

# 2018 Billing and Coding Reference

## Calypso System Using Permanent, Implantable or Surface Beacons

### The Calypso system overview

The Calypso® system is a real-time motion tracking system that enables clinicians to deliver radiation doses with sub-millimeter accuracy to the desired target while potentially avoiding healthy surrounding tissue. This technology may be used to track tumor motion in the prostate and other soft tissue organs using permanent, implantable Beacon® transponders. Also, surface Beacon transponders may be placed on the skin for real-time tracking of respiratory and other patient motion during treatment delivery.

Beacon transponders emit radiofrequency waves that transmit location information to the tracking system throughout each treatment session. If the position of the transponders moves outside clinician-defined thresholds, the radiation beam may be paused until the transponders are back within the parameters.

### CODING USING IMPLANTABLE BEACON TRANSPONDERS

The following are potential Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes that may be used to bill for procedures/services associated with the Calypso system in conjunction with implantable Beacon transponders.

### 2018 national average Hospital Outpatient Prospective Payment System (HOPPS) and Medicare Physician Fee Schedule (MPFS) professional reimbursement

The following codes are available to report the implantation of the Beacon transponders into various tissues/organs. Providers should choose only the code that best describes the clinical procedure performed and documented.

CPT	Descriptor	Hospital Technical <sup>1</sup>		Professional	
		APC	Payment	RVU <sup>2</sup>	Payment <sup>3</sup>
32553	Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), percutaneous, intrathoracic, single or multiple	5613	\$1,187	5.20	\$187
+49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (list separately in addition to code for primary procedure)	N/A	Packaged	3.79	\$136
49411	Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), percutaneous, intra-abdominal, intrapelvic (except prostate), and /or retroperitoneum, single or multiple	5613	\$1,187	5.33	\$192

+49412	Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (list separately in addition to code for primary procedure)	N/A	Reimbursed as an inpatient procedure only	2.40	\$86
55876	Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	5613	\$1187	2.92	\$105
C9728	Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g., fiducial markers, dosimeter), for other than the following sites (any approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple	5613	\$1187	N/A	N/A

Various image-guidance technologies may be used during the implantation procedure to enable accurate placement of the Beacon transponders. Providers should choose only the code that best describes the imaging used and documented.

CPT	Descriptor	Hospital Technical <sup>1</sup>		Professional	
		APC	Payment	RVU <sup>2</sup>	Payment <sup>3</sup>
77002	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)	N/A	Packaged	.80	\$29
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	N/A	Packaged	.92	\$33
77012	Computed tomography guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation	N/A	Packaged	1.63	\$59
77021	Magnetic resonance guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation	N/A	Packaged	2.09	\$75

The following code would be used to report the Beacon transponders. This code would be reported as a quantity equal to the number of transponders implanted. This code is currently packaged by Medicare, but providers should check with commercial payers regarding their coverage policies.

CPT	Descriptor	Hospital Technical <sup>1</sup>		Professional	
		APC	Payment	RVU <sup>2</sup>	Payment <sup>3</sup>
A4648	Tissue marker, implantable, any type, each <sup>4</sup>	N/A	Packaged	N/A	N/A

The following code would be reported for the real-time tracking procedure performed in conjunction with the daily treatment delivery. In the hospital outpatient setting, image guidance is packaged with the treatment delivery code and is therefore not paid separately.

CPT	Descriptor	Hospital Technical <sup>1</sup>		Professional	
		APC	Payment	RVU <sup>2</sup>	Payment <sup>3</sup>
77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	N/A	Packaged	N/A	N/A

<sup>1</sup> Obtained from the 2018 HOPPS Addendum B posted to CMS.gov on 10/31/17.

<sup>2</sup> Obtained from the 2018 MPFS Addendum B posted to CMS.gov on 11/6/17.

<sup>3</sup> Calculated using the 2018 conversion factor (CF) of \$35.9996.

<sup>4</sup> "each" refers to one transponder; the quantity billed on the claim form should equal the number of transponders implanted.

+ Add-on codes are procedure codes that indicate additional work associated with another primary procedure. Add-on codes should be listed separately in addition to a primary procedure code.

## 2018 national average MPFS reimbursement

The following codes are available to report the implantation of the Beacon transponders into various soft tissues/organs. Providers should choose only the code that best describes the clinical procedure performed and documented.

CPT	Descriptor	Professional Component		Technical Component		Global Component	
		RVU <sup>2</sup>	Payment <sup>3</sup>	RVU <sup>2</sup>	Payment <sup>3</sup>	RVU <sup>2</sup>	Payment <sup>3</sup>
32553	Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), percutaneous, intrathoracic, single or multiple	N/A	N/A	N/A	N/A	14.87	\$535
49411	Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), percutaneous, intra-abdominal, intrapelvic (except prostate), and/or retroperitoneum, single or multiple	N/A	N/A	N/A	N/A	13.73	\$494
55876	Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	N/A	N/A	N/A	N/A	3.94	\$142

Various image-guidance technologies may be used during the implantation procedure to enable accurate placement of the Beacon transponders. Providers should choose only the code that best describes the imaging used and documented.

