

“Special Report”
Diagnostic Fluoroscopic Imaging Procedure
(Comprehensive Modality)
CPT Code 76496

Patient Name: _____

Claim Number: _____

Date of Service: _____

Definition of Test(Technical Component):

Diagnostic fluoroscopic procedure which has a registered trademark product name of: **Digital Motion X-ray (DMX)**. This diagnostic fluoroscopic procedure is used to diagnose ligamentous and osseous injuries, and is designed to image the skeletal structures of the body in motion.

Medical Necessity:

Refer to **Prescription/Medical necessity** page attached. The **Referring/Treating Doctor** is the determining factor for prescribing the **Diagnostic fluoroscopic procedure** based upon his evaluation of the patient.

- 1) Pain provoked by specific spine or joint motion.
- 2) Failure to respond to conservative treatment.
- 3) Symptomatology such as headaches, posterior neck pain, increased pain with movement.

Time/effort:

The full evaluation using the **Diagnostic fluoroscopic imaging procedure** is determined by several factors:

A full study is @ 60 minutes, i.e. Typical cervical spine study is made up of 7 different arcs/planes of motion with each one evaluating different anatomical structures. Each with the minimum of 3 repetitions per plane of motion - which include **nodding, lateral flexion and extension, right oblique flexion and extension, left oblique flexion and extension, A-P cervical right and left lateral bending, A-P rotation right and left and A-P open mouth right and left lateral bending** – these allow the Doctor to **diagnose the twenty-two major ligaments that stabilize the cervical spine** (right and left alar ligaments, right and left accessory ligaments, transverse ligament, anterior longitudinal ligament, posterior longitudinal ligament, five capsular ligaments on the right, five capsular ligaments on the left and five interspinous ligaments). Following the **Diagnostic fluoroscopic procedure**, the Doctor/Technician reviews the study with the patient. The **Diagnostic fluoroscopic procedure** enables the Doctor to evaluate every joint in the body as well as the spine.

These include, but are not limited to cervical, lumbar, wrist, shoulder, knee, hip, elbow, ankle, & TMJ. According to the requirements of State Law, a physician or certified x-ray technician can only perform the DMX procedure.

Special Equipment:

Fluoroscopy is an imaging technology commonly used by physicians to obtain real-time images of the internal structures of a patient through a fluoroscope. A fluoroscope consists of an x-ray source and a florescent screen between which the patient is positioned. The florescent screen is electronically and optically coupled to an image intensification system and television camera, allowing the images to be seen on a monitor, recorded, and stored.

Objective X-ray Findings:

Seven views are performed during a Cervical **Diagnostic fluoroscopic procedure**:

1. **Neutral Lateral Projection:** The integrity of the cervical lordosis and overall condition of the cervical spine is evaluated. The loss of the cervical lordosis may be a result of **damage to the posterior longitudinal, capsular or interspinous ligaments**.
2. **Lateral Nodding Projection:** This view examines the integrity of the transverse ligament which is responsible for preventing the anterior movement of C1 on C2. An increase of the Atlanto-Dens interspace (ADI) indicates **damage to the transverse ligament**.
3. **Motion in the Neutral Lateral Projection to Full Flexion:** This view examines the integrity of the **posterior longitudinal ligament** demonstrated by a forward (anterior) movement of one vertebrae over the vertebrae below or by the posterior widening of the intervertebral disc space (increased disc angle).
Motion in the Neutral Lateral Projection to Full Extension: This view examines the integrity of the **anterior longitudinal ligament** demonstrated by a backward (posterior) movement of one vertebrae over the vertebrae below or by the anterior widening of the intervertebral disc space (increased disc angle).
4. **Motion in the Oblique Flexion Projection:** This view examines the integrity of the **capsular ligaments** by observing gapping of the facet joints, located on the posterior cervical spine (C2-C7), there are five capsular ligaments on the right and the left.
Motion in the Oblique Extension Projection: This view examines the integrity of the **capsular ligament** by encroachment into the intervertebral foramen, located on the posterior cervical spine (C2-C7), there are five capsular ligaments on the right and the left.
5. **Motion in the A-P Projection Lateral Bending:** This view allows us to evaluate coupled motion of the spinous processes which examines **facet joint integrity**.
6. **Motion in the A-P Rotation Projection:** This view examines the rotational range of motion between Occiput-C1-C2. Increased motion indicates **damage to the alar and accessory ligaments**.
7. **Motion in the A-P Open Mouth Lateral Bending Projection:** This view examines the integrity of the **alar and accessory ligaments** either by the lateral overhang of C1 on C2 or by the changes in the para-odontoid spaces.