

Electronic Brachytherapy – IORT Breast

Coding Guidance Sheet

Effective January 1, 2022

Information contained in this guide is provided for reference purposes only and does not constitute legal advice or recommendation of coding by Xofigo or a guarantee of coverage or payment. It is always the provider's responsibility to determine final code selections and submit appropriately completed claim forms to reflecting healthcare services rendered and documented in the patient medical record. Providers are encouraged to contact payers directly regarding coverage, claim submission requirements, and use of modifiers where appropriate.

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HOSPITAL OUTPATIENT CODING AND PAYMENT

Report Only Procedures Performed

CPT	Description	SI	APC	HOPPS Payment
Surgical Codes				
19301	Mastectomy, partial (e.g., lumpectomy, tylectomy, quadrantectomy, segmentectomy)	J1	5091	Packaged, not paid separately
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	N	N/A	Packaged, not paid separately
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy	N	N/A	Packaged, not paid separately

CPT	Description	SI	APC	HOPPS Payment
Treatment Planning, Physics, and Delivery				
77280	Therapeutic radiology simulation-aided field setting; simple	S	5611	Packaged, not paid separately
77285	Therapeutic radiology simulation-aided field setting; intermediate	S	5612	Packaged, not paid separately
77290	Therapeutic radiology simulation-aided field setting; complex	S	5612	Packaged, not paid separately
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	S	5611	Packaged, not paid separately

Electronic Brachytherapy – IORT Breast

Coding Guidance Sheet

Effective January 1, 2022

77332	Treatment devices, design and construction; simple	S	5611	Packaged, not paid separately
77333	Treatment devices, design and construction, intermediate	S	5611	Packaged, not paid separately
77334	Treatment devices, design and construction; complex	S	5612	Packaged, not paid separately
77370	Special medical radiation physics consultation	S	5611	Packaged, not paid separately
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	J1	5627	\$7,943
77469	Intraoperative radiation treatment management	B	N/A	N/A

- J1 = Hospital Part B Services Paid Through a Comprehensive APC Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service for the claim, except services with OPPS status indicator of "F", "G", "H", "L" and "U"; ambulance services; diagnostic and screening mammography; rehabilitation therapy services; new technology services; self-administered drugs; all preventive services; and certain Part B inpatient services.
- N = Payment packaged with the primary procedure
- S = Paid under HOPPS; multiple procedure discount does not apply
- B = Not paid under HOPPS

PHYSICIAN CODING AND PAYMENT

Report Only Procedures Performed

CPT	Description	Facility MPFS
Surgical Codes		
19301	Mastectomy, partial (e.g., lumpectomy, tylectomy, quadrantectomy, segmentectomy)	\$683
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	\$169
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy	\$97

CPT	Description	Facility MPFS
Treatment Planning and Physics		
77261	Therapeutic radiology treatment planning; simple	\$72
77262	Therapeutic radiology treatment planning; intermediate	\$109
77263	Therapeutic radiology treatment planning; complex	\$170
Intraoperative Treatment Delivery		
77280*	Therapeutic radiology simulation-aided field setting; simple	\$38
77285*	Therapeutic radiology simulation-aided field setting; intermediate	\$57
77290*	Therapeutic radiology simulation-aided field setting; complex	\$83

Electronic Brachytherapy – IORT Breast

Coding Guidance Sheet

Effective January 1, 2022

77300*	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	\$33
77332*	Treatment devices, design and construction; simple	\$24
77333*	Treatment devices, design and construction, intermediate	\$40
77334*	Treatment devices, design and construction; complex	\$61
77370	Special medical radiation physics consultation	\$0
77469*	Intraoperative radiation treatment management	\$322

**IORT treatment management (CPT 77469) includes dosimetry, dose delivery, and review of treatment parameters. Also included are treatment setup and positioning of the patient, including the assessment of immobilization devices, blocks, wedges, or other devices.*

References

- Hospital Part B Services That May Be Paid Through a Comprehensive APC Paid under OPPS; Addendum B displays APC assignments when services are separately payable. (1) Comprehensive APC payment based on OPPS comprehensive-specific payment criteria. Payment for all covered Part B services on the claim is packaged into a single payment for specific combinations of services, except services with OPPS status indicator of "F", "G", "H", "L" and "U"; ambulance services; diagnostic and screening mammography; rehabilitation therapy services; self-administered drugs; all preventive services; and certain Part B inpatient services. (2) Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "J1". (3) In other circumstances, payment is made through a separate APC payment or packaged into payment for other services.
- Medicare Program: CY2022 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Price Transparency of Hospital Standard Charges; Radiation Oncology Model; Final Rule Federal Register 86 FR 63458 / CMS-1753-FC / 11/16/2021 / 42 CFR Parts 412, 414, 416, 419, 512
- Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Provider Enrollment Regulation Updates; and Provider and Supplier Prepayment and Post-Payment Medical Review Requirements / Rules and Regulations 42 CFR Parts 400, 410, 414, 415, 423, 424, and 425; Addenda B Schedules calculated using CF of \$34.6062 effective January 1, 2022.
- All payment levels reflect 2022 Medicare National Average Payment rates; payment levels vary geographically.