rendering should also be included on the same date of service, or in the previous three days.

Approved secondary diagnoses:

- Abnormal findings on diagnosis imaging (R91-R91.8, R93.0-R93.7, R93.89)
- White matter disease (ICD-10 code R90.82)

An exception applies for the following primary diagnoses:

- Parkinson's disease (ICD-10 codes G20, G21.4)
- Genetic torsion dystonia ICD-10 code (G24.1)
- Spasmodic torticollis (ICD-10 code G24.3)
- Dystonia, unspecified (ICD-10 code G24.9)
- Tremor (G25.0-G25.2)

Examples of qualifying procedures for 3D rendering:

- Breast biopsy with placement of breast localization devices (19083-19086)
- Catheter placement (36221-36228)
- Computed tomography, head and neck (70450-70470, 70480-70482, 70486-70488, 70490-70492)
- Echoencephalography (76506)
- Magnetic resonance imaging, breast (C8903-C8905, C8906-C8908)
- Magnetic resonance imaging, chest (71550-71552)