

# Image Guidance - Radiation Oncology Coding Standard

CPT Codes: 77014, 77387, 77417, 76498

- **Original Date: April 2011**
- **Last Review Date: November 2020**
- **Last Revised Date: May 2018**
- **Implementation Date: January 2021**

Effective 2015 the American Medical Association (AMA) deleted CPT® codes 76950, 77421 and 0197T. The AMA replaced these codes with a new code, CPT® 77387. CPT® 77387 includes all forms of IGRT, including CT based IGRT previously described by CPT® 77014 in calendar year 2014. Free standing cancer centers (place of service 11) and physicians billing professionally only from a hospital outpatient department may bill temporary G codes (G6001, G6002, G6017) established by Medicare to describe these services and existing CPT® codes 77014 and 76498. The G codes are not discussed within this standard however the G codes are included as part of the allowed billed groupings for IGRT.

**IGRT Allowed Billable Group: 77387, 77014, 76498, G6001, G6002, G6017**

## CT for Planning Purposes (CPT® 77014)

### *Technical*

For planning purposes, CPT® 77014 involves the computed tomography scan (CT) in which CT data is collected for dosimetry planning purposes in radiation oncology. When performed and billed in addition to the initial simulation of the patient, the CT is considered an integral and bundled component of the simulation itself (CPT® 77280-77290). When performed on a separate day from the simulation or by a separate entity, the CT may be billable if the reason for doing so is medically necessary. The professional component of the CT is not billable due to no professional work being performed by the radiation oncologist in obtaining this information.

77014 Computed tomography guidance for placement of radiation therapy fields

### Standards for CPT® 77014

- CPT® 77014 may be utilized for obtaining computerized tomography images utilized for planning purposes when performed separate from the simulation procedure. This may occur at a separate facility or place of service or at a later time during the treatment process to obtain new data for subsequent dosimetry planning on reduce volumes.

## Image Guided Radiation Therapy, IGRT (CPT® 77387)

### *Professional and Technical*

CPT® 77387 encompasses stereoscopic guidance, ultrasound guidance, CT based guidance, MR based guidance and intrafraction tracking associated with guiding the treatment delivery to the appropriate area of the body. IGRT has a professional and technical component and must be documented appropriately for each occurrence; however, the technical component of the IGRT service is considered bundled when performed on the same date of service as an IMRT treatment delivery (CPT® 77385 and 77386).

77387 Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed

### Standards for CPT® 77387

- One (1) IGRT procedure (CPT® 77387) is allowed per external beam fraction of treatment
- IGRT may be considered when using the following types of radiation therapy treatment delivery
  - Intensity Modulated Radiation Therapy (IMRT)
  - Three dimensional conformal therapy (3DCRT)
  - Proton Beam
- IGRT is not medically necessary for 2 Dimensional Radiation Therapy (2D)
- IGRT procedures and port images (CPT® 77417) are not billable on the same date of service, for the same treatment site.
- When IGRT is performed in conjunction with 3D treatment delivery, the technical component of IGRT (77387-TC in physician offices/freestanding facilities and all hospital based IGRT billing) is allowed when medically necessary and authorized. The use of IGRT procedures may be subject to physician review in non-IMRT cases.

## Unlisted MRI Procedure (CPT® 76498)

### *Professional and Technical*

Unlisted MRI procedures are utilized for services and procedures in which an already established HCPCS code does not accurately describe the procedure or service provided. For example, advanced imaging technologies available with radiation oncology systems include the use of MRI. Unlisted procedures require documentation for review of the service or procedure to be provided.

**76498** Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)

### Standards for CPT® 76498

- Unlisted MRI procedure (CPT® 76498) must be requested. Rationale and documentation of service must be reviewed by a physician.

- Unlisted MRI procedure may be approved for services in which a HCPCS does not already exist and the service is not bundled or packaged into any other services.

## Port Images (CPT® 77417)

### *Technical Only*

#### **74177** Therapeutic radiology port image(s)

Port images are x-ray images taken on the treatment unit and are utilized to compare treatment portals to the treatment portals designed during the dosimetry process. The physician orders port images to identify any potential variance from the planned course of therapy and utilizes the information to make necessary modifications that may be required to continue covering the tumor and minimize dose delivery to healthy tissue. The frequency is generally one of port image per each 5 fractions of radiation therapy. A charge for port images is allowed one time every five fractions and billed with a quantity of one (1), regardless of the number of images needed.

### Standards for CPT® 77417

- CPT® 77417 may be billed once for each five fractions of therapy. 77417 will not be approved if performed during the last three fractions of therapy. CPT® 77417 is billable as a quantity of one (1), regardless of the number of port images acquired or how many different ports are filmed.
- Port images performed as part of a verification simulation or IGRT are not billable. Port images are an integral part of the verification simulation and stereoscopic guidance and are not separately billable.
- Port images (CPT® 77417) are not billable on the same date of service as verification simulations (CPT® 77280) or IGRT procedures (CPT® 77387), for the same site of treatment.

### *Sources:*

- The Evolent (formerly National Imaging Associates, Inc.) Coding Standards are created and maintained by Evolent based on our understanding of:
- American Medical Association (AMA) HCPCS definitions and intended use as noted within the AMA's published products. CPT® five-digit codes, nomenclature and other data are copyright 2022 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPT®. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for the data contained herein or not contained herein.
- 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).

Evolent 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.