

Videofluoroscopy, Dynamic MRI for Musculoskeletal Indications



INDEPENDENT CARE HEALTH PLAN

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Medicare Advantage Medical Coverage Policy

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Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

There are no NCDs and/or LCDs for videofluoroscopy or dynamic MRI for musculoskeletal indications.

Description

Fluoroscopy is a type of radiographic imaging that shows the movement of a body part or movement of a contrast agent through the body. When used for musculoskeletal indications, it may be utilized to evaluate the entire spine, the movement of joints and other areas of the skeletal system. In videofluoroscopy (also known as cineradiography), fluoroscopic imaging is recorded to allow for repeated viewing at varying speeds, purportedly to aid in determining the area of joint dysfunction.

Digital motion x-rays are screen-film or computer-based snapshots taken in sequence as the individual moves through various positions. The digitized images are ordered sequentially using a computer program to simulate a moving image of the inside of the body.

Dynamic visualization describes several different imaging techniques including videofluoroscopy, vertebral motion analysis and digital motion x-ray. Vertebral motion analysis uses imaging similar to dynamic visualization with the addition of controlled movement and computerized tracking analysis.

Dynamic (kinematic) or upright magnetic resonance imaging (MRI) purportedly provides images of the spine under daily living or weight-bearing conditions. A vertically open configuration MRI enables sitting or standing during image capture. Position changes, such as flexion and extension of the neck or back can also be viewed.

Coverage Determination

iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria.

Videofluoroscopy, Dynamic MRI for Musculoskeletal Indications

The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
76120	Cineradiography/videoradiography, except where specifically included	
76125	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)	
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	
96000	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;	
96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking	
96004	Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

Change Summary

- 01/01/2024 New Policy.
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