NIA RadOnc Authorization Billing and Coding Quick Reference Guide – EBRT

Category	Service	CPT® Code Preauthorized	Guideline for Authorization
Simulation	Initial Set-Up Sim	77280, 77285, 77290	Based on RadMD question "Will any of the following take place during the simulation: custom device created, tangent ports or custom blocking determined?" Yes = 77290 No = 77280 1 set-up simulation allowed per modality, per course of therapy. 77285-77290 is a code group. See claims matrix.
	Immobilization Device	77332, 77333, 77334	77334 x 1 preauthorized with all initial set-up simulations 77334 x 1 preauthorized additionally for prostate rectal balloon if used 77332-77334 is a code group. See claims matrix.
	CT Guidance	77014	77014 x 1 preauthorized per course of therapy for obtaining CT data set. 2nd 77014 may be allowed when necessary.
Dosimetry	Isodose planning	77295, 77305-77315, 77321, 77301	2D – 77315 & 77290 (computer-aided simulation) preauthorized per phase. 77305-77321 is a code group. See claims matrix. 3D – 77295 preauthorized for initial phase. 77315 & 77290 (computer-aided simulation) for 3D boost. IMRT – 77301 Preauthorized for initial phase. No isodose plan for IMRT boost. No additional coding preauthorized for IMRT QA. 77321 x 1 for particle (electron) isodose plans and other special plans in which an isodose plan cannot be created. 77321 is not appropriate in addition to another isodose plan. Based on RadMD question: "Will computer-based planning be used?" Yes = 77321 x 1
	Dosimetry Calculations	77300	77300 preauthorized 1 per port/field/arc, per phase, up to expected maximum value. Multiple calculations per port/field/angle/arc not allowed due to machine limitations.
	Treatment Devices	77332-77334, 77338	2D, 3D and IMRT Compensator based phases – 77334 preauthorized 1 per port/field/angle/arc up to expected maximum value. Mirrored devices should be requested as 1 device. IMRT MLC based phases – 77338 x 1 preauthorized per phase
Image Verification	Verification Simulation	77280	77280 x 1 preauthorized for every phase in which IGRT not preauthorized
	Port Films	77417	77417 x 1 preauthorized for every 5 treatments preauthorized in which IGRT not preauthorized.
	OR		
	IGRT	76950, 77014, 77421	IGRT x 1 preauthorized per treatment when determined medically necessary per clinical guidelines. Verification simulation and port films are not preauthorized in addition to IGRT. IGRT maybe subject to peer review for 3D treatment.
Treatment	Daily Radiation Treatment	77414, 77418, 0073T	2D/3D treatment courses – 77414 x 1 per authorized treatment. 77414 is in a code group with 77401-77416. See claims matrix. MLC based IMRT courses – 77418 x 1 per authorized treatment. Compensator based IMRT courses – 0073T x 1 per authorized treatment.
Management	Physician Weekly Management	77427, 77431	77427 x 1 preauthorized for every 5 fractions of treatment. # treatments divided by 5, rounded to nearest multiple of 5. 77431 x 1 preauthorized for courses of therapy lasting only 1 or 2 fractions.
	Continuing Physics	77336	77336 x 1 preauthorized for every 5 fractions of treatment. # treatments divided by 5, rounded to nearest multiple of 5.
Special Codes	Special Dosimetry	77331	77331 preauthorized with 2D and 3D courses of therapy, per request, maximum quantity preauthorized is less than or equal to number of calculations preauthorized. 77331 is NOT preauthorized for QA or output measurements associated with IMRT or stereotactic procedures.
	Special Physics Consultation	77370	77370 x 1 will be preauthorized with stereotactic radiotherapy or brachytherapy, when requested and medically necessary. For all other requests, patient specific medical necessity rationale and a peer review with a radiation oncologist is required. Rationale must NOT be related to a treatment planning summary, IMRT QA or services described by another CPT® code such as 77336.
	Special Treatment Procedure	77470	77470 x 1 will be preauthorized with stereotactic radiotherapy, brachytherapy or concurrent chemotherapy, when requested and medically necessary. For all other requests, patient specific medical necessity rationale and a peer review with a radiation oncologist is required. Rationale should explain the additional time and effort above and beyond routine planning and treatment of any modality.

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