



# Physician Treatment Management - Radiation Oncology Coding Standard

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

- **Original Date: April 2011**
- **Last Review Date: November 2020**
- **Last Revised Date: November 2015**
- **Implementation Date: January 2021**

## Physician Treatment Management (77427 & 77431)

### *Professional Only*

While the patient is undergoing radiation treatments, the Radiation Oncologist manages the patient's progress, side effects and response to treatments. Four (4) CPT® codes provide reimbursement for this ongoing care, which differ based on number of fractions and type of treatment modality utilized. Two (2) of the CPT® codes are designated specifically for stereotactic treatment management and are discussed in the subsequent 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® 77427 is billed once per five fractions of treatment. There are four basic elements of this code: review of port images or other forms of imaging, review of dosimetry and chart prescription, examination of patient set up for treatment and examination of patient for medical evaluation and case management. The physician's recommendation regarding the continuance of radiation therapy or possible break in treatments is also a component of this management of care.

CPT® code 77427 is reported once per five fractions; however, if at the end of the course of treatment three or four fractions remain, another physician management visit would be appropriate. Likewise, at the onset of treatment, at least three fractions of treatment must occur to support CPT® 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. A minimum of one face-to-face visit is required with the Radiation Oncologist during each 5 fractions of treatment. If more than one face-to-face visit occurs, no additional billing is allowed since the associated CPT® codes account for the overall management and are not billed for each interaction.

CPT® 77431 is billable for a course of treatment which is only one or two fractions total: excluding stereotactic radiotherapy. A minimum of one face-to-face visit is required with the Radiation

Oncologist during the one or two fractions of treatment. Examples might include keloids, heterotopic ossification and potentially bone metastasis if treated in a single or only two fractions of radiation.

### Standards for CPT® 77427 and 77431

- CPT® 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) CPT® 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.
- CPT® 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 & 77435 for management services. CPT® 77427 and 77431 are not allowed to be billed for stereotactic therapy.
- CPT® 77427 & 77431 are not billable for brachytherapy courses of therapy. Reimbursement of management services for brachytherapy is found within the professional component of the brachytherapy treatment codes, CPT® 77750-77799.

### Stereotactic Management (77432, 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

- Maximum number of stereotactic deliveries is five (5). Requests of stereotactic management in which the treatment course is greater than five (5) treatments will not be authorized as a stereotactic management.
- One (1) stereotactic management (CPT® 77432) may be approved when one stereotactic treatment delivery fraction of a cranial lesion is authorized for the provider.
- One (1) stereotactic body radiation therapy (SBRT) management (CPT® 77435) may be approved when one (1) fraction of stereotactic radiosurgery is authorized for sites other than the cranium OR when two (2) to five (5) stereotactic delivery fractions are authorized for any site.

## Special Treatment Procedure (77470)

### *Professional and Technical*

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

A special treatment procedure may be utilized for circumstances that require extra and inordinate amounts of time and effort to be managed 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 above and beyond the standard for the service performed. For example, routine IMRT or 3D conformal planning and treatment methods are not approved for a special treatment procedure; however, patient circumstances requiring additional planning or treatment time, in addition to a routine 3D or IMRT course of therapy, may qualify. Another example is concurrent chemotherapy. If a chemotherapy regimen requires the radiation oncologist to take this information into account when prescribing radiation, then the additional consideration might be considered above and beyond the standard of care.

It is not appropriate for this code to be billed when a patient has another ongoing medical diagnosis such as diabetes, COPD or hypertension, which is unrelated to the treatment of cancer.

### Standards for CPT® 77470

- Special treatment procedure (CPT® 77470) must be requested by the provider.
- Maximum quantity of special treatment procedures (CPT® 77470) allowed per course of treatment is one (1). This includes when requested in conjunction with stereotactic radiotherapy, brachytherapy (including SIRT) or concurrent chemotherapy.
- CPT® 77470 is NOT authorized for the sole use of 3D conformal therapy or IMRT. CPT® 77470 may be approved for circumstances above and beyond the routine planning and treatment of these modalities.
- CPT® 77470 will not be routinely allowed merely for the receipt of concurrent or recently completed chemotherapy, instead be based upon documented medical necessity requiring extensive work on the part of the physician and staff to manage the patient throughout the course of treatment as a result of the chemotherapy in combination with or impacting the planned radiation therapy.
- CPT® 77470 is NOT allowed for:
  - Contouring and/or fusion of dataset for 3D and IMRT treatment planning
  - Reviewing a multi-phase plan when composite plan is created
  - DIBH
  - Routine use of 77470 for proton therapy, SRS and SBRT
- CPT® 77470 is allowed for:
  - Brachytherapy
  - TBI and Hemi-body radiation
  - Pediatric patient requiring daily anesthesia and daily physician personal supervision

- Hyperthermia
- Reconstruction of previous treatment plans
- Combination of external beam radiation and brachytherapy course
- SIRT
- Radioimmunotherapy when combined with external beam treatment
- BID treatments
- When a special treatment procedure is requested with 2D, 3D or IMRT courses of therapy, patient specific medical necessity rationale is required. CPT® 77470 may be approved if **ALL** of the following criteria are met:
  - The rationale is supplied by the radiation oncologist
  - CPT® 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, above and beyond routine planning and treatment of 2D, 3D conformal or IMRT courses of therapy.
- Requests not identified as meeting the criteria outlined above will require a peer-to-peer physician review.

*Sources:*

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

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- Local and National Medicare Coverage Determinations (LCDs and NCDs)
- Office of the Inspector General (OIG) compliance standards
- National Correct Coding Initiative (NCCI) edits
- Centers for Medicare and Medicaid Services (CMS) Internet Only Manuals (IOM).

NIA incorporated accepted standards of care in radiation oncology and is based on review of sources such as the American Society of Therapeutic Radiation Oncology (ASTRO) model policies and coding guidelines .