

2019 Billing and Coding Reference

Stereotactic Treatment Delivery

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. In addition, some form of motion management is generally required.

HOSPITAL OUTPATIENT DEPARTMENTS

Single session cranial stereotactic radiosurgery, cobalt and linear accelerator-based, is reimbursed via a comprehensive Ambulatory Payment Classification (C-APC). C-APCs were created by the Centers for Medicare and Medicaid Services (CMS) to package payment for ancillary services when provided in conjunction with certain primary service, in this case, single session cranial SRS treatment delivery. CMS defines the C-APC packaging policy as including all covered ancillary services on a hospital claim reported with the primary service.

In reviewing claims from CY 2015, CMS determined that there were circumstances where necessary services, related to planning and preparation, were furnished on dates prior to the primary service and were not included on the same claim. CMS explained that in order to properly establish a comprehensive payment for SRS services they would need to temporarily unbundle those services and rebundle them at a future time. For CY 2019, CMS will continue to pay for the following Current Procedural Terminology (CPT®) codes independent of the C-APC:

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- 77014 – CT Scan for Therapy Guidance
- 77280 – Simple Simulation
- 77285 – Intermediate Simulation
- 77290 – Complex Simulation
- 77295 – 3D Treatment Planning
- 77336 – Radiation Physics Consult

Reimbursement for all multi-fraction cranial and all non-cranial courses of care (SBRT) will continue to be paid based on the individual CPT codes submitted for services performed.

2019 national average Hospital Outpatient Prospective Payment System (HOPPS) reimbursement

CPT	Descriptor	APC	Payment Rate ¹
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; linear accelerator-based	5627 (C-APC)	\$7,644
77373	Stereotactic body radiation therapy, treatment delivery per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	5626	\$1,691

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 to review the Hospital Outpatient Prospective Payment System Fact Sheet. Providers must negotiate with commercial payer plans to establish contracted payment rates.

FREESTANDING FACILITIES

In addition to CPT codes, 77372 and 77373, the Medicare Physician Fee Schedule (MPFS) will continue to include the robotic stereotactic treatment delivery G codes for CY 2018. For Medicare, G0339 and G0340 are carrier priced and freestanding facilities wishing to use these codes should check with their Medicare payer to determine if there is an established payment rate for these codes; if there is no payment rate listed, the facility may contact the payer and request that a payment rate be set. Facilities should also consult with their commercial payers to see if they reimburse G codes. If no payment rates are available for the G codes, the facility will use 77372 to report single fraction cranial treatment delivery and 77373 to report multi-fraction cranial and all non-cranial courses of care.

2019 national average MPFS reimbursement

CPT	Descriptor	Relative Value Units (RVUs) ²	Payment Rate ³
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator-based	30.24	\$1,090
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	36.61	\$1,319
G0339 ⁴	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in 1 session or first session fractionated treatment	Carrier priced – Facilities are advised to contact their payers to inquire about payment for these codes.	
G0340 ⁴	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth session, maximum of 5 sessions per course of treatment		

PHYSICIAN MANAGEMENT

2019 national average MPFS reimbursement

CPT	Descriptor	Relative Value Units (RVUs) ²	Payment Rate ³
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	12.05	\$434
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fraction	18.17	\$655

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 11/2/18.

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

4 If using the G codes for a fractionated course, the first fraction would be coded as G0339 and subsequent fractions as G0340.

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/MedcrePhysFeeSchedulefctsht.pdf to review the Medicare Physician Fee Schedule Payment System Fact Sheet. Providers must negotiate with commercial payer plans to establish contracted payment rates.

STEREOTACTIC RADIOSURGERY FAQs

What is the definition of robotic?

The Centers for Medicare & Medicaid Services (CMS) has not published a definition of robotic. However, when CMS deleted the robotic G codes from the HOPPS addenda, they stated that it was their understanding that all systems used to deliver stereotactic treatment have some robotic component, and therefore there was no longer a need to differentiate between robotic and non-robotic treatment systems. While the robotic codes are no longer available for hospital outpatient departments, they continue to be available to freestanding facilities.

Robotic stereotactic treatment overview

Varian's On-Board Imager® kV imaging system enables image-guided computer control of the Varian treatment delivery system from outside the treatment vault. This technology is available for robotic radiotherapy and radiosurgery across Varian's entire linear accelerator product line: the Clinac® iX, Trilogy®, Novalis Tx™, Edge® radiosurgery, TrueBeam®, and TrueBeam® STx systems. Clinicians may use any of these systems to set up a patient, confirm internal tumor position prior to beam on, make minute adjustments, initiate beam on and monitor the patient under complete computer control.

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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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