AMA/Specialty Society RVS Update Committee Summary of Recommendations
Services with Stand-Alone PE Procedure Time

January 2014

Radiation Treatment Delivery

In October 2013, the CPT Editorial Panel deleted 14 codes (including two Category III codes); established two codes to report intensity modulated radiation therapy: simple, complex and one new code to report guidance for localization for delivery of radiation therapy; revised three codes to report radiation treatment delivery: simple, intermediate and complex. In addition, significant additions to guidelines were added, including a table of radiation management and treatment codes to clarify which codes contain the technical or professional work components.

77014 *Computed tomography guidance for placement of radiation therapy fields*
CPT Code 77014 C*omputed tomography guidance for placement of radiation therapy fields* (work RVU= 0.85) is currently used to report CT with simulation and imaging guidance. The specialty societies explained that with coding changes in both the simulation codes in CPT 2014 and the treatment delivery/IGRT codes in CPT 2015, they expect utilization to drop to negligible levels by 2015. Currently 77014 is a high volume code and there may still be some situations where this code may be required. In October 2013 the CPT Editorial Panel decided not to delete the code along with the other IGRT codes, CPT code 77421 and 76950, based on concerns that without this option, some might have no valid CPT alternative other than use of higher valued diagnostic CT codes. **The specialties recommended and the RUC agreed that 77014 be re-reviewed once the new radiation treatment delivery codes go into effect and two years of Medicare data are available. The RUC recommends no change in the work RVU or practice expense direct inputs for CPT code 77014.**

Compelling Evidence
The specialties explained that the technique for delivering radiation therapy is significantly different and now includes some techniques previously reported as intensity modulated radiation therapy (IMRT). Image guided radiation therapy (IGRT) technology has evolved from using third party vendor hardware and software to the use of integrated technology. In the revised CPT code set IMRT and IGRT are bundled together. The specialty societies explained that new knowledge/technology has altered radiation delivery as well. The codes reflect the inclusion of tracking technology previously reported with category III codes. There have also been significant changes in the design of the linac machines used to delivery radiation treatment. The linac machines are now fully integrated digital treatment delivery equipment capable of delivering all energies in therapeutic use including electrons. The previous generations of single low energy linacs are no longer commercially available.

The specialty societies explained that advances in technology have changed the clinical staff time required for these codes. There are now mandated patient and staff safety requirements which were developed after catastrophic accidents during radiation treatment delivery. The change in technology has placed increased emphasis on patient safety, training and accreditation requirements and the American Society of Radiologic

Technologists (ASRT) now require two qualified personnel at all times on each machine for patient setup and treatment. All parameters, electronic read outs, monitoring units and beam modifiers have to be confirmed in the room and cross-checked outside and inside the room by independent radiation therapists. While treatment is ongoing, one radiation therapist watches the console, monitor units and treatment parameters and the other watches the patient and machine movement in the room. **The PE Subcommittee considered the compelling evidence presented and determined that they would consider an increase in the time and equipment for the CPT codes.**

77402 ***Radiation treatment Delivery; simple***
77407 ***Radiation treatment Delivery; intermediate***
77412 ***Radiation treatment Delivery; complex***
The specialty societies developed recommendations for practice expense (PE) only, as the standard radiation treatment delivery codes do not require physician work. The specialty societies used a modified PE survey tool, reviewed and approved by the Research Subcommittee to conduct a random survey of their office based membership. The PE Subcommittee reviewed the survey results from 99 radiation oncologists and noted that the survey and recommended times are higher than the current clinical staff times. Additionally the specialty is recommending different equipment than what is currently utilized for the treatment.

The RUC discussed that there may be potential overlap with the planning and management services that are billed with the treatment, however the staff responsible for the planning and management and the work performed by the RN/LPN/MTA (L037D) in the pre-service period and the RT (L050C) in the service and post-service period is specifically attributable to this code. The RUC also discussed that when the service was last reviewed in September 2002 some of the pre-service and post-service time in the service period was combined into the intra-service time. The RUC also discussed that many of the PE standards that currently exist did not exist at that time. The RUC agreed with the specialty that although the beam-on time has decreased because of efficiencies gained from new technology, the overall clinical labor time has increased substantially because of practice expense standards and potential errors in allocation of clinical staff time when the codes were previously reviewed.

The RUC discussed in detail the need for two radiation therapists (RT) to safely perform the service. The RUC strongly agrees with the specialty societies that there are clear guidelines requiring two RTs to meet the current standard of care, and agrees with the specialty that both RTs are doing concurrent, but distinct clinical activities critical in performing the service.

The RUC also discussed that the equipment has changed significantly since the codes were previously reviewed in September 2002. The linac machine is an accelerator capable of delivering all energy levels including electrons, so separate equipment for simple, intermediate and complex courses of treatment are no longer necessary and the *accelerator, 4-6 MV* (ER009) and *accelerator, 6-18 MV* (ER010) would not be used and are no longer commercially available. Previously the accelerator was the only piece of equipment needed, but the linac accelerator requires other pieces of equipment to function properly, such as the *laser diode* (ER040), *intercom* (EQ139), *power conditioner* (new) and the *record and verify system* (ER090). These equipment items are not only separate, but are purchased from different suppliers. The specialty has provided invoices for these direct practice expense equipment inputs. **The RUC reviewed and approved the direct practice expense inputs with minor modification as approved by the Practice Expense Subcommittee.**

77385 ***Intensity modulated treatment delivery, includes guidance and tracking when performed: simple***
The specialties developed recommendations for practice expense (PE) only, as CPT code 77385 does not include physician work. The specialty societies used a modified PE survey tool, reviewed and approved by the Research Subcommittee to conduct a random survey of their office based membership. The PE Subcommittee reviewed the survey results from 99 radiation oncologists and noted that the specialty is recommending different equipment than what is currently utilized for the reference code, CPT code 77418 *Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session.*

The RUC discussed in detail the need for two radiation therapists (RT) to safely perform the service. The RUC strongly agrees with the specialty societies that there are clear guidelines requiring two RTs to meet the current standard of care, and agrees with the specialty that both RTs are doing concurrent, but distinct clinical activities critical in performing the service.

The RUC also discussed that new equipment *on board imaging* and *power conditioner* are now necessary for this treatment. The specialty has provided invoices for these direct practice expense equipment inputs. **The RUC reviewed and approved the direct practice expense inputs with minor modification as approved by the Practice Expense Subcommittee.**

77386 ***Intensity modulated treatment delivery, includes guidance and tracking when performed: complex***
The specialties developed recommendations for practice expense (PE) only, as CPT code 77386 does not include physician work. The specialty societies used a modified PE survey tool, reviewed and approved by the Research Subcommittee to conduct a random survey of their office based membership. The PE Subcommittee reviewed the survey results from 99 radiation oncologists and noted that the survey and recommended times are higher than the current clinical staff times. Additionally the specialty is recommending different equipment than what is currently utilized for the reference code, CPT code 77418 *Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session.*

The RUC discussed in detail the need for two radiation therapists (RT) to safely perform the service. The RUC strongly agrees with the specialty societies that there are clear guidelines requiring two RTs to meet the current standard of care, and agrees with the specialty that both RTs are doing concurrent, but distinct clinical activities critical in performing the service.

The RUC also discussed that new equipment *on board imaging* and *power conditioner* are now necessary for this treatment. The specialty has provided invoices for these direct practice expense equipment inputs. **The RUC reviewed and approved the direct practice expense inputs with minor modification as approved by the Practice Expense Subcommittee.**

77387 ***Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking when performed***
CPT Code 77387 was created to replace the current IGRT codes, CPT codes 77014, 77421 and 76950. The RUC reviewed the surveys of 95 radiation oncologists and determined that a work RVU of 0.58 (3 minutes pre-service, 10 minutes intra-service and 3 minutes post-service) lower

than the survey 25th percentile, appropriately accounts for the physician work of this service. The RUC noted that this is a bundled code and the RUC considered the work RVUs of the deleted codes when determining the value of this service to maintain budget neutrality. The RUC also noted that treatment delivery codes 77402-77418, which do not include physician work, can be reported on the same date of service when image guidance is performed. The RUC compared the surveyed code to 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation*(work RVU=0.56) with identical intra-service time and determined that the surveyed code is slightly more intense to perform, accounting for the slightly higher work value. For further support, the RUC compared the surveyed code to MPC code 93224 *External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional* (work RVU=0.52), the surveyed code is also more intense than this comparison code, accounting for the higher work value. **The RUC recommends a work RVU of 0.58 for CPT code 77387.**

Practice Expense
The specialty societies used a modified PE survey tool, reviewed and approved by the Research Subcommittee to conduct a random survey of their office based membership. The PE Subcommittee reviewed the survey results from 95 radiation oncologists and noted that the survey and recommended times are higher than the current clinical staff times. Additionally the specialty is recommending different equipment than what is currently utilized for reference codes 77014, 77421 and 76950.

