

Electronic Brachytherapy - APBI

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 Xoft 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
Catheter Placement Nonconcurrent with Partial Mastectomy				
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	J1	5093	\$9,106
Catheter Placement Concurrent with Partial Mastectomy				
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)	N	N/A	Packaged, not paid separately

CPT	Description	SI	APC	HOPPS Payment
Treatment Planning, Physics, & Delivery				
G6001	Ultrasound guidance placement of radiation fields	B	N/A	N/A
77014	Computed tomography guidance for placement of radiation therapy fields	N	N/A	Packaged, not paid separately
77280	Therapeutic radiology simulation-aided field setting; simple	S	5611	\$130
77285	Therapeutic radiology simulation-aided field setting; intermediate	S	5612	\$346
77290	Therapeutic radiology simulation-aided field setting; complex	S	5612	\$346
77300	Special medical radiation physics consultation	S	5611	\$130
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	S	5624	\$724

- B = Not paid under HOPPS
- N = Payment packaged with the primary procedure
- 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.
- S = Paid under HOPPS; multiple procedure discount does not apply

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PHYSICIAN CODING AND PAYMENT

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CPT	Description	Facility MPFS	Non-Facility MPFS
Catheter Placement			
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	\$216	\$4,058
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)	\$97	N/A

CPT	Description	Facility MPFS	Non-Facility MPFS
Treatment Planning, Physics, & Delivery			
G6001*	Ultrasound guidance placement of radiation fields	\$32	\$183
77014**	Computed tomography guidance for placement of radiation therapy fields	\$45	\$124
77280	Therapeutic radiology simulation-aided field setting; simple	\$38	\$275
77285	Therapeutic radiology simulation-aided field setting; intermediate	\$57	\$455
77290	Therapeutic radiology simulation-aided field setting; complex	\$83	\$469
77370	Special medical radiation physics consultation	N/A	\$134
0395T***	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	Contractor Priced	Contractor Priced

- *Modifier allowed; billed services may be justifiable for the code combination G6001 and 77014 (for comprehensive/component pair, use modifier on G6001; for mutually exclusive pair, use modifier as appropriate.)
- **77014 should not be coded with 77280, 77285, or 77290; services represented by combinations not paid separately
- ***Do not report 0395T in conjunction with 77261, 77262, 77263, 77300, 77306, 77307, 77316, 77317, 77318, 77332, 77333, 77334, 77336, 77427, 77431, 77432, 77435, 77469, 77470, 77499, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 77789

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

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- 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.

Reimbursement Assistance

For questions about Electronic Brachytherapy Reimbursement or requests for Prior Authorization, contact the reimbursement Support Center:

reimbursement@xoftreimbursement.com

Fax - 833-392-1181