



Fluoroscopic Guidance

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Agenda

- I. Introduction to Fluoroscopy
- II. Billing and coding concepts for fluoroscopic guidance
- III. When to bill fluoroscopy codes
- IV. Documentation requirements for fluoroscopic guidance
- V. PQRs Measure 145

Fluoroscopy

Fluoroscopy is an imaging technique that uses x-rays to obtain real-time moving images of the internal structures of a patient through the use of a fluoroscope.

In its simplest form, a fluoroscope consists of an X-ray source and fluorescent screen between which a patient is placed.

Modern day fluoroscopes couple the screen to an x-ray intensifier and charge-coupled device (CCD)¹ video camera allowing the images to be recorded and played on a monitor.

¹ The CCD is a major piece of technology in digital imaging.

1950's fluoroscope



modern fluoroscope



Common Procedures Using Fluoroscopy

- Gastrointestinal tract studies
- Orthopedic surgery to guide placement of hardware
- Arteriography and Venography Procedures
- Placement, replacement, and repositioning of central venous access devices
- Implantation of cardiac devices (pacemakers, defibrillators)
- Intra-thecal and intra-articular injections
- Drainage tube insertions

Billing and Coding Concepts for Fluoroscopy

Fluoroscopy: Rule of Thumb on Bundling

If fluoroscopy is always performed as a part of the radiological imaging study, fluoroscopy is included in the radiologic procedure code.

- Fluoroscopy should not be coded or reported separately.

Injection of contrast during fluoroscopy and localization is an inclusive component of pain management codes.

- Injection is not separately reported.



Fluoroscopy used during surgery for implants

What is Bundling?

- When the CPT Editorial Panel, a payer, or CMS combines or bundles two or more codes into one new code
- Bundling or consolidation of codes can result in lower reimbursement:
 - the amount allowed for the new code may be equivalent to the more dominant of the replaced codes, or
 - a significantly reduced evaluation
- **75% Rule:** CMS defines “misvalued codes” as code pairs that are performed together, at least 75% or more of the time
- Bundling impacts both the technical and professional component of radiology studies



New bundled codes result in reassessment of valuation for the service.

National Correct Coding Initiative

WHEN:

- Medicare's NCCI (CCI) edits began in 1996

WHY:

- To ensure the most comprehensive groups of codes are billed rather than the component parts.

HOW:

- The NCCI established tables that are made up of code pairs and code combinations.
- The combinations listed within the tables identify services that:
 - Would not be performed on the same patient on the same day, the same session
 - One procedure may be a component of another, more comprehensive service (a service that is integral to another)

Register for the October 24th webinar to learn more about the NCCI Edit Tables and bundled radiology services

NATIONAL CORRECT CODING INITIATIVE POLICY MANUAL

CHAPTER IX: RADIOLOGY SERVICES (CPT CODES 70000 – 79999)

Fluoroscopy is inherent in many radiological supervision and interpretation procedures:

- When necessary to complete a radiologic procedure
- When necessary to obtain the permanent radiographic record

Fluoroscopy reported as CPT codes 76000 or 76001 is integral to many procedures including, but not limited to:

- Spinal
- Endoscopic
- Injection procedures

There may be separate fluoroscopic guidance codes which may be reported

NATIONAL CORRECT CODING INITIATIVE POLICY MANUAL

CHAPTER IX: RADIOLOGY SERVICES (CPT CODES 70000 – 79999)

Radiological supervision and interpretation codes:

- Include all radiological services necessary to complete the service.
- CPT codes for fluoroscopic guidance (e.g., 76000, 76001, 77002, 77003) should not be reported separately.
- Ultrasound/ultrasound guidance (e.g., 76942, 76998) should not be reported separately.

CPT codes for fluoroscopy (e.g., 76000, 76001) should not be reported separately with a fluoroscopic guidance procedure.

CPT codes for ultrasound (e.g., 76998) should not be reported separately with an ultrasound guidance procedure.