The RUC discussed in detail the need for two radiation therapists (RT) to safely perform the service. The RUC strongly agrees with the specialty societies that there are clear guidelines requiring two RTs to meet the current standard of care, and agrees with the specialty that both RTs are doing concurrent, but distinct clinical activities critical in performing the service. The RUC also discussed that although this service will typically be billed with CPT code 77412, *radiation treatment delivery, complex*, the equipment is completely different and will require additional education and positioning of the patient.

The RUC also discussed that image guided radiation therapy (IGRT) technology has changed and that this service now needs to include an accelerator because the imaging guidance equipment is part of integrated digital treatment technology of the linac machine. Previously image guidance could be reported as a separate service. **The RUC reviewed and approved the direct practice expense inputs with minor modification as approved by the Practice Expense Subcommittee.**

Work Neutrality
The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Surgery** **Nervous System** **Stereotactic Radiosurgery (Cranial)** Codes 61796-61799 include computer-assisted planning. Do not report codes 61796-61799 in conjunction with 61781-61783. (For intensity modulated beam delivery plan and treatment, see 77301, 77385, 77385, ~~77418~~. For stereotactic body radiation therapy, see 77373, 77435)				
Category I **Surgery** **Nervous System** **Stereotactic Radiosurgery (Spinal)** Codes 63620, 63621 include computer-assisted planning. Do not report 63620, 63621 in conjunction with 61781-61783. (For intensity modulated beam delivery plan and treatment, see 77301, 77385, 77385, ~~77418~~. For stereotactic body radiation therapy, see 77373, 77435)				
Category I **Radiology** **Diagnostic Ultrasound** **Ultrasonic Guidance Procedures**				
D76950		~~Ultrasonic guidance for placement of radiation therapy fields~~ (76950 has been deleted. To report use 77387)	XXX	N/A
Category I **Radiology** **Radiologic Guidance** **Computed Tomography Guidance**				

77014	R1	Computed tomography guidance for placement of radiation therapy fields	XXX	0.85 (Specialty society recommends maintaining current value)

Category I
Radiology
Radiation Oncology
Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services

77338 Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

(Do not report 77338 more than once per IMRT plan)

(For immobilization in IMRT treatment, see 77332-77334)

(Do not report 77338 in conjunction with ~~0073T~~77385, for compensator based IMRT)

Category I
Radiology
Radiation Oncology
Stereotactic Radiation Treatment Delivery

77373 Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions

(Do not report 77373 in conjunction with 77401,77402,77407,77412, 77385, 77385)

Category I
Radiology
Radiation Oncology
Radiation Treatment Delivery

~~(Radiation treatment delivery [77401-77416] recognizes the technical component and the various energy levels)~~

~~(For intra-fraction localization and tracking of target, use 0197T)~~

Following dosimetry calculations, there are a number of alternative methods to deliver external radiation treatments, which are described with specific CPT codes:

X-ray (photon), including conventional and intensity modulated radiation therapy (IMRT) beams;

Electron beams;

Neutron beams;

Proton beams.

All treatment delivery codes are reported once per treatment session. The treatment delivery codes recognize technical-only services, and contain no physician or QHCP work (the professional component). In contrast, the treatment management codes contain only the professional component.

Radiation treatment delivery with conventional X-ray or electron beams is assigned levels of complexity based on the number of treatment sites and complexity of the treatment fields, blocking, wedges, and physical or virtual tissue compensators. A simple block is straight-edged or an approximation of a straight edge created by a multileaf collimator (MLC). Energy of the megavoltage (≥1MeV) beam does not contribute to complexity. Techniques such as treating a field-in-field to ensure dose homogeneity reflect added complexity.

Intensity modulated radiation therapy (IMRT) uses computer-based optimization techniques with non-uniform radiation beam intensities to create highly conformal dose distributions that can be delivered by a radiotherapy treatment machine. A number of technologies, including spatially and temporally modulated beams, cylindrical beamlets, dynamic MLC, single or multiple fields or arcs, or compensators, may be

used to generate IMRT. The complexity of IMRT may vary depending on the area being treated or the technique being used.

Image guided radiation therapy (IGRT) may be used to direct the radiation beam and to reflect motion during treatment. A variety of techniques may be used to perform this guidance including imaging (eg, ultrasound, CT, MRI, stereoscopic imaging) and non-imaging (eg, electromagnetic or infrared) techniques. Guidance may be used with any radiation treatment delivery technique and is typically used with IMRT delivery. IMRT delivery codes include the technical component of guidance or tracking, if performed. Since only the technical portion of IGRT is bundled into IMRT, the Physician or QHCP involvement in guidance or tracking may be reported separately ~~when performed with IMRT~~. When guidance is required with conventional radiation treatment delivery, both the professional and technical components are reported since neither components of guidance are bundled into conventional radiation treatment delivery services.

As both the technical and professional components of guidance are handled differently with each radiation delivery code~~s~~ depending on the type of radiation being administered.The following table is provided for clarity.

Category	Code #	Descriptor	IGRT TC (77387-TC) Bundled into Code?	IGRT PC (77387-PC) Bundled into Code?	Code Type Technical / Professional
SRS: Stereotactic radiosurgery IMRT: Intensity modulated radiation therapy TC :Technical component			SBRT: Stereotactic body radiation therapy IGRT: Image guided radiation therapy PC: Professional component (modifier 26)		
Radiation Treatment Management	77427	Treatment Management, 1–5 Treatments	N	N	Professional
	77431	Treatment Management, 1–2 Fractions	N	N	Professional
	77432	SRS Management, Cranial Lesion(s)	N	Y	Professional
	77435	SBRT Management	N	Y	Professional

Category	Code #	Descriptor	IGRT TC (77387-TC) Bundled into Code?	IGRT PC (77387-PC) Bundled into Code?	Code Type Technical / Professional
SRS Treatment Delivery	77371	SRS Multisource 60 Based	Y	N	Technical
	77372	SRS Linear Based	Y	N	Technical
SBRT Treatment Delivery	77373	SBRT, 1 or More Lesions, 1-5 Fractions	Y	N	Technical
Radiation Treatment Delivery	77401	Superficial and/or Ortho Voltage	N	N	Technical
	77402	Radiation Treatment Delivery, Simple	N	N	Technical
	77407	Radiation Treatment Delivery, Intermediate	N	N	Technical
	77412	Radiation Treatment Delivery, Complex	N	N	Technical
IMRT Treatment Delivery	77385	IMRT Treatment Delivery, Simple	Y	N	Technical
	77386	IMRT Treatment Delivery, Complex	Y	N	Technical
Neutron Beam Treatment Delivery	77422	Neutron Beam Treatment, Simple	N	N	Technical
	77423	Neutron Beam Treatment, Complex	N	N	Technical
Proton Treatment Delivery	77520	Proton Treatment, Simple	N	N	Technical
	77522	Proton Treatment, Simple	N	N	Technical
	77523	Proton Treatment, Intermediate	N	N	Technical
	77525	Proton Treatment, Complex	N	N	Technical

Definitions

Radiation Treatment Delivery, megavoltage (≥1 MeV), any energy

Simple: All of the following criteria are met (and none of the complex or intermediate criteria are met): single treatment area, one or two ports, and two or fewer simple blocks.

***Intermediate*:** Any of the following criteria are met (and none of the complex criteria are met): 2 separate treatment areas, 3 or more ports on a single treatment area, or 3 or more simple blocks.

***Complex*:** any of the following criteria are met: 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, field-in-field or other tissue compensation that does not meet IMRT guidelines, or electron beam.