CPT	Descriptor	Professional Component		Technical Component		Global Component	
		RVU <sup>2</sup>	Payment <sup>3</sup>	RVU <sup>2</sup>	Payment <sup>3</sup>	RVU <sup>2</sup>	Payment <sup>3</sup>
77002	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)	.80	\$29	1.87	\$67	2.67	\$96
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	.92	\$33	.78	\$28	1.70	\$61
77012	Computed tomography guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation	1.63	\$59	1.90	\$68	3.53	\$127
77021	Magnetic resonance guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation	2.09	\$75	8.97	\$323	11.06	\$398

The following code would be used to report the Beacon transponders. This code would be reported as a quantity equal to the number of transponders implanted. In the physician office setting, this code is separately billable and payable when submitted on the same claim form as CPT codes 32553, 49411 or 55876.

CPT	Descriptor	Professional Component		Technical Component		Global Component	
		RVU <sup>2</sup>	Payment <sup>3</sup>	RVU <sup>2</sup>	Payment <sup>3</sup>	RVU <sup>2</sup>	Payment <sup>3</sup>
A4648	Tissue marker, implantable, any type, each <sup>4</sup>	Paid at invoice price	\$29	1.87	\$67	2.67	\$96

The following code would be reported for the real-time tracking procedure performed in conjunction with the daily treatment delivery.

CPT	Descriptor	Professional Component		Technical Component		Global Component	
		RVU <sup>2</sup>	Payment <sup>3</sup>	RVU <sup>2</sup>	Payment <sup>3</sup>	RVU <sup>2</sup>	Payment <sup>3</sup>
G6017	Intrafraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	N/A	N/A	N/A	N/A	N/A	Contractor Priced

<sup>2</sup> Obtained from the 2018 MPFS Addendum B posted to CMS.gov on 11/6/17.

<sup>3</sup> Calculated using the 2018 conversion factor (CF) of \$35.9996.

<sup>4</sup> "each" refers to one transponder; the quantity billed on the claim form should equal the number of transponders implanted.

## CODING USING SURFACE BEACON TRANSPONDERS

The following are potential CPT and HCPCS codes that may be used for procedures/services associated with the Calypso system using surface Beacon transponders.

### 2018 national average HOPPS and MPFS professional reimbursement

CPT	Descriptor	Hospital Technical <sup>1</sup>		Professional	
		APC	Payment <sup>3</sup>	RVU <sup>2</sup>	Payment <sup>3</sup>
77332	Simple treatment device	5611	\$125	.38	\$24
77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	N/A	Packaged	N/A	N/A

### MPFS RATES FOR FREESTANDING CENTERS/PHYSICIANS OFFICES<sup>2,3</sup>

CPT	Descriptor	Professional Component		Technical Component		Global Component	
		RVU <sup>2</sup>	Payment <sup>3</sup>	RVU <sup>2</sup>	Payment <sup>3</sup>	RVU <sup>2</sup>	Payment <sup>3</sup>
77332	Simple treatment device	.68	\$24	1.00	\$36	1.68	\$60
G6017	Intrafraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	N/A	N/A	N/A	N/A	N/A	Contractor Priced

<sup>2</sup> Obtained from the 2018 MPFS Addendum B posted to CMS.gov on 11/6/17.

<sup>3</sup> Calculated using the 2018 conversion factor (CF) of \$35.9996.

For more information on how physician payment rates are calculated, visit the CMS website at [www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedcrePhysFeeSchedfctsht.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedcrePhysFeeSchedfctsht.pdf) to review the Medicare Physician Fee Schedule Payment System Fact Sheet. Providers must negotiate with commercial payer plans to establish contracted payment rates.

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Not all features or products are available in all markets.

## [Intended Use Summary](#)

Varian Medical Systems' linear accelerators are intended to provide stereotactic radiosurgery and precision radiotherapy for lesions, tumors, and conditions anywhere in the body where radiation treatment is indicated.

## [Safety Statement](#)

Radiation treatments may cause side effects that can vary depending on the part of the body being treated. The most frequent ones are typically temporary and may include, but are not limited to, irritation to the respiratory, digestive, urinary or reproductive systems, fatigue, nausea, skin irritation, and hair loss. In some patients, they can be severe. Treatment sessions may vary in complexity and time. Radiation treatment is not appropriate for all cancers.

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