Personal Supervision

NOTE: Fluoroscopic imaging requires personal supervision in provider-based facilities.

Personal supervision means a physician must be in attendance in the room during the performance of the procedure.



Documenting Personal Supervision

A coder must decipher from the final radiology report the following information in order to accurately code and bill the service(s):

- Who performed the procedure?
 - the reporting radiologist, or
 - another qualified health care provider
- Was the radiologist present in (or absent from) the procedure room during the procedure?
- Were permanent fluoroscopic images obtained for the patient's medical record?
- Did the radiologist provide a diagnostic interpretation and final report of these images? Or was the dictation only to close out the procedure for hospital billing?
- What was the specific fluoroscopy exposure time?

Billing Fluoroscopic Guidance

76000 Fluoroscopy Examination

- CPT Definition:
Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)
- A radiologist or other qualified provider supplies separate fluoroscopic monitoring of the body for up to one hour for procedures that do not include fluoroscopy as an integral component.
- This code is reported separately to describe the professional work component entailed in providing fluoroscopic monitoring.
- If formal contrast x-ray studies are done and included as a part of the procedure to produce films with written interpretation and report, fluoroscopy is already included and cannot be separately reported.

76001 Fluoroscopy Examination

- CPT Definition:
Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a non-radiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, trans-bronchial biopsy)
- A radiologist, or other qualified health care professional, supplies fluoroscopic guidance of the procedure for more than one hour while assisting a non-radiologic provider (e.g., nephrologist, pulmonologist).
- The professional work component entailed in providing fluoroscopic monitoring during procedures such as nephrostolithotomy or bronchoscopy.

When to Bill 76000-76001 Fluoroscopy Examination

Bill codes 76000-76001 when:

- The radiologist provides personal supervision for the procedure
- There are no other appropriate /billable radiologic supervision and interpretation codes (7xxxx series)

Examples:

- Using fluoroscopy to view a joint in multiple positions to determine whether a calcification seen on a prior X-ray is loose in the joint.
- Using fluoroscopy to reposition a central venous catheter

Note: Both of the above examples require that the radiologist be in the surgical suite or procedure room in order to meet the personal supervision rule for billing the service.

Fluoroscopy Guidance Billing

- When fluoroscopy is not provided by the radiologist but spot images are reviewed and a final report is issued by the radiologist :
 - The radiologist would bill for the plain film interpretation (7xxxx)
 - Fluoroscopy (76000, 76001) is inherent in the plain film CPT codes and not separately billable
- If the radiologist provides an interpretation and a final report on images obtained from an interventional radiological procedure, then the RS&I code would be assigned.
 - If the radiologist is not present during the procedure, a 52 modifier would be attached to the RS&I code and reimbursement is reduced.
 - If the radiologist is present during the procedure, the 52 modifier is NOT used. Full reimbursement on the RS&I code is received.
- If the radiologist is requested by the surgeon to be present during the procedure to provide the fluoroscopy guidance and that is the only service the radiologist provides, the radiologist bills the 76000-76001 fluoroscopy codes.

RS&I Procedures and Fluoroscopy Guidance

Fluoroscopy is inherent to many radiological supervision and interpretation (RS&I) services:

- Gastrography
- Arthrography
- Myelography
- Cholecystography
- Venography
- Arteriography
- Cystography

Can Fluoroscopy be Reported Based Upon This Dictation?

Date: Feb 12 2013 12:53

Examination(s): RAD XXXX - OR PAIN MGMT - FLUOROSCOPY

FULL RESULT: Fluoroscopy up to 1 hour

CLINICAL INFORMATION: Back pain

Fluoroscopy provided. correlate with report.

IMPRESSION: Fluoroscopy up to 1 hour

CLINICAL INFORMATION: Back pain

Fluoroscopy provided. correlate with report.

Can Fluoroscopy be Reported Based Upon This Dictation?