Intensity Modulated Radiation Therapy (IMRT), any energy, includes the technical services for guidance.

***Simple*:** Any of the following: prostate, breast, and all sites using physical compensator based IMRT.

Complex includes all other sites if not using physical compensator based IMRT.

77401 Radiation treatment delivery, superficial and/or ortho voltage

(Do not report 77401 in conjunction with 77373)

▲77402	R2	Radiation treatment delivery, >1MeV; simple ~~single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV~~ (Do not report 77402 in conjunction with 77373)	XXX	0.00 (PE Input Recommendation Only)
D77403		~~6-10 MeV~~	XXX	N/A
D77404		~~11-19 MeV~~	XXX	N/A
D77406		~~20 MeV or greater~~ (77403-77406 have been deleted. To report, use 77402)	XXX	N/A

▲77407	R3	Radiation treatment delivery, intermediate ~~2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; up to 5 MeV~~ (Do not report 77407 in conjunction with 77373)	XXX	0.00 (PE Input Recommendation Only)
D77408		~~6-10 MeV~~	XXX	N/A
D77409		~~11-19 MeV~~	XXX	N/A
D77411		~~20 MeV or greater~~ (77413-77416 have been deleted. To report, use 77412)	XXX	N/A
▲77412	R4	Radiation treatment delivery, complex ~~3 or more separate treatment areas, custom blocking, tangential ports,wedges, rotational beam, compensators, electron beam; up to 5 MeV~~ (Do not report 77412 in conjunction with 77373)	XXX	0.00 (PE Input Recommendation Only)
D77413		~~6-10 MeV~~	XXX	N/A
D77414		~~11-19 MeV~~	XXX	N/A
D77416		~~20 MeV or greater~~ (77413-77416 have been deleted. To report, use 77412)	XXX	N/A

D77418		~~Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session~~ (77418 has been deleted)	XXX	N/A
●77385	R5	Intensity modulated treatment radiation delivery (IMRT), includes guidance and tracking when performed, simple (To report professional component (PC) of guidance and tracking, use 77387 with modifier 26)	XXX	PE Input Recommendation Only
●77386	R6	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking when performed, complex (To report professional component (PC) of guidance and tracking, use 77387 with modifier 26) (Do not report 77385, 77386 in conjunction with 77371, 77372, 77373)	XXX	PE Input Recommendation Only
● 77387	R7	Guidance for localization of target volume for delivery of treatment delivery, includes intrafraction tracking when performed (Do not report technical component (TC) with 77385, 77386, 77371, 77372, 77373)		0.58
D77421		~~Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy~~ (77421 has been deleted. To report, use 77387)		N/A

Category 1
Radiology
Radiation Oncology
Radiation Treatment Management

Radiation treatment management is reported in units of five fractions or treatment sessions, regardless of the actual time period in which the services are furnished. The services need not be furnished on consecutive days.

Multiple fractions representing two or more treatment sessions furnished on the same day may be counted separately as long as there has been a distinct break in therapy sessions, and the fractions are of the character usually furnished on different days. Code 77427 is also reported if there are three or four fractions beyond a multiple of five at the end of a course of treatment; one or two fractions beyond a multiple of five at the end of a course of treatment are not reported separately. Radiation treatment management requires **and includes** a minimum of one examination of the patient by the physician for medical evaluation and management (eg, assessment of the patient's response to treatment, coordination of care and treatment, review of imaging and/or lab test results with documentation) for each

reporting of the radiation treatment management service. Code 77469 represents only the intraoperative session management and does not include medical evaluation and management outside of that session. The professional

services furnished during treatment management typically include:

■ Review of port films;

■ Review of dosimetry, dose delivery, and treatment

parameters;

■ Review of patient treatment set-up.

Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Treatment (SBRT) also include the professional component of guidance for localization of target volume for the delivery of radiation therapy (77387)**. Also see Table in Radiation Treatment Delivery.**

Staff Note:	**During minutes review, the Panel recommended adding the above highlighted language. Panel approval is requested.**
77427	Radiation treatment management, 5 treatments
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only (77431 is not to be used to fill in the last week of a long course of therapy)
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1session) (The same physician should not report both stereotactic radiosurgery services [61796-61800] and radiation treatment management [77432 or 77435] for cranial lesions)

(For stereotactic body radiation therapy treatment, use 77435)

(To report the technical component of guidance for localization of target volume use 77387 with a technical component modifier)

77435 Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5fractions

(Do not report 77435 in conjunction with 77427-77432)

(The same physician should not report both stereotactic radiosurgery services [32701, 63620, 63621] and radiation treatment management [77435])

(To report the technical component of guidance for localization of target volume use 77387 with a technical component modifier)

Category III Codes

D0073T ~~Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session~~

~~(For treatment planning, use 77301)~~

~~(Do not report 0073T in conjunction with 77401-77416, 77418)~~

(0073T has been deleted. To report, use 77385)

D0197T ~~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~~

(0197T has been deleted. To report, use 77387)

ASTRO
TARGETING CANCER CARE

January 7, 2014

Barbara Levy, MD
Chair, RUC
8655 W Higgins Road
Chicago, IL 60631

Re: Tab 14 Radiation Treatment Delivery

Dear Dr. Levy,

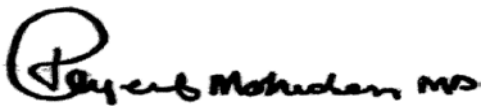
ASTRO and ACRO conducted RUC physician work and/or practice expense surveys for the six new radiation oncology treatment delivery codes included in Tab 14 and will be presenting RUC recommendations at the upcoming winter meeting. CPT Code 77014 C*omputed tomography guidance for placement of radiation therapy fields* was also included in this tab.

CPT Code 77014 is currently used to report CT with simulation and with imaging guidance. With changes in both the simulation codes (2014) and treatment delivery/IGRT codes (2015) we expect the utilization to drop to negligible levels by 2015. Since this is such a high volume code, there was discussion at CPT that there may still be some situations where this code may be required. As such, CPT preferred not to delete the code entirely, as we proposed for the other IGRT codes (77421, 76950). The CPT Editorial Panel raised concerns that without this option, some might have no valid CPT alternative other than use of higher valued diagnostic CT codes. There was also some discussion that some providers might need to report this code for a brachytherapy case or potentially by imaging centers that perform a scan for an unaffiliated radiation oncologist. As a result, the Panel recommended that this code be retained in CPT.

We request that CPT code 77014 be re-reviewed once the new radiation treatment delivery codes go into effect and two years of Medicare data are available. In the interim, we recommend that the code value remain the same.

If you have any questions, please don't hesitate to contact me at nmohide@gmail.com.

Regards,



Najeeb Mohideen, MD

ASTRO RUC Advisor

cc: Sherry Smith
Trisha Crishock

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77387 Tracking Number Original Specialty Recommended RVU: **0.58**
Presented Recommended RVU: **0.58**
Global Period: XXX RUC Recommended RVU: **0.58**

CPT Descriptor: Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking when performed

(Do not report technical component (TC) with 77385, 77386, 77371, 77372, 77373)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old man presents with Stage III lung cancer will undergo concurrent chemotherapy and 3D conformal radiation. Prior to daily radiation therapy, cone-beam CT image guidance scan is performed and reviewed, and patient's position is adjusted to localize the primary tumor and the mediastinal nodes accurately before treatment. Surface tracking is performed during treatment delivery to ensure no movement exceeds safe thresholds.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The physician reviews the imported planning CT images, identifies reproducible anatomical structures and fiducial markers.

Description of Intra-Service Work: The physician oversees patient preparation including placement of external markers used for alignment and camera system used for surface tracking. The patient is then aligned using the four directional alignment room lasers via external skin marks and markers by the therapist under physician supervision.

A CT scan is acquired in the treatment position, immediately prior to treatment and as this data is loaded on the treatment console it is aligned, registered and fused using various manual or automatic tools to visualize the target volume or implanted markers and critical normal structures. The physician then ensures that the fusion is accurate and evaluates the images. The translation errors of the patient set-up and the table movement necessary to optimally align the patient's target volume at the isocenter in longitudinal, lateral and vertical directions are calculated. Subsequently, any rotational errors are identified and corrected. The deviations, if present, are determined and corrected by adjusting the patient's treatment position to the treatment target volume isocenter. The adjustments are performed by applying the required translational shifts to the treatment couch by the therapist under physician supervision. Once accurate positioning is achieved the

treatment delivery starts and patient motion during radiation therapy is tracked and observed using surface rendering to calculate precisely any patient movement in all six degrees of freedom, and monitor respiratory motion to confirm that it is within the planning parameters.

