

# 2019 Billing and Coding Reference

## Thoracic SBRT Delivery with Calypso Tumor Tracking

### The Calypso system overview

The Calypso® system delivers precise and accurate tumor tracking in real time, enabling radiation oncology clinicians to keep the target in the path of the radiation beam at all times. Using GPS for the Body® technology, the Calypso system can detect the slightest tumor movement and guide the therapist in repositioning the patient if necessary, making it possible to deliver high doses of radiation directly to the tumor while potentially avoiding healthy surrounding tissues.

Use of Calypso for target localization is based on the system’s detection of an electromagnetic signal generated by Beacon® transponders implanted in or near the treatment target. The anchored Beacon transponders provide confident, non-ionizing, rotational, and translational treatment guidance for lung cancer patients. The Beacon Care Package (BCP) for lung includes three custom catheters pre-loaded with anchored Beacon transponders. Each transponder has 5 Nitinol legs that expand on deployment to allow stable fixation in small airways in or around the lung tumor. The bronchoscopic implant procedure is straightforward and designed for both interventional pulmonologists and general pulmonologists with advanced bronchoscopy training.

### Calypso billing and coding for lung procedures

The following charts contain Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes that may be used to report implantation of the Beacon transponders, the Beacon transponders, and daily intra-fraction tracing.

### HOSPITAL OUTPATIENT AND PHYSICIAN PROFESSIONAL ONLY CODING

#### 2019 national average Hospital Outpatient Prospective Payment System (HOPPS) and Medicare Physician Fee Schedule (MPFS) professional reimbursement

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CPT	Descriptor	Hospital Technical <sup>1</sup>		Professional	
		APC	Payment	RVU <sup>2</sup>	Payment <sup>3</sup>
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	5155	\$5,148	5.72	\$206

Beacon transponders are packaged by Medicare and should not be separately reported. However, providers should check with commercial payers as some may reimburse the Beacon transponders. In those cases, the provider would use CPT code A4648 to report the Beacon transponders in a quantity equal to the number implanted.

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 by Medicare. Providers should verify coverage with commercial payers.

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

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

## PHYSICIAN OFFICE AND FREESTANDING CENTER CODING

### 2019 national average MPFS reimbursement

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>
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	N/A	N/A	N/A	N/A	23.94	\$863

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.

CPT	Descriptor	Payment
A4648	Tissue marker, implantable, any type, each <sup>4</sup>	Paid at invoice price

For real-time tracking performed in conjunction with the daily treatment delivery, CMS will continue to use the temporary G code established in 2015 for CY 2017 as opposed to implementing 77387.

CPT	Descriptor	Professional Component		Technical Component		Global Component	
		RVU	Payment	RVU	Payment	RVU	Payment
G6017	Intra-fraction 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

### Lung SBRT target delineation

Stereotactic body radiation therapy (SBRT), also known as stereotactic ablative radiotherapy (SABR), is a specialized technique used to deliver high doses of radiation (5 or fewer) to a carefully defined target. Due to the high dose(s) of radiation, margins around the targeted tumor(s) must be significantly tighter than margins for conventional therapy. Tighter margins make it necessary to ensure that the patient is properly immobilized and organ motion is monitored during the treatment. Collaboration with a thoracic specialist may be required to ensure proper delineation of thoracic targets.

CPT code 32701 is a professional only code and was created for use by a thoracic specialist to account for the work performed during treatment planning to include identification and delineation of the target(s) for stereotactic treatment.

According to the 2019 CPT Code Manual: Target delineation involves the specific determination of tumor borders to identify tumor volume and relationship with adjacent structures (e.g., chest wall, intraparenchymal vasculature, and atelectatic lung) and previously placed fiducial markers, when present. Target delineation also includes availability to identify and validate the thoracic target prior to treatment delivery when a fiducial-less tracking system is utilized. This code may not be reported more than once per course of treatment regardless of the number of fractions delivered.

## PROFESSIONAL ONLY CODING

### 2019 national average MPFS professional reimbursement

CPT	Descriptor	RVU <sup>2</sup>	Payment <sup>3</sup>
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	6.21	\$224

1 Obtained from the 2019 HOPPS Addendum B posted to CMS.gov on 12/18/18.

2 Obtained from the 2019 MPFS Addendum B posted to CMS.gov on 11/2/18.

3 Calculated using the 2019 conversion factor (CF) of \$36.0391.

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

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/MedcrePhysFeeSchedfctsh.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedcrePhysFeeSchedfctsh.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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The information provided herein has been gathered from third-party sources which include, but are not limited to government and commercially available coding guides, professional societies, and research conducted by coding and reimbursement consultants, and is subject to change without notice because of complex and frequently changing laws, regulations, rules, and policies. This information should not be construed as authoritative and is presented for illustrative and informational purposes only. It does not constitute either reimbursement or legal advice. The entity billing Medicare, other government programs and/or third-party payers is solely responsible for determining medical necessity, the proper site for delivery of any services and submitting accurate and appropriate codes, charges, and modifiers for services that are rendered and reflected in a patient's medical record. Varian does not have access to medical records, and therefore cannot recommend codes for specific cases. Varian recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage and reimbursement matters. Varian's products have been cleared for use by the FDA as set forth in our Instructions for Use and nothing in this document should be construed as promoting any use outside of those instructions.

*Not all features and 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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