

## Treatment Devices –

# Radiation Oncology Coding Standard

CPT® Codes 77332, 77333, 77334, and 77338

**Original Date: April 2011**

**Last Review Date: November 2020**

**Last Revised Date: March 2024**

**Implementation Date: April 2024**

## Treatment Devices (CPT® Codes 77332, 77333, and 77334)

### *Professional and Technical*

There are many diverse types of treatment devices used in radiotherapy delivery. Examples include immobilization devices which help establish and maintain a reproducible treatment position for a patient undergoing radiation therapy. These may include Aquaplast® masks, Alpha Cradles®, Vac-Lok™, etc. Other examples of treatment devices include beam-modifying devices such as blocks, stents, bolus, multileaf collimators, wedges, compensators, molds, and casts.

- **77332** Treatment devices, design and construction; simple (simple block, simple bolus).
- **77333** Treatment devices, design and construction; intermediate (multiple hand blocks, stents, bite blocks, special bolus)
- **77334** Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts).

Not Billable	Simple-77332	Intermediate-77333	Complex-77334
<ul style="list-style-type: none"> <li>• Rings</li> <li>• Shoulder retractor</li> <li>• Pillows</li> <li>• Knee sponges</li> <li>• Head rests</li> <li>• Wingboards</li> <li>• Bellyboards</li> <li>• Prone pillows</li> </ul>	<ul style="list-style-type: none"> <li>• Non-custom bolus</li> <li>• Vaginal cylinder</li> <li>• Prostate template/grid for interstitial needle placement</li> <li>• Tandem &amp; ovoid</li> <li>• Skin HDR applicator</li> <li>• Breast board</li> <li>• Asymmetric jaws</li> <li>• Rectal balloon (standard filled)</li> <li>• Pre-made electron cutout</li> <li>• External eye shields</li> </ul>	<ul style="list-style-type: none"> <li>• Bite block</li> <li>• Testicular shield</li> <li>• Custom bolus</li> </ul>	<ul style="list-style-type: none"> <li>• IMRT Compensators</li> <li>• Custom multileaf collimator (MLC)</li> <li>• Aquaplast masks</li> <li>• Custom cradles/bags</li> <li>• SRS Headframe</li> <li>• Custom molds</li> <li>• Wedges</li> <li>• Rectal balloon (custom filled)</li> <li>• Internal eye shields</li> <li>• Any custom-made device</li> </ul>

Custom is defined as any item molded or created for a particular patient, which cannot be utilized for another patient's treatment. Custom devices may have the ability to be redesigned for another patient later (i.e., Vac-Lok™).

Multiple beam modification devices per port of entry are not billable. Only one beam-modifying treatment device is billable per port. For example, a multileaf collimator (MLC), wedge, and bolus all modifying a single port is billable as a quantity of one (1) at the level of the highest billable device.

Mirrored devices occur when the treatment fields are parallel opposed, and the devices are a mirror image of each other. A mirrored pair of devices is billable as one professional and one technical device between the two ports. If the devices between the parallel opposed fields are different, then one device per port is billable.

Multiple immobilization devices are allowed as billable on the same day of service. For example, a breast board and a Vac-Lok™ are two devices that are both billable. The Vac-Lok™ is complex (CPT® code 77334) and the breast board (when components associated with the device are not removed) is simple (CPT® code 77332). Also, an Aquaplast® mask (CPT® code 77334) and a bite block (CPT® code 77333) may be billed on the same date of service.

A rectal balloon, which is a disposable device, is billable as a complex device but only as a quantity of one (1) per course of therapy when the fill of the balloon is customized to the patient's anatomy. If the fill of the balloon is standard, then the rectal balloon is billable as a simple device and as a quantity of one (1) per course of therapy. Although a new rectal balloon may be utilized daily, only one balloon is billable per course of treatment.

Complex treatment devices (CPT® code 77334) are billable per individually documented IMRT compensator utilized for treatment. CPT® code 77334 is not billable for intensity modulated radiation therapy (IMRT) devices that are a multileaf collimator (MLC). MLC-based IMRT devices are billable as CPT® code 77338 and have a quantity of one (1) per IMRT plan.