The physician reviews the images, evaluates target volume changes, normal tissue variation, and compares with previous shifts. Feedback by the physician is given to the therapists about the adequacy of registrations and about the steps necessary to take to improve registrations as well as for required treatment modifications for the subsequent day. Patient specific preferences regarding the relative importance of targets vs. normal tissues are also conveyed to staff in an ongoing process throughout treatments.

Description of Post-Service Work: The physician verifies that all the appropriate images and shifts if necessary have been acquired, performed and documented accurately. The physician documents and signs the images.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Najeeb Mohideen, MD, Micheal Kuettel, MD, PhD, David Beyer, MD, Dwight Heron, MD, Gerald White, James Goodwin, William Noyes, MD and Paul Wallner, DO				
Specialty(s):	Radiation Oncology				
CPT Code:	77387				
Sample Size:	1906	**Resp N:**	95	**Response:** 4.9 %	
Description of Sample:	Random sample of ASTRO and ACRO				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	50.00	**500.00**	1775.50	5000.00
Survey RVW:	0.13	0.83	**1.21**	1.60	4.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	5.00	**10.00**	25.00	70.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77387	**Recommended Physician Work RVU: 0.58**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76377	XXX	0.79	**RUC Time**

CPT Descriptor 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93224	XXX	0.52	**RUC Time**	489,949

CPT Descriptor 1 External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95991	XXX	0.77	**RUC Time**	23,563

CPT Descriptor 2 Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 17.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 77387**	**Key Reference CPT Code: 76377**	**Source of Time RUC Time**
Median Pre-Service Time	3.00	5.00	
Median Intra-Service Time	10.00	17.00	
Median Immediate Post-service Time	3.00	8.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**16.00**	**30.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.24	2.82
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.71	3.12
Urgency of medical decision making	3.82	2.94
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.41	3.12
Physical effort required	2.65	2.41
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.76	3.12
Outcome depends on the skill and judgment of physician	4.00	3.35
Estimated risk of malpractice suit with poor outcome	3.35	3.12

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.65	2.65
Intra-Service intensity/complexity	3.82	3.65

Post-Service intensity/complexity	2.29	2.29

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT code 77387 is an IGRT code for Image Guidance prior to treatment delivery which has both PC and TC. The PC describes the physician work associated with IGRT acquisition, evaluation, correction for treatment delivery and assessment of Images for target volume and normal tissue exposure.

ASTRO and ACRO conducted a survey and collected 95 random surveys. A consensus panel was convened that included a number of experts familiar with this service to evaluate the RUC survey data. Based on this robust survey and budget neutrality calculations we are recommending an RVU of 0.58 for CPT code 77387.

Budget Neutrality:
We conducted a budget neutrality assessment for this new CPT code based on the data available for the codes currently used to report these services. We also included for an estimated 10% growth. We worked with the RUC staff to ensure the calculations were accurate.

Vignette:
85 % of our survey respondents felt the vignette was typical.

Codes Reported on the Same Day:
Treatment delivery Codes 77402-77418 will be reported on the same date of service when Image Guidance is performed. They describe the delivery of radiation and the delivery codes do NOT include physician work

Time:
Our current surveyed total time is 20 minutes (5, 10, 5). We are recommending a decrease in pre and post time from 5 min to 3 minutes. This adjusted time reflects more appropriate time for the described pre and post physician work.

IWPUT:
The recommendations described above yield an IWPUT of 0.045, which is consistent with the existing RO image guidance codes and fits appropriately in rank order with other RO procedures.

Comparison to the Other Services:
The recommendations as described above compare favorably to other similar services:

CPT Code	CPT Descriptor	2013 RVU	Total Time	Pre Time	Intra Time	Post Time
77421	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy	0.39	9		9	
77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking when performed	0.58	16	3	10	3
76950	Ultrasonic guidance for placement of radiation therapy fields	0.58	18			

76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	0.79	30	5	17	8
77014	Computed tomography guidance for placement of radiation therapy fields	0.85	17			

Recommendations:
We are recommending a physician work RVU of 0.58 with a total time of 16 minutes (3 pre, 10 intra time and 3 post).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This CPT code will be billed with radiation treatment delivery codes (i.e. 77402-77412) when image guidance is performed. The radiation treatment delivery codes are TC only codes and do not have physician work RVUs.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76950, 77014 or 77421 depending on modality used

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. National frequency not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,700,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated approximatley a 10 percent growth of the existing three CPT codes currently used or IGRT (76950, 77014 and 77421).

Specialty Radiation Oncology Frequency 2700000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77014

SS Rec Summary

ISSUE: Radiation Treatment Delivery

TAB: 14

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	76377	3D rendering with interpretation and reporting of computed tom		0.029			0.79			30	5					17			8
CURRENT	77014	Computed tomography guidance for placement of radiation ther		0.050			0.85			17						17			
CURRENT	76950	Ultrasonic guidance for placement of radiation therapy fields		0.032			0.58			18						18			
CURRENT	77421	Stereoscopic X-ray guidance for localization of target volume fo		0.043			0.39			9						9			
SVY	77387	Guidance for localization of target volume for delivery of	95	0.099	0.13	0.83	1.21	1.60	4.50	20	5			1	5	10	25	70	5
REC	77387	Guidance for localization of target volume for delivery of radiatic		0.045			0.58			16	3					10			3

14
Tab Number

RADIATION THERAPY TREATMENT DELIVERY
Issue

77402, 77407, 77412, 77411x1, 77411x2, 77412x3
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Sheila Rege MD
Printed Signature

ACRO
Specialty Society

1/6/2014
Date

14
Tab Number

Radiation Therapy Treatment Delivery
Issue

77402, 77407, 77412, 7741x1, 7741x2, 7742x3
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Paul E Wallner
Signature

Paul E. Wallner, DO
Printed Signature

American College of Radiation Oncology
Specialty Society

1/7/2014
Date

14
Tab Number

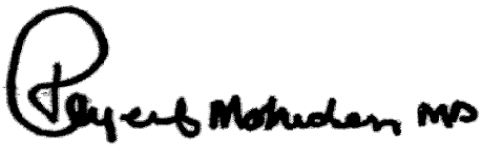
Radiation Treatment Delivery
Issue

77402, 77407, 77412, 7741X1, 7741X2 and 7742X3
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Najeeb Mohideen, MD
Printed Signature

The American Society for Radiation Oncology (ASTRO)
Specialty Society

January 6, 2014
Date

14
Tab Number

RADIATION THERAPY TREATMENT DELIVERY
Issue

77402, 77407, 77412, 77411X1, 77411X2, 77412X3
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Wm Noyes
Signature

William Noyes
Printed Signature

ACRO - Rad Onc
Specialty Society

1-7-2014
Date

CPT Code: 77402, 77407, 77412, 77385, 77386 and 77387
Specialty Society('s) ASTRO and ACRO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

77402 Radiation treatment Delivery; simple

77407 Radiation treatment Delivery; intermediate

77412 Radiation treatment Delivery; complex

77385 Intensity modulated treatment delivery, includes guidance and tracking when performed: simple

77386 Intensity modulated treatment delivery, includes guidance and tracking when performed: complex

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

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Global Period: XXX

Meeting Date: January 2014

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

We conducted practice expense surveys of the ASTRO and ACRO membership. The survey tool was discussed and approved by the Research Subcommittee prior to fielding the survey. Survey data was collected from freestanding offices only. (Physicians practicing in a hospital based setting did not complete the survey.) A consensus group representing ASTRO and ACRO was developed to review the survey data and develop recommendations.

You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The CPT codes included in this tab replace existing CPT codes. As such, the existing codes are serving as our reference codes. The existing direct practice expense inputs are included on this spreadsheet.

If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are presenting compelling evidence to support our recommendations for an increase in clinical time.

Technique

Standard Delivery techniques will include some techniques previously billed as IMRT.

