

Local Coverage Article: Billing and Coding: Stereotactic Body Radiation Therapy (A57471)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada

Article Information

General Information

Article ID

A57471

Article Title

Billing and Coding: Stereotactic Body Radiation Therapy

Article Type

Billing and Coding

Original Effective Date

12/01/2019

Revision Effective Date

N/A

Revision Ending Date

N/A

Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A). Allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, §1833(e). Prohibits Medicare payment for any claim, which lacks the necessary information to process the claim.

Title XVIII of the Social Security Act, §1862(a)(1)(D), Investigational or Experimental.

CMS Manual System, Pub. 100-02, *Medicare Benefit Policy Manual*, Chapter 15, §90, X-ray, Radium and Radioactive Isotope Therapy.

CMS Manual System, Pub. 100-08, *Medicare Program Integrity Manual*, Chapters 13, §§13.7.1, 13.11,E,3.

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

This LCD addresses only CPT codes 77373, 77435, G0339 and G0340. All other acceptable uses of CPT codes 77373 and 77435 are described in the companion LCD, Stereotactic Radiosurgery.

Utilization Requirement

CPT 77435 will be paid **only once per course of treatment** of SBRT.

CPT 77373 will be paid **only once per day of treatment regardless of the number of sessions or lesions.**

Documentation Requirements

The patient's record must support the necessity and frequency of treatment. Medical records should include not only the standard history and physical but also the patient's functional status and a description of current performance status (Karnofsky Performance Status). See Karnofsky Performance Status listed under Indications and Limitation of Coverage and/or Medical Necessity above.

Documentation should include the date and the current treatment dose. A radiation oncologist must evaluate the clinical and technical aspects of the treatment, and document this evaluation as well as the resulting management decisions.

All documentation must be available upon request of the Medicare contractor.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

When requesting a written redetermination (formerly appeal), providers must include all relevant documentation with the request.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

Note: Uses of 77373 and 77435 are addressed in both this LCD and in the Stereotactic Radiosurgery

LCD.**CPT Codes****Group 1 Codes:**

CODE	DESCRIPTION
77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS
77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS

Group 2 Paragraph:**HCPCS Codes****Group 2 Codes:**

CODE	DESCRIPTION
G0339	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF THERAPY IN ONE SESSION OR FIRST SESSION OF FRACTIONATED TREATMENT
G0340	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, DELIVERY INCLUDING COLLIMATOR CHANGES AND CUSTOM PLUGGING, FRACTIONATED TREATMENT, ALL LESIONS, PER SESSION, SECOND THROUGH FIFTH SESSIONS, MAXIMUM FIVE SESSIONS PER COURSE OF TREATMENT
G6017	INTRA-FRACTION LOCALIZATION AND TRACKING OF TARGET OR PATIENT MOTION DURING DELIVERY OF RADIATION THERAPY (EG,3D POSITIONAL TRACKING, GATING, 3D SURFACE TRACKING), EACH FRACTION OF TREATMENT

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity**Group 1 Paragraph:**

These are the **only** covered ICD-10-CM codes that support medical necessity under this LCD:

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
C09.0	Malignant neoplasm of tonsillar fossa

ICD-10 CODE	DESCRIPTION
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
C09.8	Malignant neoplasm of overlapping sites of tonsil
C10.0	Malignant neoplasm of vallecula
C10.1	Malignant neoplasm of anterior surface of epiglottis
C10.2	Malignant neoplasm of lateral wall of oropharynx
C10.3	Malignant neoplasm of posterior wall of oropharynx
C10.4	Malignant neoplasm of branchial cleft
C10.8	Malignant neoplasm of overlapping sites of oropharynx
C11.0	Malignant neoplasm of superior wall of nasopharynx
C11.1	Malignant neoplasm of posterior wall of nasopharynx
C11.2	Malignant neoplasm of lateral wall of nasopharynx
C11.3	Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C30.0	Malignant neoplasm of nasal cavity
C30.1	Malignant neoplasm of middle ear
C31.0	Malignant neoplasm of maxillary sinus
C31.1	Malignant neoplasm of ethmoidal sinus
C31.2	Malignant neoplasm of frontal sinus

ICD-10 CODE	DESCRIPTION
C31.3	Malignant neoplasm of sphenoid sinus
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C33	Malignant neoplasm of trachea
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C61	Malignant neoplasm of prostate
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C74.01	Malignant neoplasm of cortex of right adrenal gland
C74.02	Malignant neoplasm of cortex of left adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C74.91	Malignant neoplasm of unspecified part of right adrenal gland
C74.92	Malignant neoplasm of unspecified part of left adrenal gland
C75.5	Malignant neoplasm of aortic body and other paraganglia
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.7*	Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.89*	Secondary malignant neoplasm of other digestive organs
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
C79.31	Secondary malignant neoplasm of brain
C79.32*	Secondary malignant neoplasm of cerebral meninges

ICD-10 CODE	DESCRIPTION
C79.49*	Secondary malignant neoplasm of other parts of nervous system
C79.51*	Secondary malignant neoplasm of bone
C79.52*	Secondary malignant neoplasm of bone marrow
C79.71	Secondary malignant neoplasm of right adrenal gland
C79.72	Secondary malignant neoplasm of left adrenal gland
C79.89*	Secondary malignant neoplasm of other specified sites
D09.3*	Carcinoma in situ of thyroid and other endocrine glands
D09.8*	Carcinoma in situ of other specified sites
D35.6	Benign neoplasm of aortic body and other paraganglia
D40.0	Neoplasm of uncertain behavior of prostate
D44.6	Neoplasm of uncertain behavior of carotid body
D44.7	Neoplasm of uncertain behavior of aortic body and other paraganglia
T66.XXXA	Radiation sickness, unspecified, initial encounter

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

* ICD-10-CM C78.7 and C78.89 are limited to secondary malignant neoplasms of pancreas and may not be used for other diagnoses.

* ICD-10-CM codes C79.32, C79.49, C79.51, C79.52, C79.89, D09.3 and D09.8 are all limited to use for lesions occurring either above the neck or in the spine.

* ICD-10-CM T66.XXXA may only be used where prior radiation therapy to the site is the governing factor necessitating SBRT in lieu of other radiotherapy. An ICD-10-CM code for the anatomic diagnosis must also be used.

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

All diagnoses **not** listed in ICD-10-CM Codes That Support Medical Necessity above.

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service.

Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CODE	DESCRIPTION
99999	Not Applicable

Other Coding Information

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

LCD(s)
L34224 - Stereotactic Body Radiation Therapy

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

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