#### Standards for CPT® Codes 77332, 77333, and 77334

- Immobilization devices are billable as many times as they are created
- One (1) complex treatment device (CPT® code 77334) may be approved for each external beam course of therapy for an immobilization device created during simulation. If an immobilization device is not created by the provider, then it should not be billed for.
- For brachytherapy, one (1) treatment device may be approved for each placement when there is a change in the device utilized and medical necessity to support the change. Utilization of the same device, size, and type, for each fraction of brachytherapy is billable only once at the initial placement. Per the American Society for Radiation Oncology (ASTRO), a device that is left in place for more than one fraction is billed only once.
- One (1) complex treatment device (CPT® code 77334) may be approved for each prostate external beam course of therapy for a rectal balloon when the balloon is custom filled to the patient's anatomy. If the rectal balloon uses a standard fill, one (1) simple treatment device (CPT® code 77332) may be approved. If a rectal balloon is not utilized for treatment, then authorization should not be requested.
- Beam-modifying devices: only one device is billable per port/field.
- A mirrored, parallel opposed pair of devices is billable as a quantity of one (1).
- For dosimetry/planning services, beam-modifying treatment devices may be approved up to the maximum number below per phase of treatment and documentation is present to support each device.
  - 2D, 3D, and IMRT compensator-based treatment deliveries is ten (10)
  - Proton beam therapy (PBT) is ten (10)
  - Stereotactic body radiation therapy (SBRT) is ten (10)
  - Low dose rate (LDR) brachytherapy is one (1)
  - High dose rate (HDR) brachytherapy is one (1)
- Additional services may be requested and will be reviewed for medical necessity based on the individual patient's circumstances.

## IMRT Planning/Treatment Device (CPT® Code 77338)

### *Professional and Technical*

- **77338** Multileaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

The IMRT planning/treatment device code was developed to account for the work and practice expense unique to the design and construction of an MLC for IMRT planning/treatment. This code is to be billed only once per MLC-based IMRT plan, regardless of the number of ports constructed for the plan. An IMRT device (CPT® code 77338) may be billed for a boost plan even if the IMRT plan (CPT® code 77301) is not billable. For compensator based IMRT, each compensator is billed using the complex treatment device code (CPT® code 77334).

### Standards for CPT® Code 77338

- CPT® code 77338 is billable as a quantity of one (1) only.
- CPT® code 77338 may only be billed one (1) time per IMRT plan creation.
- CPT® code 77338 is billable in conjunction with an IMRT plan (CPT® code 77301) only and not with any other type of isodose planning. In the event of an IMRT boost, the treatment device is allowed even though the additional plan may not be allowed. This code is reserved for MLC-based IMRT devices only.
- One (1) IMRT treatment device (CPT® code 77338) may be approved per phase of medically necessary, MLC-based IMRT planning/treatment. This includes proton beam therapy (PBT), stereotactic radiosurgery (SRS), and stereotactic body radiation therapy (SBRT) with IMRT planning. Also, it includes IMRT treatment.

### *Sources*

The Coding Standards are created and maintained by Evolent based on our understanding of current:

- Healthcare Common Procedure Coding System (HCPCS) Level I (also known as Current Procedural Terminology (CPT®)) codes beginning with a number, HCPCS Level II codes beginning with a letter, and other data are copyrighted by the American Medical Association (AMA). No fee schedules, basic units, relative values, or related listings are included in HCPCS Level I or II codes. AMA does not directly or indirectly practice medicine or dispense medical services.
- American Society for Radiation Oncology (ASTRO) Radiation Oncology Coding Resource
- Medicare's Local Coverage Determinations (LCDs) and National Coverage Determination (NCD) for radiation oncology
- Office of the Inspector General (OIG) compliance standards

- National Correct Coding Initiative (NCCI) edits
- National Correct Coding Initiative (NCCI) Policy Manual
- Centers for Medicare and Medicaid Services (CMS) Internet Only Manuals (IOM).