

# Physician Treatment Management – Radiation Oncology Coding Standard

CPT® Codes: 77427, 77431, 77432, 77435, and 77470

**Original Date: April 2011**

**Last Review Date: November 2020**

**Last Revised Date: March 2024**

**Implementation Date: April 2024**

## Physician Treatment Management (CPT® Codes 77427 and 77431)

### *Professional Only*

While the patient is undergoing radiation treatments, the Radiation Oncologist manages the patient's progress, side effects and response to treatment. Four (4) CPT® codes (77427, 77431, 77432, and 77435) provide reimbursement for routine physician treatment management. These codes differ based on the number of fractions and the treatment modality utilized. Two (2) of the CPT® codes are designated specifically for stereotactic treatment management and are discussed in the next section.

- **77427** Radiation treatment management, per five fractions of treatment
- **77431** Physician treatment management for a complete course of therapy consisting of one or two fractions only.

CPT® code 77427 is reported once per five fractions; however, if three or four fractions are given in the final week, then another physician management visit would be appropriate. Likewise, at the onset of treatment, at least three fractions of treatment must occur to support CPT® code 77427. Each documented management of a five-fraction period requires a face-to-face encounter between the physician and patient occurring on one of the five fractions that fell within the date span. At least one face-to-face visit is required with the Radiation Oncologist during each 5 fractions of treatment. If a second face-to-face visit occurs during the 5 fractions, then a second unit of CPT® 77427 is not allowed during the 5 fractions.

There are four basic elements to radiation treatment management:

1. Clinical patient evaluation and management
2. Review of on-treatment images (if any)
3. Review of dosimetry, dose delivery and treatment parameters
4. Review of patient setup

CPT® code 77431 is billable for external beam radiation therapy management when a complete course of treatment consists of only one or two fractions, excluding stereotactic radiosurgery (SRS)

and stereotactic body radiation therapy (SBRT). At least one face-to-face visit is required with the Radiation Oncologist during the one or two fractions of treatment. Examples include keloid, heterotopic ossification, and bone metastasis if treated with only one or two fractions of two-dimensional conventional radiation therapy (2DCRT) or three-dimensional conformal radiation therapy (3DCRT).

#### Standards for CPT® Codes 77427 and 77431

- CPT® code 77427 is billable one time per five fractions of external beam treatment or when 3 or 4 fractions remain at the conclusion of treatment. One (1) unit of CPT® code 77427 may be approved per 5 fractions of external beam therapy (non-SRS/SBRT). The total quantity approved will equal the number of authorized external beam fractions divided by 5 and rounded to the nearest multiple of 5. Two or more treatment sessions on the same day may be counted separately if there has been a distinct break between them.
- CPT® code 77431 is billable one time for external beam courses of therapy (non-SRS/SBRT) consisting of 1 or 2 fractions only.
- Stereotactic courses of therapy utilize CPT® 77432 and 77435 for management services. CPT® codes 77427 and 77431 should not be billed for stereotactic therapy.
- CPT® codes 77427 and 77431 are not billable for brachytherapy courses of therapy. Reimbursement of management services for brachytherapy is found within the professional component of CPT® codes 77750-77799.

#### Stereotactic Management (CPT® Codes 77432 and 77435)

##### *Professional Only*

- **77432** Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of one session)
- **77435** Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course of treatment not to exceed 5 fractions

#### Standards for CPT® 77432 and 77435

- The maximum number of stereotactic deliveries is five (5). Requests for stereotactic management wherein the treatment course is greater than five (5) treatments will not be authorized as stereotactic management.
- One (1) stereotactic management (CPT® code 77432) may be approved when one stereotactic treatment delivery fraction to any intracranial lesion(s) is authorized by the provider.
- One (1) stereotactic body radiation therapy (SBRT) management (CPT® code 77435) may be approved when one (1) fraction of stereotactic body radiation therapy is authorized for extracranial sites, including the spine, OR when two (2) to five (5) stereotactic body

radiation therapy (also known as fractionated stereotactic radiation therapy) fractions are authorized for an intracranial site.

