

## NATIONAL IMAGING ASSOCIATES, INC.\* RADIATION ONCOLOGY CODING GUIDELINE

<b>Physics</b>	
<b>CPT Codes:</b> 77336, 77370, 77790	<b>Original Date:</b> April, 2011 <b>Last Reviewed Date:</b> November, 2021 <b>Last Revised Date:</b> November, 2015 <b>Implementation Date:</b> January, 2022

### **Continuing Medical Physics (77336)**

*Technical Only*

**77336** Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the prescription, reported once per each 5 fractions of therapy.

This is commonly referred to as “weekly physics”. It is billed for the quality assurance of dose delivery from the machine or source, as well as review of the charts and documentation of dosimetry plans, calculations and other items such elapsed days and other entries within the patient’s chart. Essentially, the continuing medical physics service assures the physician’s prescription and intent is delivered accurately.

Continuing medical physics is billable once per five fraction period. If there are an additional 3 – 4 treatment fractions remaining at the end of treatment beyond the last collection of 5 treatments, an additional CPT® code 77336 may be submitted for payment. For example, a patient receiving 27 treatments may have five continuing physics charges and a patient receiving 28 fractions of treatment may have six charges of continuing physics, if each subset has had physics review and documentation somewhere within each five-fraction period. Continuing medical physics chart checks are billable for the last 3-5 fraction period when those checks occur during the 3-5 fraction period. A review of the medical record by the medical physicist occurring well after the treatment has been finalized is not billable. Continuing medical physics is also billable for complete courses of therapy consisting of 1-2 fractions of therapy. This may be the case for SRS, Brachytherapy, etc.

#### **Standards for CPT® 77336**

- CPT® 77336 is billable only one time per five fractions of treatment. At least three fractions of therapy must occur at the end of the course for an additional continuing physics charge to be billed. CPT® 77336 will be approved at a quantity equal to the number of authorized fractions divided by 5, rounded to the nearest multiple of 5.
- CPT® 77336 is billable only one time for courses of therapy consisting of 1-2 fractions. For short courses of therapy (1 to 2 fractions of therapy total), CPT® 77336 will be approved as a quantity of one (1).

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\* National Imaging Associates, Inc. (NIA) is a subsidiary of Magellan Healthcare, Inc.

## **Special Physics Consult (77370)**

*Technical Only*

**77370** Special medical radiation physics consultation

CPT® 77370 is utilized for situations or scenarios where the physician requests a qualified medical physicist's expertise for a specific reason or scenario for a patient undergoing or about to undergo radiotherapy. Examples of such items could be brachytherapy, stereotactic radiosurgery and stereotactic body radiotherapy; however, it may also be utilized for any radiation therapy treatment plan in which the physician requires the expertise of a medical physicist for a specific scenario in which the input of the qualified medical physicist is necessary in order to address the issue at hand. CPT® 77370 is **NOT** to be utilized for a treatment planning summary or other services, which are defined by an established CPT® code and are reimbursed by that code. Dosimetry treatment planning and its summary are reimbursed with its respective planning CPT® code. Another example is CPT® 77336 in which routine quality assurance and verification of planning techniques is performed.

IMRT QA is a necessary and required function of IMRT planning (CPT® 77301) and reimbursement for IMRT QA is included in CPT® 77301. Therefore, IMRT QA is **NOT** separately billable as a special physics consult. There may be instances in which a special physics consultation is medically necessary for a patient receiving IMRT but this should not be a routine occurrence.

In all instances when CPT® 77370 is requested, documentation must be provided in the medical record documenting the specific request and rationale from the physician, a report of the work performed and supplied by the medical physicist to the physician and approval of the document by the physician acknowledging the results.

### **Standards for CPT® 77370**

- CPT® 77370 is allowed one time per course of therapy. Maximum quantity of special physics consultation (CPT® 77370) allowed per course of treatment is one (1).
- A special physics consultation is NOT approved for treatment planning summaries, IMRT QA or services defined by another CPT® code.
- Special physics consultation (CPT® 77370) services must be requested by the provider.
- When requested in conjunction with stereotactic radiotherapy, proton therapy or brachytherapy (includes SIRT), one (1) special physics consultation (CPT® 77370) will be approved.
- When a special physics consultation is requested in conjunction will all other forms of radiation therapy, patient specific medical necessity rationale is required. CPT® 77370 will be approved if **ALL** of the following criteria are met:
  - The rationale is supplied by the provider
  - CPT® 77370 has not been previously authorized within the same course of therapy
  - The rationale explains the need for a medical physicist's expertise, which is **NOT** related to a treatment-planning summary, IMRT QA or services described by another CPT® code.
- Requests not identified as meeting the criteria outlined above will require a peer to peer physician review.

## **Supervision and Handling (77790)**

*Professional and Technical*

**77790** Supervision, handling and loading of a radiation source.

Supervision and handling represents the handling and loading of the actual radioactive source throughout the procedure. Handling and loading is billable for LDR sources placed by the provider but not for HDR treatments because the after loader handles and loads the sources.

### **Standards for CPT® 77790**

- One (1) CPT® 77790 is billable per LDR application, except for complex interstitial brachytherapy applications involving more than 10 sources or ribbons. CPT® 77790 is considered bundled with CPT® 77778.

**Sources:**

The NIA Coding Standards are created and maintained by NIA and our contracted coding expert, Revenue Cycle Inc. based on our understanding of:

- American Medical Association (AMA) HCPCS definitions and intended use as noted within the AMA's published CodeManager® products
- 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 input from Revenue Cycle Inc. about accepted standards of care in radiation oncology, based on their review of sources such as the American Society of Therapeutic Radiation Oncology (ASTRO) coding guidelines and American College of Radiation Oncology (ACRO) practice management guide.