IGRT technology has evolved from using third party vendor hardware and software to the use of integrated technology. In the revised CPT code set IMRT and IGRT will be bundled together.

Knowledge/Technology

For IGRT: These codes will reflect the inclusion of tracking technology previously billed with Cat III codes

Fully integrated digital treatment delivery equipment with IGRT capable of delivering all energies in therapeutic use including electrons: The design of these machines is substantially different than the previous generation of single low energy Linacs (no longer commercially available). The technology includes multiple interchangeable filters, more complex waveguides electronic beam steering systems and a variety of other features that require more elaborate multiple safety checks, independent cross verifications, etc.

Mandated Patient and Staff Safety Requirements after catastrophic accidents during RT delivery. There is an increased need for radiation therapists (RTT's) operating the delivery Linacs to observe multiple status indicators, constantly verify patient position and recognize and react to anomalies during treatment.

Ref: Safety is no accident, A Framework for Quality Radiation Oncology and Care https://www.astro.org/uploadedFiles/Main_Site/Clinical_Practice/Patient_Safety/Blue_Book/SafetyisnoAccident.pdf (Blue Book: affects all delivery codes)

Ref: New knowledge on normal tissue tolerance (QUANTEC), use of dose escalated radiotherapy, tight margins, stringent setup and evaluation of systematic and random errors in setup. Int J Radiat Oncol Biol Phys. 2010 Mar 1;76(3 Suppl):S10-9. doi: 10.1016/j.ijrobp.2009.07.1754.

Ref: ASTRO, ACRO and ASRT Accreditation requirements

Evidence that technology has changed clinical staff time

Change in technology has placed increased emphasis on patient safety, training and accreditation requirements and ASRT now require two qualified personnel at all times on each machine for patient setup and treatment. All parameters, electronic read outs have to be confirmed in the room and cross checked outside and inside the room by independent radiation therapists, monitor

units, use of beam modifiers, etc have to be cross checked by two radiation therapists. While treatment is ongoing one radiation therapist watches the console and monitor units and treatment parameters, the other watches the patient and machine movement in the room.

The 2011 ASRT staffing survey document an average of 2.27 radiation therapist per linear accelerator. (See page 11)

ACRO Accreditation also requires a minimum of two radiation therapists per linear accelerator. (See page 8)

ACR Accreditation requires minimum of two radiation therapists at each treatment session for adequate staffing and support. (See page 5)

"Safety Is No Accident" a joint document sponsored by ASTRO and developed/endorsed by 12 radiation oncology organizations recommends a minimum of two qualified individuals be present for any routine external beam patient treatment. (See page 14)

Several states now require at least two radiation therapists present to operate each linear accelerator when it is in use. (See MI and NJ materials attached)

Evidence that there has been a change in equipment or practice expense cost.

The linear accelerators that were common when the standard treatment delivery codes being replaced were developed are no longer sold commercially in the United States.

PLEASE DESCRIBE IN DETAIL THE CLINICAL ACTIVITIES OF YOUR STAFF:

Treatment Delivery (77402, 77407, 77412, 77385 and 77386)

Pre Service Clinical Activities

Provide pre-service education/obtain consent
The nurse reviews with the patient the process of care, length of treatment, nature of the treatment process, the symptoms patient will experience during treatment, engages in teaching on skin care, oral care, diet, bladder filling and reviews the resources available for additional support. Reviews the consent again to make sure the patient is informed and aware and agrees to the plan discussed with the physician.

Patient clinical information and questionnaire reviewed by radiation therapist, order from physician confirmed and exam by RadOnc
Prior to each fraction, the radiation therapist reviews physician instructions and changes regarding patient setup, patient clinical condition, need for labs or need to be reviewed by physician before or after treatment, and prior days notes. Any changes required following physics review are noted.

Other Clinical Activity: Dose output and performance verification
Output measurement for each energy using beam profiler. Mechanical tests of Laser, Collimator, ODI. Safety tests. MLC/collimator Qualitative test

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Intra-Service Clinical Labor Activities

Greet patient, provide gowning, ensure appropriate medical records are available

Prepare room, equipment, supplies

Prepare and position patient/ monitor patient/ set up IV

PERFORM PROCEDURE

TREATMENT DELIVERY (77402-77412)
The procedure begins when the patient is called to the treatment waiting area and met by the radiation therapists. Identity is verified by 2 means. The patient is provided gowning, and the room prepared and the chart reviewed for the basic treatment parameters. Side effects are assessed including skin changes in the treatment area, and the patient is positioned for the immobilization. Leveling is ensured through laser triangulation and physical repositioning. The first field is established. Blocks are inserted into the tray, or the equivalent MLC pattern is created. Wedges and bolus are applied as prescribed. The projected light field is reviewed on the patient and compared to simulation photos. The radiation therapists leave the room and close the vault. Functioning and alignment of redundant camera and audio equipment is verified. The treatment is delivered and the vault opened. The radiation therapists enter the room and establish the second field, verify

the setup as above and leave the room. The second beam is delivered. The vault is again opened and the third field established and verified. The room is again secured and the third beam delivered. The room is entered and the patient released from the immobilization. The patient is assisted off the table and the room cleaned for the next patient.

IMRT 77385

The patient is called to the treatment waiting area and met by the radiation therapists. Identity is verified by 2 means. The patient is provided gowning, and the room prepared and the chart reviewed for the basic treatment parameters. Side effects are assessed including skin changes in the treatment area, and the patient is positioned. The selected immobilization device is attached to the indexed linac tabletop. Leveling is ensured through laser triangulation and physical repositioning. Planned shifts from the leveling tattoos are applied and the indexed couch moved in 3 axes with mm accuracy. The first isocenter is established with field center confirmed. Bolus is applied as prescribed. The projected light field is reviewed on the patient. The radiation therapists leave the room and close the vault. Functioning and alignment of redundant camera and audio equipment is verified.

Image guidance is performed as described for 77387

The planned treatment parameters are loaded into the control consol. The gantry is rotated to the starting field position. Initial MLC pattern is compared to the IMRT plan and treatment initiated. Prescribed changes in MLC patterns are continuously monitored and compared to the plan by one radiation therapist during beam on time, while the second radiation therapist is monitoring the patient. On completion of the first field, the gantry is rotated to the second prescribed angle. Treatment is delivered as described above and repeated for 5 fields. The room is entered and the patient released from the immobilization. The gantry is rotated to a safe position and the table is lowered. The patient is assisted off the table. The room is cleaned for the next patient.

IMRT 77386

The patient is called to the treatment waiting area and met by the radiation therapists. Identity is verified by 2 means. The patient is provided gowning, and the room prepared and the chart reviewed for the basic treatment parameters. Side effects are assessed including skin changes in the treatment area, and the patient is positioned. The selected immobilization device is attached to the indexed linac tabletop. Leveling is ensured through laser triangulation and physical repositioning. Planned shifts from the leveling tattoos are applied and the indexed couch moved in 3 axes with mm accuracy. The first isocenter is established with field center confirmed. Bolus is applied as prescribed. The projected light field is reviewed on the patient. The radiation therapists leave the room and close the vault. Functioning and alignment of redundant camera and audio equipment is verified.

Image guidance is performed as described for 77387

The planned treatment parameters are loaded into the control consol. The gantry is rotated to the starting field position. Initial MLC pattern is compared to the IMRT plan and treatment initiated. Prescribed changes in MLC patterns are continuously monitored and compared to the plan by one radiation therapist during beam on time, while the second radiation therapist is monitoring the patient. On completion of the first field, the gantry is rotated to the second prescribed angle. Treatment is delivered as described above and repeated for 10 fields. The room is entered and the patient released from the immobilization. The gantry is rotated to a safe position and the table is lowered. The patient is assisted off the table. The room is cleaned for the next patient.

Clean room/equipment by physician staff

Check dressings & wound/ home care instructions /coordinate office visits /prescriptions

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Post-Service Clinical Labor Activities:

Conduct phone calls. Ensure scheduling of next day's treatment.

Review examination with interpreting MD

Exam completed in R&V system to generate billing process and to appropriately record dose delivery into R&V system,

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

Pre-Service Clinical Labor Activities

Patient clinical information and questionnaire reviewed by radiation therapist, order from physician confirmed and exam protocoled by RadOnc
Prior to each fraction, the radiation therapist reviews physician instructions and changes regarding patient's Image Guidance, of the target volume and changes needed in normal tissue volumes.

