



June 11, 2020

Web Announcement 2222

**Attention Provider Type 20 (Physician, M.D., Osteopath, D.O):**

**Procedure Code 76376 Open for Billing and Denied Claims Reprocessed**

Diagnostic imaging Current Procedural Terminology (CPT) code 76376 (3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound) has been opened for provider type 20 (Physician, M.D., Osteopath, D.O) to bill with dates of service on or after February 1, 2019. Claims for code 76376 billed by PT 20 with dates of service on or after February 1, 2019, and before March 16, 2020, that denied with error codes 4021 (No coverage rule for procedure) or 4150 (Performing provider/facility provider type/specialty restriction on procedure billing rule) have been automatically reprocessed. Results of the reprocessed claims appeared on remittance advices dated May 1, 2020.

Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.