



CLINICAL GUIDELINES

CMM-405: Spinal Fluoroscopy

Version 1.0

Effective July 1, 2021



Definitions

Fluoroscopy is an imaging procedure using continuous X-ray image shown on a monitor for the purpose of locating anatomic structures.

General Guidelines

- A concomitant procedure needing the assistance of X-ray guidance must be documented as the primary procedure.
- The patient must have no contraindications for use of X-ray.
- Please note: this guideline only applies to fluoroscopically guided spinal procedures.

Indications

Fluoroscopic imaging guidance is considered **medically necessary** when all of the following are met:

- Performed with a spinal or paraspinal (adjacent to the spinal column) diagnostic or therapeutic injection procedure
- Placement of needle or catheter at the neural structure cannot be adequately performed without image guidance
- Imaging guidance is not included in the planned procedure(s)

Non-Indications

Separate submission of fluoroscopic imaging guidance when it is included in a planned procedure is considered **not medically necessary**.

Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required. Pre- authorization requirements vary by individual payor.

CPT®	Code Description/Definition
77003	Fluoroscopic Guidance and Localization of Needle or Catheter Tip for Spine or Paraspinal Diagnostic or Therapeutic Injection Procedures (Epidural or Subarachnoid) (List separately in addition to code for primary procedure)

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the individual payor (health insurance company, etc.) and is based on the member/patient/client/beneficiary's policy or benefit entitlement structure as well as any third party payor guidelines and/or claims processing rules. Providers are strongly urged to contact each payor for individual requirements if they have not already done so.

References

1. Bradley W. G., Daroff, R., Fenichel, G., et al. Ch. 48: *Neurology in Clinical Practice*. Vol 1. 5th edition ed. 2008.
2. (ICSI) Institute for Clinical Systems Improvement. *Health Care Guideline: Adult Acute and Subacute Low Back Pain*. 15 ed. Bloomington (MN): Institute for Clinical Systems Improvement; January 2012.
3. Miller R., Eriksson, L.I., Lee, A.F., et al. *Miller's Anesthesia*. 7th ed: Churchill Livingstone Elsevier; 2010.