Other Clinical Activity:
Imager alignment, image quality and performance verification
Planar MV EPID imaging, Cone Beam CT Imaging test

Intra-Service Clinical Labor Activities

The imaging equipment is prepared for each patient by installing the proper filters and collimators on the on-board imaging device. The tube head and detector panels are then deployed and locked into position.

After the patient has been positioned for treatment (described for delivery codes). Gantry is rotated to ensure safe clearance around the patient, all equipment and devices, to ensure no risk of collision with the imaging system. Radiation Therapists exit the vault. While monitoring video surveillance of both the patient and the gantry, the linac gantry will be placed at the correct start angle and imaging will be acquired as the gantry rotates around the patient. Once the image has been reconstructed, the radiation therapist will overlay the image with the preselected reference image. The radiation therapist will select the area of interest chosen by the physician for image alignment and will choose the appropriate image registration algorithm. Structures of interest will be chosen for projection on the respective images. The radiation therapist will initiate the registration sequence and the system will compute the patient shifts necessary to locate the tumor in the exact position necessary for treatment, the anatomy is reviewed per physician guidelines, review and prescribed limits. If the shifts are minimal and within prescribed limits, the patient shifts are performed and the patient will be ready for treatment. If the necessary shifts exceed prescribed limits, the physician is required to review the set up, reposition the patient as needed, and rescan. If approved by the physician, the shifts are then made and an image acquired for confirmation.

When the patient is deemed to be in the correct position for treatment, the skin surface tracking reference is acquired for use during treatment. Treatment then begins. Radiation Therapist monitors output of tracking system and interrupts therapy when movement exceeds predetermined limits. The patient is repositioned as necessary.

Post-Service Clinical Labor Activities

Review examination with interpreting MD

Exam completed in R&V system, verify transfer of images and isocenter coordinate shifts.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	**REVISED at meeting**			**EXISTING**		**DATA**		**RECOMMENDATIONS**		**EXISTING**		**DATA**		**RECOMMENDATIONS**		**EXISTING**		**DATA**	
2				**77402, 77403, 77404, 77406**		**77402**				**77407, 77408, 77409, 77411**		**77407**				**77412, 77413, 77414, 77416**		**77**	
3	**Meeting Date:** Feb 2014 **Tab: 14** **Specialty:** RadOnc	**CMS Code**	**Staff Type**			*Radiation treatment Delivery; simple*						*Radiation treatment Delivery; intermediate*						*Radiation treatmen*	
4	***RESPONSE COUNT***					**99**		***Number of Fractions***				**99**		***Number of Fractions***				**99**	
5	***Is the vignette described above typical in your practice for the new code?***					**100%**		***10***				**100%**		***10***				**100%**	
6	**LOCATION**			**NonFac**	**Facility**	**NonFac**	**Facility**	**NonFac**	**Facility**	**NonFac**	**Facility**	**NonFac**	**Facility**	**NonFac**	**Facility**	**NonFac**	**Facility**	**NonFac**	**Facility**
7	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
8	**TOTAL CLINICAL LABOR TIME**			**14**		**36**		**29**		**19**		**48**		**39**		**25**		**56**	
9	*TOTAL PRE-SERV CLINICAL LABOR TIME*			*1*		*8*		*4*		*1*		*8*		*4*		*1*		*6*	
10	*TOTAL SERVICE PERIOD CLINICAL LABOR TIME*			*13*		*24*		*21*		*18*		*36*		*31*		*24*		*45*	
11	*TOTAL POST-SERV CLINICAL LABOR TIME*			*0*		*4*		*4*		*0*		*4*		*4*		*0*		*6*	
12	**PRE-SERVICE**																		
13	**Start: Following visit when decision for surgery or procedure made**																		
14	Complete pre-service diagnostic & referral forms ONCE PER COURSE	L037D	RN/LPN/MTA			1.8						2.0						0.7	
15	Provide pre-service education/obtain consent ONCE PER COURSE	L037D	RN/LPN/MTA			1.0		1				1.2		1				0.5	
16	Follow-up phone calls & prescriptions ONCE PER COURSE	L037D	RN/LPN/MTA			0.5						0.5						0.2	
17	Availability of prior images confirmed ONCE PER COURSE	L037D	RN/LPN/MTA			0.5						0.5						0.2	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by RadOnc PER FRACTION	L050C	RadTher			2		1				2		1				2.0	
19	*Other Clinical Activity*: Dose output and performance verification	L050C	RadTher	1		2		2		1		2		2		1		2.0	
20	**End: When patient enters office/facility for surgery/procedure**																		
21	**SERVICE PERIOD**																		
22	**Start: When patient enters office/facility for surgery/procedure:**																		
23	Greet patient, provide gowning, ensure appropriate medical records are available	L050C	RadTher	2		2		2		2		2		2		2		2	
24	Obtain vital signs					1						1						1	
25	Provide pre-service education/obtain consent																		
26	Prepare room, equipment, supplies	L050C	RadTher	1		2		2		1		3		2		1		3	
27	Prepare and position patient/ monitor patient/ set up IV	L050C	RadTher			2		2				3		2				4	
28	Sedate/apply anesthesia																		
29	Other Clinical Activity																		
30	**Intra-service**																		
31	PERFORM PROCEDURE - TREATMENT DELIVERY (1st	L050C	RadTher	10		6		6		15		11		11		21		15	
32	PERFORM PROCEDURE - TREATMENT DELIVERY (2nd	L050C	RadTher			6		6				11		11				15	
33	**Post-Service**																		
34	Monitor pt. following moderate sedation																		
35	Monitor pt. following service/check tubes, monitors, drains																		
36	Clean room/equipment by physician staff	L050C	RadTher			2		2				2		2				2	
37	Complete diagnostic forms, lab & X-ray requisitions ONCE PER COURSE					0.1						0.1							
38	Review/read X-ray, lab, and pathology reports PER FRACTION	L050C	RadTher			2						2						2	
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L050C	RadTher			1		1				1		1				1	
40	Other Clinical Activity - *specify:*																		
41	**End: Patient leaves office**																		
42	**POST-SERVICE Period**																		
43	**Start: Patient leaves office/facility**																		
44	Conduct phone calls/call in prescriptions	L050C	RadTher			1		0.6				1		0.6				2	
45	Therapist QC's images in R&V, alignment of fiducials and position	L050C	RadTher																
46	Review examination with interpreting MD	L050C	RadTher			1		1				1		1				2	
47	Exam completed in R&V system to generate billing process and to appropriately record dose delivery into R&V system.	L050C	RadTher			2		2				2		2				2	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
2				77402, 77403, 77404, 77406		77402				77407, 77408, 77409, 77411		77407				77412, 77413, 77414, 77416		774	
3	**Meeting Date:** Feb 2014 **Tab: 14** **Specialty:** RadOnc	**CMS Code**	**Staff Type**			*Radiation treatment Delivery; simple*						*Radiation treatment Delivery; intermediate*						Radiation treatmen	
48	Other Clinical Activity																		
49	**End: with last office visit before end of global period**																		
50	**MEDICAL SUPPLIES**																		
51	PEAC multispecialty supply package	SA048						1						1					
52	pillow case	SB037		2						2						2			
53	Earplugs	SJ018																	
54	drape, non-sterile, sheet 40in x 60in	SB006																	
55	drape, sterile, for may stand	SB012																	
56	skin marking ink (tattoo)	Sk073																	
57	skin marking pen, sterile	SK075		1						1						1			
58	tray, catheter insertion (w-o catheter)	SA063																	
59	syringe 10-12ml	SC051																	
60	basin, emesis	SJ010		2						2						2			
61	Foley Catheter	SD024																	
62	lubricating jelly (K-Y) (5gm uou)	SJ032																	
63	gauze, non-sterile 4in x 4in	SG051																	
64	alcohol, ethyl, denatured	SL006																	
65	Disinfectant, surface	SM013		1				2		1				2		1			
66	glutaraldehyde 3.4%	SM018																	
67	sanitizing cloth-wipe (patient)	SM021																	
68	sanitizing cloth-wipe (surface, instruments, equipment)	SM022																	
69	swab-pad, alcohol	SJ053																	
70	tape, surgical paper 1in (Micropore)	SG079																	
71	water, distilled	SK087		10						10						10			
72	x-ray envelope	SK091																	
73	x-ray ID card (flashcard)	SK093																	
74	film, x-ray 14in x 17in	SK034																	
75	film, x-ray, laser print	SK098																	
76	computer media, dvd	SK013																	
77																			
78	**EQUIPMENT**																		
79	accelerator, 4-6 MV	ER009		13						18						24			
80	accelerator, 6-18 MV	ER010																	
81	Linac	ER089				14		14				21		19				26	
82	*On Board Imaging*	*NEW*																	
83	*Service Contract**	*NEW*																	
84	room, CT	EL007																	
85	portal imaging system	ER070																	
86	ultrasound, portable	EQ250																	
87	laser targeting system	ER039		13						18						24			
88	radiation virtual simulation system	ER057		13						18						24			
89	isocentric beam alignment	ER038																	
90	Laser Diode	ER040						14						19					
91	IMRT Physics Tools	ER006																	
92	radiation treatment vault	ER056		13				14		18				19		24			
93	Intercom	EQ139						12						17					
94	*Power Conditioner*	*NEW*						14						19					
95	Water Chiller	ER065		13				14		18				19		24			
96	Record and Verify System	ER090						11						15					
97	video printer	ED036																	
98	video camera (#1)	ED035						6						11					
99	video camera (#2)	ED035						6						11					
100	film alternator	ER029																	
101	film processor	ED024						5						5					
102	camera, digital	ED004		13						18						24			
103																			
104	**Service Contract fees are substantially above the 5% allowance in the CMS methodology. Will work with CMS on this issue.*																		