Procedure: Fluoroscopy was used by Dr. Smith during an epidural injection on his patient. The radiologist was not in attendance. There were no images submitted for review. Fluoroscopy time for the injection was 14 seconds.

Impression: As above.

Fluoroscopy Billing

Rad in Room	Rad did the Procedure	Permanent Images	Interpretation Provided	Billable CPT Code	Required Documentation	Sample Template
YES	NO	NO	NO	76000	1. Document personal supervision of fluoroscopic guidance. 2. Document no permanent images were obtained. 3. Document fluoroscopy exposure time.	"One minute of fluoroscopic guidance was provided for Dr. Smith under my personal supervision. No permanent images were obtained."
YES	YES	YES	YES	CPT Code(s) for the procedures Do not bill 76000 Fluoroscopy codes	1. Radiologist clearly states that they performed the surgical procedure. 2. Document that permanent images were obtained and interpreted. 3. Document fluoroscopy exposure time	"One minute of fluoroscopic guidance was provided during the ERCP procedure that I performed on the patient. Permanent images were obtained. IMPRESSION:"
YES	NO	YES	YES	R S & I for procedure with -52 (reduced services)	1. Document personal supervision of fluoroscopic guidance. 2. Document the physician performed the procedure. 3. Document that permanent images were obtained and interpreted. 4. Document fluoroscopy exposure time.	"One minute of fluoroscopic guidance was provided under my personal supervision during an ERCP procedure performed by Dr. Smith. Permanent images were obtained. IMPRESSION:"
NO	NO	NO	NO	NONE	1. Document fluoroscopy exposure time	"One minute of fluoro time was provided by the radiology department for an ORIF of the forearm. No permanent images were obtained."
NO	NO	YES	YES	X-ray view of anatomic area	1. Radiologist must document what anatomic area was imaged, including procedure name (e.g.abdomen x-ray for ERCP images) 2. Document that permanent images were obtained and interpreted. 4. Document fluoroscopy exposure time.	One minute of fluoroscopic guidance was provided to Dr. Smith by the x-ray department. Images were obtained. IMPRESSION:"

Fluoroscopy Billing Scenario 1

Radiologist in Room	Radiologist did the Procedure	Permanent Images Were Obtained	Interpretation Provided by Radiologist	Billable CPT Code
YES	NO	NO	NO	76000 Fluoroscopy

Required Documentation	Sample Template
<ol style="list-style-type: none"> Document that the radiologist provided personal supervision of fluoroscopic guidance. Document that no permanent images were obtained. Document fluoroscopy exposure time. 	"One minute of fluoroscopic guidance was provided for Dr. Smith under my personal supervision. No permanent images were obtained."

Fluoroscopy Billing Scenario 2

Radiologist in Room	Radiologist did the Procedure	Permanent Images were Obtained	Interpretation Provided by Radiologist	Billable CPT Code
YES	YES	YES	YES	<ul style="list-style-type: none"> Code(s) for the procedure(s) Do not bill 76000 Fluoroscopy

Required Documentation	Sample Template
<ol style="list-style-type: none"> Radiologist clearly states that he or she performed the surgical procedure. Document that permanent images were obtained and interpreted. Document fluoroscopy exposure time. 	" One minute of fluoroscopic guidance was provided during the ERCP procedure that I performed on the patient. Permanent images were obtained. IMPRESSION: _____"

Fluoroscopy Billing Scenario 3

Radiologist in Room	Radiologist did the Procedure	Permanent Images were Obtained	Interpretation Provided by Radiologist	Billable CPT Code
YES	NO	YES	YES	<ul style="list-style-type: none"> • R S & I for procedure • Modifier 52 (reduced services)

Required Documentation	Sample Template
<ol style="list-style-type: none"> 1. Document radiologist provided personal supervision of fluoroscopic guidance. 2. Document that another physician performed the procedure. 3. Document that permanent images were obtained and interpreted. 4. Document fluoroscopy exposure time. 	<p>"One minute of fluoroscopic guidance was provided under my personal supervision during an ERCP procedure performed by Dr. Smith. Permanent images were obtained. IMPRESSION: _____"</p>

