

2019 Billing and Coding Reference

Neurosurgeon Coding for Stereotactic Procedures

Stereotactic radiosurgery (SRS), a specialized non-surgical technique used to deliver a single high dose of radiation to (a) carefully defined target(s), is used to treat functional abnormalities or tumors in the brain. SRS is delivered in a single treatment session and is designated for cranial lesions only. Stereotactic body radiation therapy (SBRT) is the delivery of five or fewer high doses of radiation to (a) carefully directed target(s). Due to the high dose of radiation, margins around the targeted tumor(s) must be significantly tighter than margins for conventional therapy. Collaboration with a neurosurgeon may be required in the planning and treatment delivery of cranial and/or spinal lesions.

The Current Procedural Terminology (CPT®) codes outlined in the tables below are professional only and may be used by neurosurgeons to account for their participation in cranial and/or spinal stereotactic procedures. The neurosurgeon should submit only the code(s) that best fit the procedure(s) performed and documented. The radiation oncologist will submit the appropriate CPT codes for clinical treatment planning, physics, dosimetry, treatment delivery, and management.

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2019 national average Medicare Physician Fee Schedule (MPFS) professional reimbursement

CPT	Descriptor	Relative Value Units (RVUs) ¹	Payment Rate ²
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	29.74	\$1,072
61797+	Each additional cranial lesion, simple (list separately in addition to code for primary procedure)	6.48	\$234
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	40.56	\$1,462
61799+	Each additional cranial lesion, complex (list separately in addition to code for primary procedure)	8.98	\$324
61800	Application of stereotactic head frame for stereotactic radiosurgery (list separately in addition to code for primary procedure)	4.52	\$163
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	32.89	\$1,185
63621+	Each additional spinal lesion (list separately in addition to code for primary procedure)	7.48	\$270

Additional coding information³

- Simple cranial lesions are defined as lesions that measure less than 3.5 cm in a maximum dimension that do not meet the definition of a complex lesion.
- Complex cranial lesions are lesions that measure 3.5 cm or greater in maximum dimension, Schwannomas, arteriovenous malformations (AVMs), pituitary tumors, glomus tumors, pineal region tumors, cavernous sinus/parasellar/petroclival tumors or any lesion this is adjacent (5 mm or less) to the optic nerve/optic chiasm/optic tract or within the brainstem.

- When performing therapeutic lesion creation procedures (e.g., thalamotomy or pallidotomy) only one unit of 61798 may be billed regardless of the number of lesions created.
- CPT codes 63620 and 63621 include computer-assisted planning. Do not report these codes in conjunction with 61781, 61782 or 61783.

CPT	Utilization	Coding Information	Billable Quantity
61796	Single or initial simple lesion	Not billable in conjunction with 61798	Once per course of treatment
61797+	Each additional simple lesion	Billable in conjunction with 61796 or 61798	Once per each additional simple lesion. A maximum of four additional lesions (simple and/or complex combined) is allowed per course of care regardless of the number of lesions treated.
61798	Single or initial complex lesion	Not billable in conjunction with 61796	Once per course of treatment
61799+	Each additional complex lesion	Billable in conjunction with 61798	Once per each additional simple lesion. A maximum of four additional lesions (simple and/or complex combined) is allowed per course of care regardless of the number of lesions treated.
63620	Initial spinal lesion		Once per course of treatment
63621+	Each additional spinal lesion	Billable in conjunction with 63620	Once per each additional spinal lesions. A maximum of 2 additional lesions is allowed per course of care regardless of the number of lesions treated.

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

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

3 From CY 2019 CPT Code Manual.

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

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/MedcrePhysFeeSchedfctshst.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.

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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