	A	B	C	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI
1	**REVISED at meeting**			RECOMMENDATIONS		EXISTING		DATA		RECOMMENDATIONS		DATA		RECOMMENDATIONS		EXISTING & Recommendations		EXISTING	
2				412		77418		77385				77386				77014		77421	
3	**Meeting Date:** Feb 2014 **Tab: 14** **Specialty:** RadOnc	**CMS Code**	**Staff Type**	t Delivery; complex		IMRT, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary,		Intensity modulated treatment delivery, includes guidance and tracking when performed: simple				Intensity modulated treatment delivery, includes guidance and tracking when performed: complex				Computed tomography guidance for placement of radiation therapy fields		Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation	
4	***RESPONSE COUNT***			***Number of Fractions***				**99**		***Number of Fractions***		**99**		***Number of Fractions***					
5	***Is the vignette described above typical in your practice for the new code?***			***28***				**100%**		***39***		**99%**		***39***					
6	**LOCATION**			**NonFac**	**Facility**	**NonFac**	**Facility**	**NonFac**	**NonFac**	**Facility**	**Facility**	**NonFac**	**Facility**	**NonFac**	**Facility**	**NonFac**	**Facility**	**NonFac**	**Facility**
7	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
8	**TOTAL CLINICAL LABOR TIME**			**46**		**75**		**68**		**57**		**103**		**88**		**18**		**24**	
9	*TOTAL PRE-SERV CLINICAL LABOR TIME*			*4*		*0*		*5*		*4*		*7*		*4*		*0*		*0*	
10	*TOTAL SERVICE PERIOD CLINICAL LABOR TIME*			*39*		*70*		*57*		*50*		*90*		*81*		*14*		*24*	
11	*TOTAL POST-SERV CLINICAL LABOR TIME*			*4*		*5*		*6*		*4*		*6*		*4*		*4*		*0*	
12	**PRE-SERVICE**																		
13	**Start: Following visit when decision for surgery or procedure made**																		
14	Complete pre-service diagnostic & referral forms ONCE PER COURSE	L037D	RN/LPN/MTA					0.5				0.8							
15	Provide pre-service education/obtain consent ONCE PER COURSE	L037D	RN/LPN/MTA	0.5				0.4		0.5		0.6		0.5					
16	Follow-up phone calls & prescriptions ONCE PER COURSE	L037D	RN/LPN/MTA					0.1				0.3							
17	Availability of prior images confirmed ONCE PER COURSE	L037D	RN/LPN/MTA					0.2				0.4							
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by RadOnc PER FRACTION	L050C	RadTher	1				2		1		2.0		1					
19	*Other Clinical Activity*: Dose output and performance verification	L050C	RadTher	2				2		2		2.8		2					
20	**End: When patient enters office/facility for surgery/procedure**																		
21	**SERVICE PERIOD**																		
22	**Start: When patient enters office/facility for surgery/procedure:**																		
23	Greet patient, provide gowning, ensure appropriate medical records are available	L050C	RadTher	2		3		2		2		2		2					
24	Obtain vital signs							1				1							
25	Provide pre-service education/obtain consent																		
26	Prepare room, equipment, supplies	L050C	RadTher	2		2		3		2		4		2		2		2	
27	Prepare and position patient/ monitor patient/ set up IV	L050C	RadTher	2		2		4		2		5		2		2		2	
28	Sedate/apply anesthesia																		
29	Other Clinical Activity																		
30	**Intra-service**																		
31	PERFORM PROCEDURE - TREATMENT DELIVERY (1st	L050C	RadTher	15		30		20		20		35		35		10		20	
32	PERFORM PROCEDURE - TREATMENT DELIVERY (2nd	L050C	RadTher	15		30		20		20		35		35					
33	**Post-Service**																		
34	Monitor pt. following moderate sedation																		
35	Monitor pt. following service/check tubes, monitors, drains																		
36	Clean room/equipment by physician staff	L050C	RadTher	2		3		3		3		3		3					
37	Complete diagnostic forms, lab & X-ray requisitions ONCE PER COURSE																		
38	Review/read X-ray, lab, and pathology reports PER FRACTION	L050C	RadTher					3				3							
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L050C	RadTher	1				1		1		2		2					
40	Other Clinical Activity - *specify:*																		
41	**End: Patient leaves office**																		
42	**POST-SERVICE Period**																		
43	**Start: Patient leaves office/facility**																		
44	Conduct phone calls/call in prescriptions	L050C	RadTher	0.6				2		0.6		2		0.6					
45	Therapist QC's images in R&V, alignment of fiducials and position	L050C	RadTher																
46	Review examination with interpreting MD	L050C	RadTher	1				2		1		2		1		4.0			
47	Exam completed in R&V system to generate billing process and to appropriately record dose delivery into R&V system.	L050C	RadTher	2		5.0		2		2		2		2					

	A	B	C	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI
2				412		77418		77385				77386				77014		77421	
3	**Meeting Date:** Feb 2014 **Tab: 14** **Specialty:** RadOnc	**CMS Code**	**Staff Type**	*t Delivery; complex*		*IMRT, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary,*		*Intensity modulated treatment delivery, includes guidance and tracking when performed: simple*				*Intensity modulated treatment delivery, includes guidance and tracking when performed: complex*				*Computed tomography guidance for placement of radiation therapy fields*		*Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation*	
48	Other Clinical Activity																		
49	**End: with last office visit before end of global period**																		
50	**MEDICAL SUPPLIES**																		
51	PEAC multispecialty supply package	SA048		**1**		1				**1**				**1**					
52	pillow case	SB037																	
53	Earplugs	SJ018				1													
54	drape, non-sterile, sheet 40in x 60in	SB006				1													
55	drape, sterile, for may stand	SB012																	
56	skin marking ink (tattoo)	Sk073				2													
57	skin marking pen, sterile	SK075																	
58	tray, catheter insertion (w-o catheter)	SA063																	
59	syringe 10-12ml	SC051				1													
60	basin, emesis	SJ010																	
61	Foley Catheter	SD024				1				1									
62	lubricating jelly (K-Y) (5gm uou)	SJ032				2				2									
63	gauze, non-sterile 4in x 4in	SG051				4				4									
64	alcohol, ethyl, denatured	SL006				7													
65	Disinfectant, surface	SM013		2						2				2					
66	glutaraldehyde 3.4%	SM018																	
67	sanitizing cloth-wipe (patient)	SM021																	
68	sanitizing cloth-wipe (surface, instruments, equipment)	SM022																	
69	swab-pad, alcohol	SJ053																2	
70	tape, surgical paper 1in (Micropore)	SG079				8													
71	water, distilled	SK087																	
72	x-ray envelope	SK091														1			
73	x-ray ID card (flashcard)	SK093				2				2				2					
74	film, x-ray 14in x 17in	SK034				2				2				2					
75	film, x-ray, laser print	SK098														3			
76	computer media, dvd	SK013														1			
77																			
78	**EQUIPMENT**																		
79	accelerator, 4-6 MV	ER009																	
80	accelerator, 6-18 MV	ER010																	
81	Linac	ER089		23		37		30		29		47		44					
82	*On Board Imaging*	*NEW*								29				44					
83	*Service Contract**	*NEW*																	
84	room, CT	EL007														14			
85	portal imaging system	ER070																24	
86	ultrasound, portable	EQ250																	
87	laser targeting system	ER039																	
88	radiation virtual simulation system	ER057																	
89	isocentric beam alignment	ER038				15													
90	Laser Diode	ER040		23		37				29				44					
91	IMRT Physics Tools	ER006				15													
92	radiation treatment vault	ER056		23		37				29				44					
93	Intercom	EQ139		21		37				27				42					
94	*Power Conditioner*	*NEW*		23						29				44					
95	Water Chiller	ER065		23		37				29				44					
96	Record and Verify System	ER090		19		30				22				34					
97	video printer	ED036				5				5				5					
98	video camera (#1)	ED035		15		37				20				35					
99	video camera (#2)	ED035		15						20				35					
100	film alternator	ER029														4			
101	film processor	ED024		5						5				5		4			
102	camera, digital	ED004				5													
103																			
104	**Service Contract fees are substantially above the 5% allowance in the CMS methodology. Will work with CMS on this issue.*																		