Fluoroscopy Billing Scenario 4

Radiologist in Room	Radiologist did the Procedure	Permanent Images were Obtained	Interpretation Provided by Radiologist	Billable CPT Code
NO	NO	NO	NO	NONE

Required Documentation	Sample Template
<ol style="list-style-type: none"> 1. Document fluoroscopy exposure time. 	<p>"Three minutes of fluoroscopy time was provided by the radiology technologist during the ORIF of the forearm. No permanent images were obtained."</p>

Fluoroscopy Billing Scenario 5

Radiologist in Room	Radiologist did the Procedure	Permanent Images were Obtained	Interpretation Provided by Radiologist	Billable CPT Code
NO	NO	YES	YES	Plain film (7xxxx) of the anatomic area

Required Documentation	Sample Template
<ol style="list-style-type: none"> Radiologist must document what anatomic area was imaged, including procedure name (e.g., abdomen x-ray for ERCP images) Document that permanent images were obtained and interpreted. Document fluoroscopy exposure time. 	<p>"One minute of fluoroscopic guidance was provided to Dr. Smith by the radiology department. Images of the _____ were saved for the patient's permanent record.</p> <p>IMPRESSION:"</p>

Documenting Fluoroscopy Exposure Time



Fluoroscopy burn from long exposure

PQRS Incentive & Payment Adjustment Amounts

Year	Incentive	Penalty *	Comment
2013	0.5%		Paid 4th Quarter of 2014
2014	0.5%		Paid 4th Quarter of 2015
2015		1.5%	Based on 2013 report year
2016		2.0%	Based on 2014 report year

* 2 year lag between the report year and the penalty year

Penalties are not yet published for 2017 and beyond

PQRS Measure 145: Reporting Fluoroscopy Exposure time

Measure Description	Template for Required Documentation
<p>This measure is to be reported each time fluoroscopy is utilized in a hospital or outpatient setting.</p> <p>The PQRS codes are reported <u>by the clinician providing the service</u>.</p> <p>Radiation exposure or exposure time is to be documented in the final procedure report.</p>	<p>Body of the report: Total fluoroscopy exposure time was 1 minute, 39 seconds.</p>

PQRS Measure 145: Reporting Fluoroscopy Exposure time

Radiologic Procedures (Denominators) Linked to PQRS Measure 145

The list of studies includes, but is not limited to:

- Catheter insertion and manipulation (vascular, biliary, and urinary systems)
- injections to evaluate existing central venous access devices
- Mechanical thrombectomies
- Other Revascularization studies (PTA, stents)
- ERCP
- G.I. tube insertions
- Removal of GU stents
- Percutaneous lysis of epidural adhesions
- Injection or infusion of neurolytic substances (spine)
- Arthrography
- Laryngography

PQRS Measure 145: Reporting Fluoroscopy Exposure Time

Radiologic Procedures (Denominators) Linked to PQRS Measure 145


And the list of studies continues, but is not limited to:

- Sialography
- Bronchography
- Myelography, Discography, Vertebroplasty
- Esophagrams, including swallowing function studies
- Barium x-rays and enemas to view GI tract
- Cholangiography
- Urography
- Hysterosalpingography
- Aortography , Angiography and Venography
- Sniff Tests
- Guidance
- Orthopedic surgeries

References

1. 2013 AMA CPT Manual, Professional Edition
2. [NCCI Policy Manual](#) for Medicare Services, Chapter 9; January 1, 2013
3. CMS [PQRS Home](#) page
4. CPT Assistant, June 2008
5. ACR Bulletin, March 2002
6. Wikipedia

Please submit your questions.

Answers, with supporting resources, will be posted on the webinar series web-page. 

vRad team members with specific scenarios or questions are encouraged to contact Sharon Roeder and Wendi Krumm for further support.



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