Stereotactic Treatment Delivery
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.

STEREOTACTIC BILLING AND CODING REFERENCE

SRS AND SBRT CODING FOR HOSPITAL OUTPATIENT DEPARTMENTS

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.

In CY 2015, the Centers for Medicare and Medicaid Services (CMS) created comprehensive ambulatory payment classification (APC) 0067 for single session cranial stereotactic radiosurgery, which included both cobalt and linear accelerator-based treatment. CMS defined the comprehensive APC payment packaging policy as including all covered services on a hospital claim reported with the primary service, in this case single session cranial SRS treatment delivery. Under this policy, the APC payment would include the primary service and all ancillary services needed to deliver the primary service. CMS stated that hospitals should continue to report all procedure codes appropriate for the procedures performed, but would receive a single payment.

In reviewing CY 2015 claims data CMS determined that there were circumstances where necessary services, related to planning and preparation, were furnished prior to the primary service and were billed separate of the C-APC. CMS explained that in order to properly establish a comprehensive payment for SRS services they needed to temporarily unbundled those services for 2 years and re-bundle them in future years. The unbundled Current Procedural Terminology (CPT®) codes for planning and preparation include:

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

For CY 2016 these codes will be submitted and reimbursed independently of the C-APC.

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.
2017 NATIONAL AVERAGE HOPPS REIMBURSEMENT INFORMATION

<table>
<thead>
<tr>
<th>CPT</th>
<th>DESCRIPTOR</th>
<th>APC(^1)</th>
<th>APC PAYMENT RATE(^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>77372</td>
<td>Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; linear accelerator-based</td>
<td>5627 (Comprehensive)</td>
<td>$7,453 (Comprehensive Payment)</td>
</tr>
<tr>
<td>77373</td>
<td>Stereotactic body radiation therapy (SBRT), treatment delivery, per fraction to one or more lesions, including image guidance, entire course not to exceed five fractions</td>
<td>5626</td>
<td>$1,651</td>
</tr>
</tbody>
</table>

\(^1\) Obtained from the 2017 Hospital Outpatient Prospective Payment System (HOPPS) Addendum B posted to CMS.gov on 11/1/16.

For more information on how hospital outpatient payment rates are calculated, please visit the CMS website at www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/HospitalOutpaysysfctsh.pdf to view the Hospital Outpatient Prospective Payment System Fact Sheet. Providers must negotiate with commercial payer plans to establish contracted payment rates.

**SRS AND SBRT CODING FOR 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 2016. 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 the G codes; if there is no payment rate listed, the facility may contact the payer and request a payment rate be set. Facilities should also consult with their commercial payers to see if they reimburse the G codes. If no payment rates are available for the G codes, the facility would use 77372 to report single fraction cranial treatment delivery and 77373 to report multi-fraction cranial and all non-cranial courses of care.

2017 NATIONAL AVERAGE MPFS PROFESSIONAL ONLY REIMBURSEMENT INFORMATION

<table>
<thead>
<tr>
<th>CPT</th>
<th>DESCRIPTOR</th>
<th>TOTAL RELATIVE VALUE UNITS (RVUs)(^2)</th>
<th>PAYMENT RATE(^3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>77372</td>
<td>Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; linear accelerator-based</td>
<td>30.45</td>
<td>$1,093</td>
</tr>
<tr>
<td>77373</td>
<td>Stereotactic body radiation therapy (SBRT), treatment delivery, per fraction to one or more lesions, including image guidance, entire course not to exceed five fractions</td>
<td>38.65</td>
<td>$1,387</td>
</tr>
<tr>
<td>G0339(^4)</td>
<td>Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session fractionated treatment</td>
<td>Carrier priced – facilities are advised to contact their payers to inquire about payment for these codes.</td>
<td></td>
</tr>
<tr>
<td>G0340(^4)</td>
<td>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 five sessions per course of treatment</td>
<td>Carrier priced – facilities are advised to contact their payers to inquire about payment for these codes.</td>
<td></td>
</tr>
</tbody>
</table>

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

\(^3\) Payment is calculated using the 2017 conversion factor (CF) of $35.8887.

\(^4\) If using the G codes for a fractionated course, the first fraction would be coded as G0339 and subsequent fractions as G0340.
STEREOTACTIC PHYSICIAN MANAGEMENT CODING

2017 NATIONAL AVERAGE MPFS PROFESSIONAL ONLY REIMBURSEMENT INFORMATION

<table>
<thead>
<tr>
<th>CPT</th>
<th>DESCRIPTION</th>
<th>TOTAL RELATIVE VALUE UNITS (RVUs)²</th>
<th>PAYMENT RATE³</th>
</tr>
</thead>
<tbody>
<tr>
<td>77432</td>
<td>Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of one session)</td>
<td>11.87</td>
<td>$426</td>
</tr>
<tr>
<td>77435</td>
<td>Stereotactic body radiation therapy (SBRT), treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed five fraction</td>
<td>17.89</td>
<td>$642</td>
</tr>
</tbody>
</table>

² Obtained from the 2017 Medicare Physician Fee Schedule (MPFS) Addendum B posted to CMS.gov on 11/2/16.
³ Payment is calculated using the 2017 conversion factor (CF) of $35.8887.

For more information on how physician payment rates are calculated, please visit the CMS website at www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedcrePhysFeeSchedfcstsheet.pdf to view 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 stereotactic?
Stereotactic radiation therapy is a technique for delivering a high dose of radiation to a specific target while minimizing dose to surrounding tissue in five or fewer fractions. Treatment courses that are more than five fractions are not considered stereotactic for reimbursement purposes.

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 addendum 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 portfolio of imaging and motion management technologies 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™, TrueBeam®, TrueBeam® STx and Edge™ radiosurgery 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.
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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