	A	B	C	AJ	AK	AL	AM	AN	AO
1	**REVISED at meeting**			**EXISTING**		**DATA**		**RECOMMENDATIONS**	
2				**76950**		**77387**			
3	**Meeting Date:** Feb 2014 **Tab: 14** **Specialty:** RadOnc	**CMS Code**	**Staff Type**	*Ultrasonic guidance for placement of radiation therapy fields*		*Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking when performed*			
4	***RESPONSE COUNT***					**95**		***Number of Fractions***	
5	***Is the vignette described above typical in your practice for the new code?***					**95%**		***10***	
6	**LOCATION**			**NonFac**	**Facility**	**NonFac**	**Facility**	**NonFac**	**Facility**
7	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
8	**TOTAL CLINICAL LABOR TIME**			**22**		**56**		**43**	
9	*TOTAL PRE-SERV CLINICAL LABOR TIME*			*0*		*7*		*4*	
10	*TOTAL SERVICE PERIOD CLINICAL LABOR TIME*			*22*		*42*		*34*	
11	*TOTAL POST-SERV CLINICAL LABOR TIME*			*0*		*7*		*5*	
12	**PRE-SERVICE**								
13	**Start: Following visit when decision for surgery or procedure made**								
14	Complete pre-service diagnostic & referral forms ONCE PER COURSE	L037D	RN/LPN/MTA						
15	Provide pre-service education/obtain consent ONCE PER COURSE	L037D	RN/LPN/MTA			1		1	
16	Follow-up phone calls & prescriptions ONCE PER COURSE	L037D	RN/LPN/MTA						
17	Availability of prior images confirmed ONCE PER COURSE	L037D	RN/LPN/MTA			1			
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by RadOnc PER FRACTION	L050C	RadTher			3		1	
19	*Other Clinical Activity*y:* Dose output and performance verification	L050C	RadTher			2		2	
20	**End: When patient enters office/facility for surgery/procedure**								
21	**SERVICE PERIOD**								
22	**Start: When patient enters office/facility for surgery/procedure:**								
23	Greet patient, provide gowning, ensure appropriate medical records are available	L050C	RadTher						
24	Obtain vital signs								
25	Provide pre-service education/obtain consent								
26	Prepare room, equipment, supplies	L050C	RadTher	2		3		2	
27	Prepare and position patient/ monitor patient/ set up IV	L050C	RadTher	2		4		2	
28	Sedate/apply anesthesia								
29	Other Clinical Activity								
30	**Intra-service**								
31	PERFORM PROCEDURE - TREATMENT DELIVERY (1st	L050C	RadTher	15		15		15	
32	PERFORM PROCEDURE - TREATMENT DELIVERY (2nd	L050C	RadTher			15		15	
33	**Post-Service**								
34	Monitor pt. following moderate sedation								
35	Monitor pt. following service/check tubes, monitors, drains								
36	Clean room/equipment by physician staff	L050C	RadTher	3		3			
37	Complete diagnostic forms, lab & X-ray requisitions ONCE PER COURSE								
38	Review/read X-ray, lab, and pathology reports PER FRACTION	L050C	RadTher			2			
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L050C	RadTher						
40	Other Clinical Activity - *specify:*								
41	**End: Patient leaves office**								
42	**POST-SERVICE Period**								
43	**Start: Patient leaves office/facility**								
44	Conduct phone calls/call in prescriptions	L050C	RadTher						
45	Therapist QC's images in R&V, alignment of fiducials and position	L050C	RadTher						
46	Review examination with interpreting MD	L050C	RadTher			5		3	
47	Exam completed in R&V system to generate billing process and to appropriately record dose delivery into R&V system.	L050C	RadTher			2		2	

	A	B	C	AJ	AK	AL	AM	AN	AO
2				**76950**		**77387**			
3	**Meeting Date:** Feb 2014 **Tab: 14** **Specialty:** RadOnc	**CMS Code**	**Staff Type**	*Ultrasonic guidance for placement of radiation therapy fields*		*Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking when performed*			
48	Other Clinical Activity								
49	**End: with last office visit before end of global period**								
50	**MEDICAL SUPPLIES**								
51	PEAC multispecialty supply package	SA048							
52	pillow case	SB037							
53	Earplugs	SJ018							
54	drape, non-sterile, sheet 40in x 60in	SB006							
55	drape, sterile, for may stand	SB012		1					
56	skin marking ink (tattoo)	Sk073							
57	skin marking pen, sterile	SK075							
58	tray, catheter insertion (w-o catheter)	SA063							
59	syringe 10-12ml	SC051							
60	basin, emesis	SJ010							
61	Foley Catheter	SD024							
62	lubricating jelly (K-Y) (5gm uou)	SJ032		1					
63	gauze, non-sterile 4in x 4in	SG051							
64	alcohol, ethyl, denatured	SL006							
65	Disinfectant, surface	SM013							
66	glutaraldehyde 3.4%	SM018		32					
67	sanitizing cloth-wipe (patient)	SM021							
68	sanitizing cloth-wipe (surface, instruments, equipment)	SM022							
69	swab-pad, alcohol	SJ053							
70	tape, surgical paper 1in (Micropore)	SG079							
71	water, distilled	SK087							
72	x-ray envelope	SK091						1	
73	x-ray ID card (flashcard)	SK093							
74	film, x-ray 14in x 17in	SK034							
75	film, x-ray, laser print	SK098						3	
76	computer media, dvd	SK013						1	
77									
78	**EQUIPMENT**								
79	accelerator, 4-6 MV	ER009							
80	accelerator, 6-18 MV	ER010							
81	Linac	ER089				25		*21*	
82	*On Board Imaging*	*NEW*						*21*	
83	*Service Contract**	*NEW*							
84	room, CT	EL007							
85	portal imaging system	ER070							
86	ultrasound, portable	EQ250		22					
87	laser targeting system	ER039							
88	radiation virtual simulation system	ER057							
89	isocentric beam alignment	ER038							
90	Laser Diode	ER040						21	
91	IMRT Physics Tools	ER006							
92	radiation treatment vault	ER056						21	
93	Intercom	EQ139						19	
94	*Power Conditioner*	*NEW*						21	
95	Water Chiller	ER065						21	
96	Record and Verify System	ER090						2	
97	video printer	ED036							
98	video camera (#1)	ED035							
99	video camera (#2)	ED035							
100	film alternator	ER029						4	
101	film processor	ED024						4	
102	camera, digital	ED004							
103									
104	**Service Contract fees are substantially above the 5% allowance in the CMS methodology. Will work with CMS on this issue.*								