



EFFECTIVE DATE: 04|01|2005
POLICY LAST UPDATED: 02|06|2018

OVERVIEW

Fluoroscopy utilizes a continuous X-ray beam that is passed through the body and is transmitted to a fluorescent monitor. These real-time images allow a physician to study the body part and its motion detail. Fluoroscopy is used in procedures such as barium X-rays, cardiac catheterizations, and placement of intravenous catheters.

MEDICAL CRITERIA

None

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

BlueCHiP for Medicare

Fluoroscopy is covered and separately reimbursed for BlueCHiP for Medicare members only.

Commercial Products

Fluoroscopy is covered but not separately reimbursed as the codes are considered components of the primary procedure being performed, such as surgery, nonsurgical procedures or, in the case of a hospital, part of the associated charges for operating room and other nonsurgical procedures.

BlueCHiP for Medicare and Commercial Products

Fluoroscopic guidance is covered and separately reimbursed for professional providers and covered and not separately reimbursed for institutional providers.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable Diagnostic Imaging benefit/coverage.

BACKGROUND

Fluoroscopy is a type of medical imaging that shows a continuous X-ray image on a monitor, much like an X-ray movie. During a fluoroscopy procedure, an X-ray beam is passed through the body. The image is transmitted to a monitor so the movement of a body part or of an instrument or contrast agent (“X-ray dye”) through the body can be seen in detail.

Fluoroscopy is used in a wide variety of examinations and procedures to diagnose or treat patients. Some examples are Barium X-rays and enemas (to view the gastrointestinal tract), catheter insertion and manipulation (to direct the movement of a catheter through blood vessels, bile ducts or the urinary system), and placement of devices within the body, such as stents (to open narrowed or blocked blood vessels), angiograms (to visualize blood vessels and organs), and orthopedic surgery (to guide joint replacements and treatment of fractures).

Fluoroscopy carries some risks, as do other X-ray procedures. The radiation dose the patient receives varies depending on the individual procedure. Fluoroscopy can result in relatively high radiation doses, especially for complex interventional procedures (such as placing stents or other devices inside the body), which require fluoroscopy be administered for a long period of time. Radiation-related risks associated with fluoroscopy include radiation-induced injuries to the skin and underlying tissues (“burns”), which occur shortly after the exposure, and radiation-induced cancers, which may occur some time later in life.

The probability that a person will experience these effects from a fluoroscopic procedure is statistically very small. Therefore, if the procedure is medically needed, the radiation risks are outweighed by the benefit to the patient. In fact, the radiation risk is usually far less than other risks not associated with radiation, such as anesthesia or sedation, or risks from the treatment itself. To minimize the radiation risk, fluoroscopy should always be performed with the lowest acceptable exposure for the shortest time necessary.

CODING

BlueCHiP for Medicare

The following codes are covered and separately reimbursed

76000 Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (e.g., cardiac fluoroscopy)

76001 Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (e.g., nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)

Commercial Products

The following codes are a covered service, but providers will not be separately reimbursed

76000 Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (e.g., cardiac fluoroscopy)

76001 Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (e.g., nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)

BlueCHiP for Medicare and Commercial Products

The following codes are covered and separately reimbursed for professional providers and are a covered service and are not separately reimbursed for institutional providers:

77001 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)

77002 Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)

77003 Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve, or sacroiliac joint), including neurolytic agent destruction

RELATED POLICIES

None

PUBLISHED

Provider Update, March 2018

Provider Update, April 2017

Provider Update, June 2016

Provider Update, August 2015
Provider Update, May 2010
Policy Update, March 2005
Policy Update, August 2001
Policy Update, November 2000
Policy Update, November 1999

REFERENCES:

<http://www.fda.gov/Radiation-EmittingProducts/RadiationEmittingProductsandProcedures/default.htm>

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