Neurosurgeon Coding for Stereotactic Procedures
This CY 2017 billing and coding reference is intended to be a general resource for physicians and reimbursement professionals and is current as of January 1, 2017. Contact payers directly for specific information on their coding, documentation and payment policies. Questions and comments on this guide can be referred to reimbursement@varian.com.

**NEUROSURGEON CODING FOR STEREOTACTIC PROCEDURES**

Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT) are 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. In addition, some form of motion management is generally required.

The Current Procedural Terminology (CPT®) codes outlined in the tables below are to be reported by neurosurgeons to account for their participation in the planning and treatment delivery of 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 and dosimetry, treatment delivery, and management.

### 2017 NATIONAL AVERAGE MPFS PROFESSIONAL ONLY REIMBURSEMENT INFORMATION

<table>
<thead>
<tr>
<th>CPT</th>
<th>Descriptor</th>
<th>Total Relative Value Units (RVUs)</th>
<th>Payment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>61796</td>
<td>Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); one simple cranial lesion</td>
<td>29.83</td>
<td>$1,071</td>
</tr>
<tr>
<td>61797</td>
<td>Each additional cranial lesion, simple (List separately in addition to code for primary procedure)</td>
<td>6.52</td>
<td>$234</td>
</tr>
<tr>
<td>61798</td>
<td>Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); one complex cranial lesion</td>
<td>40.61</td>
<td>$1,457</td>
</tr>
<tr>
<td>61799</td>
<td>Each additional cranial lesion, complex (List separately in addition to code for primary procedure)</td>
<td>9.02</td>
<td>$324</td>
</tr>
<tr>
<td>61800</td>
<td>Application of stereotactic head frame for stereotactic radiosurgery (List separately in addition to code for primary procedure)</td>
<td>4.55</td>
<td>$163</td>
</tr>
<tr>
<td>63620</td>
<td>Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); one spinal lesion</td>
<td>32.88</td>
<td>$1,180</td>
</tr>
<tr>
<td>63621</td>
<td>Each additional spinal lesion (List separately in addition to code for primary procedure)</td>
<td>7.41</td>
<td>$266</td>
</tr>
</tbody>
</table>

1 Obtained from the 2017 Medicare Physician Fee Schedule (MPFS) Addendum B posted to CMS.gov on 11/2/16.

2 The payment is calculated using the 2017 conversion factor (CF) of $35.8887.

3 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.

**ADDITIONAL CODING INFORMATION**

- Simple cranial lesions are defined as lesions that measure less than 3.5 cm in 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 that 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 code 61800 is appropriate only if the neurosurgeon attaches a rigid stereotactic guiding device, such as a head frame.
### 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

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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**CPT**

<table>
<thead>
<tr>
<th>CPT</th>
<th>UTILIZATION</th>
<th>CODING INFORMATION</th>
<th>BILLABLE QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>61796</td>
<td>Single or initial simple lesion</td>
<td>Not billable in conjunction with 61798</td>
<td>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.</td>
</tr>
<tr>
<td>61797+</td>
<td>Each additional simple lesion</td>
<td>Billable in conjunction with 61796 or 61798</td>
<td>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.</td>
</tr>
<tr>
<td>61798</td>
<td>Single or initial complex lesion</td>
<td>Not billable in conjunction with 61796</td>
<td>Once per course of treatment</td>
</tr>
<tr>
<td>61799+</td>
<td>Each additional complex lesion</td>
<td>Billable in conjunction with 61798</td>
<td>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.</td>
</tr>
<tr>
<td>63620</td>
<td>Initial spinal lesion</td>
<td></td>
<td>Once per course of treatment</td>
</tr>
<tr>
<td>63621+</td>
<td>Each additional spinal lesion</td>
<td>Billable in conjunction with 63620</td>
<td>Once per each additional spinal lesion. A maximum of two additional lesions is allowed per course of care regardless of the number of lesions treated.</td>
</tr>
</tbody>
</table>

3 From CY 2017 AMA CPT Coding Manual

For more information on how physician payment rates are calculated, please visit the Centers for Medicare and Medicaid Services (CMS) website at www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedcrePhysFeeSchedfcstht.pdf to view 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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