## Special Treatment Procedure (CPT® Code 77470)

### *Professional and Technical*

**77470** Special treatment procedure (e.g., total body irradiation, hemi-body radiation, per oral or endocavitary irradiation)

A special treatment procedure may be utilized for circumstances that require extra time and effort throughout the course of treatment by the staff and the physician, which is medically necessary for the patient and not routine to the service being performed. The use of this procedure code would be appropriate when the “planned course of therapy” is considered beyond the standard for the service performed. For example, routine brachytherapy, 3DCRT, IMRT, SBRT, and SRS are not approved for a special treatment procedure. However, patient circumstances requiring additional planning, management, or treatment time for that modality may qualify provided there is supporting documentation. For example, chemotherapy, targeted therapy (including Herceptin), or immunotherapy concurrently with external beam radiotherapy would qualify. Also, it is not appropriate for CPT® code 77470 to be billed when a patient has another ongoing medical diagnosis such as diabetes, COPD, or hypertension unless it complicates the delivery of radiation therapy, e.g., due to daily EKGs for a pacemaker or use of respiratory or cardiac monitoring.

### Standards for CPT® Code 77470

- Special treatment procedure (CPT® code 77470) must be requested by the provider.
- The maximum quantity of special treatment procedures (CPT® code 77470) allowed per course of treatment is one (1).
- CPT® code 77470 is allowed for:
  - A pediatric patient requiring daily anesthesia and daily physician personal supervision
  - BID (twice per day) treatments
  - Brachytherapy (including selective internal radiation therapy; maximum of 1 unit per course of treatment, e.g., maximum of 1 unit for 89 Gy in 2 fractions)
  - Combination of external beam radiation and brachytherapy
  - Cytotoxic chemotherapy and/or targeted therapy (including trastuzumab (Herceptin)) and/or immunotherapy combined with **concurrent** external beam radiation therapy. In the absence of written payer guidelines, this code may not be reported when radiation is sequential to chemotherapy/targeted therapy/immunotherapy or chemotherapy/targeted therapy/immunotherapy follows radiation therapy, unless there is some impact of the previously administered chemotherapy/targeted therapy/immunotherapy which will impact the dose and treatment planning of the specific patient.

- Hyperthermia
- Patients who are difficult to set up
- Per oral (by mouth) radiation treatment, including radioactive iodine-131 therapy for hyperthyroidism and selected cases of well-differentiated thyroid carcinoma
- Radioimmunotherapy when combined with external beam treatment
- Reconstruction of previous treatment plans, complex planning, and physics input
- Total body irradiation (TBI) and hemi-body radiation
  
- CPT® code 77470 is NOT allowed for:
  - Comorbidities such as diabetes, COPD, or hypertension unless it complicates the delivery of radiation therapy, e.g., due to daily EKGs for a pacemaker or use of respiratory or cardiac monitoring
  - Contouring and/or fusion of datasets for 3DCRT and IMRT treatment planning
  - Reviewing a multi-phase plan when a composite plan is created
  - Deep inspiration breath-hold (DIBH)
  - Hormonal therapy (including abiraterone (Zytiga)) with concurrent external beam radiation therapy
  - Routine use of brachytherapy, 3DCRT, IMRT, SBRT, or SRS unless there was cause for extra time and effort that is supported with documentation
  
- CPT® code 77470 may be approved if **ALL** the following criteria are met:
  - The rationale is supplied by the radiation oncologist
  - CPT® code 77470 has not been previously preauthorized within the same course of therapy
  - The rationale explains that additional time and effort will be incurred for the patient in question beyond routine planning and treatment for the modality in question: namely, brachytherapy, 3DCRT, IMRT, SBRT, or SRS
  
- Requests not meeting the criteria outlined above will require a peer-to-peer physician review

*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

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