

Radiology: Fluoroscopy Codes 76000 and 76001

CPT® Assistant.

September 2014; Volume 24: Issue 9

Radiology: Fluoroscopy Codes 76000 and 76001

Depending upon the service provided, fluoroscopy services 76000 and 76001, when performed as part of that procedure, may at times, be reported separately and, at other times, be included in the service of the primary procedure. In order to address frequently asked questions regarding the appropriate reporting of fluoroscopy as a separately reportable procedure, this article provides additional clarification on the appropriate use of these fluoroscopy codes. Readers are referred to previous CPT Assistant articles published in June and July 2008 and November 2010 for additional discussions on the use of fluoroscopy codes.

76000

Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)

76001

Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)

Choosing the appropriate radiological imaging code is based on the procedures performed and documented in the health record. Because fluoroscopic imaging requires supervision, a fluoroscopic code should not be reported if a physician or other qualified health care professional is not present during a procedure that uses fluoroscopy or fluoroscopic guidance. For example, if a radiologist is given images to interpret, which were generated during a procedure using fluoroscopy performed without the radiologist's being present, the radiologist should report the appropriate radiographic code rather than the fluoroscopy code (see Figure 1).

Figure 1



Source: PanaMedical e.K. Philips MultiDiagnost 4. www.pana-medical.de/8-0-Philips-multidiagnost-4.html?produktID=102. Accessed August 20, 2014.

Coding Tip

Because the CPT code set includes specific reporting instructions, it is important to refer to the code descriptor language, parenthetical notes, cross-references, and section or subsection guidelines provided in the CPT code set. For example, the parenthetical following 36597, Repositioning of previously placed central venous catheter under fluoroscopic guidance, explicitly states to use code 76000, Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy), to report the fluoroscopic guidance used for repositioning of a central venous catheter.

When to Report Code 76000 or 76001

Code 76000 may be reported when fluoroscopy is the only imaging service performed.

Example 1. A patient presents to the radiology department with a prior joint X-ray series demonstrating a calcified body near the joint. The physician or other qualified health care professional uses fluoroscopy with the joint flexed, extended, and rotated to determine whether the calcification is loose within the joint. Because fluoroscopy is the only imaging procedure performed during that patient encounter, code 76000 is reported once and not for each joint position examined.

Example 2. A patient steps on a needle, and fluoroscopy (eg, C-arm) is used to assist the physician or other qualified health care professional in locating and removing this foreign body from the skin wound. In this instance, if C-arm fluoroscopic imaging is being provided without a diagnostic radiologic examination, then code 76000 should be used to identify the imaging procedure provided.

Code 76000 or 76001 can also be reported when used with other surgical procedure codes, when there is no specific instruction forbidding their use in conjunction with the base code. For example when fluoroscopy is performed with code 64581, Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement), to place the electrode array, code 76000, Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy), can be reported in addition to code 64581. In the permanent implantation of sacral nerve stimulation, fluoroscopy can be helpful to appropriately place the electrodes.

When Not to Report Code 76000 or 76001

Fluoroscopy is considered inherent to many radiological supervision and interpretation (RS&I) services, such as those provided in support of gastrointestinal examinations, arthrography, myelography, venography, arteriography, and cystography. Code 76000 or 76001 would not be reported separately, in addition to the applicable RS&I code.

Although in the current 2014 CPT code set fluoroscopy is not specifically stated in the code descriptors for endoscopy (eg, laparoscopy; hysteroscopy; thoracoscopy; arthroscopy; gastrointestinal [GI] endoscopy; esophagoscopy; colonoscopy; laryngoscopy; bronchoscopy; and cystoscopy), when utilized, is inherent in all endoscopic procedures. Therefore, it is not appropriate to report code 76000 in addition to the codes for endoscopic procedures.

There are certain procedural code descriptors that specify the inclusion of fluoroscopy. When fluoroscopy is specifically included in the code descriptor, as in codes 49440-49465 (gastrostomy, duodenostomy, and jejunostomy), it would not be appropriate to report code 76000.

The term 'imaging guidance' used in code descriptors refers to imaging with any modality (eg, fluoroscopy, CT, MRI, ultrasound). When imaging guidance is specifically included with a code descriptor, it is inappropriate to report 76000 or 76001 in addition to the base procedure code. For example, when a procedure such as percutaneous insertion of an electrode for sacral nerve stimulation is performed, it is reported with code 64561, Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed. The fluoroscopy should not be reported separately. The practice expense of the fluoroscopy and the time involved in the use of the fluoroscopy is included in code 64561. ◆