# Payment Policy | Fluoroscopy Without Films





**EFFECTIVE DATE:** 04/01/2005

**POLICY LAST UPDATED:** 08/02/2007

## **OVERVIEW**

This payment policy documents the coverage for Fluoroscopy without Films. These real-time images allow a physician to study the body part and its motion detail.

# **PRIOR AUTHORIZATION**

Prior authorization review is not required.

## **POLICY STATEMENT**

# BlueCHiP for Medicare and Commercial products

CPT codes 76000 and 76001 are covered/separately reimbursed.

## **Commercial Products**

CPT codes 76000 and 76001 are 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.

CPT codes 77001, 77002, and 77003 are covered/separately reimbursed for all product lines for professional providers; 77001, 77002, and 77003 are covered and not separately reimbursed for institutional providers.

## **MEDICAL CRITERIA**

Not Applicable

# **BACKGROUND**

Fluoroscopy utilizes a continuous x-ray beam which 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 catherizations, and placement of intravenous catheters.

#### **COVERAGE**

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable diagnostic testing benefits/coverage.

#### CODING

Blue CHiP for Medicare

76000 76001

Blue CHiP for Medicare and Commercial

77001 77002 77003

# **RELATED POLICIES**

None

## **PUBLISHED**

Provider Update	May 2010
Policy Update	Mar 2005
Policy Update	Aug 2001
Policy Update	Nov 2000
Policy Update	Nov 1999

# **REFERENCES**

None

#### ----- CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

