

	<b><i>SBRT, SRS, FSRT and IMRT</i></b>	
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PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> <b>PROFESSIONAL</b>	<input checked="" type="checkbox"/> <b>FACILITY</b>	<input type="checkbox"/> <b>DME</b>	<input type="checkbox"/> <b>AMBULATORY SURGERY</b>	<input type="checkbox"/> <b>LAB</b>	<input type="checkbox"/> <b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input checked="" type="checkbox"/> <b>BLUE MEDICARE ADVANTAGE</b>	<input checked="" type="checkbox"/> <b>ACA QHP<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>SMALL GROUP ACA</b>	<input checked="" type="checkbox"/> <b>JAA<sup>2</sup></b>	<input checked="" type="checkbox"/> <b>FEP<sup>3</sup></b>	<input type="checkbox"/> <b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

Disclaimer
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Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application
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SBRT, SRS, FSRT, and IMRT are all forms of external-beam radiation therapy used to treat cancer by delivering precise, high-dose radiation beams to target tumors while minimizing damage to surrounding healthy tissue. Stereotactic

Radiosurgery (SRS) targets the brain, while Stereotactic Body Radiation Therapy (SBRT) treats tumors elsewhere in the body using the same high-precision principles. Fractionated Stereotactic Radiation Therapy (FSRT) is a variation where the high dose is given in multiple smaller fractions over a few days, while Intensity-Modulated Radiation Therapy (IMRT) is a technique that creates highly customized radiation beams by modulating their intensity to precisely shape the radiation dose to the tumor's contours.

## Policy

CPT code 77470 is used to cover the additional physician effort and work for the special procedure of hyper-fractionation, total body irradiation, per oral, endocavitary, or intraoperative cone use, or when other modalities are being managed in combination with external beam therapy, such as brachytherapy, stereotactic radiosurgery, and any other special time-consuming treatment plan. This code is not intended to be used because a patient has another ongoing medical diagnosis like diabetes, COPD, or hypertension.

**CPT code 77470 (Special radiation treatment)** covers the additional physician effort and work required for the special procedures of:

- hyperfractionation
  - total body irradiation
  - brachytherapy
  - hyperthermia
  - planned combination with chemotherapy; or
  - other combined modality therapy
  - stereotactic radiosurgery
  - intra-operative radiation therapy, and
  - hemibody irradiation
  - intracavitary cone use
  - radiation response modifiers
  - heavy particles (e.g., protons/neutrons)
  - 3-D CRT
  - IMRT
- any other special time-consuming treatment plan.

It is considered an acceptable standard of practice for this code to be reported only once during a treatment course and may be billed with the weekly management codes.

For the remaining treatment course, a physician should use the appropriate weekly radiation therapy management codes (CPT codes 77427 and 77431) for the management of the patient.

**CPT 77370** represents the technical component of a service in which the treating provider requests a special consultation of a medical radiation physicist to manage special treatment circumstances.

Common examples when such consultation is required are a patient having a pacemaker in or around the treatment area, a pregnant patient, retreatment of the same area, and treatment requiring complex interaction of multiple beams like electron and photon.

The physicist must supply a customized written report, requiring considerable time and effort, and include it in the patient's chart, to justify reporting.

The provider must include medically necessary documentation supporting one or more of the techniques:

- Complex interrelationships of electron and photon ports. (This code will NOT be reimbursed for EBRT boost for breast cancer).
- Brachytherapy
- Analysis of special devices and blocking to protect critical organs for treatment delivery that is not routinely required
- Analysis of treatment areas that are abutting or overlapping with a previously treated area
- Analysis of potential complication that a pregnant patient may experience because of treatment delivery
- Fusion of three-dimensional image sets from multiple modalities, e.g., CT, PET, and MRI
- Patient with a pacemaker/defibrillator/prosthesis near treatment fields
- Patient-specific treatment circumstances that require corrective measures to solve a discrepancy, correct a treatment error, and ensure proper completion of treatment
- Fusion and blending of multiple treatments for a specific patient circumstance
- Radioimmunotherapy

CPT 77370 should not be billed and is not reimbursable for:

- Verification of dose distribution and monitor units/dose accuracy for 3D/IMRT plans
- In-vivo dosimetry
- Work required for 4DCT performed during simulation or treatment utilizing respiratory gating
- In combination with SRS/SBRT or protons
- More than once per course of therapy
- For QA or development of the treatment plan, including image fusion

Documentation for this CPT must include:

- Physician's request detailing the analysis to be performed,
- A custom and patient specific report from the physicist addressing the items in the physician's request
- Check off sheets and repetitive templates are not acceptable documentation to fulfill the documentation requirements

**CPT 77300 is Basic radiation dosimetry calculation** – mathematical calculation of radiation dose at a particular point, a calculation related to source decay, or another independent calculation.

Calculations are required for both external beam radiation therapy and brachytherapy and must be prescribed by the treating physician.

Calculations are charged at 1 unit of 77300 for each unique verification calculation (one per port, arc, path, or gantry angle).

For breast, using multiple segments within each field (field in field), the provider is allowed to bill up to 4 segments per gantry angle for each unique field.

CPT 77300 the provider must include medically necessary documentation supporting one or more of the techniques:

- Central axis depth dosing
- Time dose fractionation (TDF)
- Nominal standard dose (NSD)
- Gap calculation
- Off axis factor

- Tissue inhomogeneity factors
- Calculation of non-ionizing radiation
- surface or depth dose
- Assay to verify activity of an isotope and to determine the exact quantity to be administered
- Calculation of the changes in source activity prior to each brachytherapy treatment (decay factor)
- Calculation of thermal dose prior to each hyperthermia treatment
- Verification for treatment of unique open or unique blocked fields or segments. Mirror image fields or segments at the same source axis difference (SAD) or source to skin difference (SSD) does not qualify for more than one calculation per unique field or segment
- Certain treatment techniques such as SBRT or SRS have a maximum of 10 units that can be billed

Procedures that exclude CPT 77300 are:

- Gamma function quality assurance services
- Verification of seed placement
- Tracking cord dose
- Tracking max dose
- Multiple points of calculation within an isodose plan
- Recalculation of previously determined dose points
- Diode reading and variance calculations.

**CPT 77301 Intensity modulated radiotherapy plan (IMRT)**, including dose-volume histograms for target and critical structure partial tolerance specifications.

Payment for the services identified by CPT codes 77014, 77280, 77285, 77290, 77295, 77306, 77307, 77321 and 77331, are included in the payment for CPT code 77301 (IMRT planning).

These codes should not be reported in addition to CPT code 77301 when provided prior to or as part of the development of the IMRT plan.

**CPT 77331** is used to document a dose at given point within treatment field using special radiation equipment. Dosimetry is a calculation of amount of radiation to be delivered to the target area of the body. Special dosimetry is performed under special circumstances and requires the physician's orders.

CPT 77331 may be reported once per gantry angle unless there are changes in the treatment affecting the measured point.

Routine dosimetry measurements on all patients or fields are not allowed as they do not meet the medical necessity standard. (See Evicore guidelines)

For CPT 77331 the provider must include medically necessary documentation supporting one or more of the techniques:

- Measuring a dose at abutting or overlapping fields
- Calibrating an electron mold
- Confirmation does in a uniquely small field
- Selected brachytherapy procedures
- Documentation of dose under bolus
- Measurement of critical organ dose such as eye (lens) when medically necessary

CPT 77331 should not be billed and is not reimbursable for:

- For verification of dosing not part of the normal calculation of treatment planning or a treatment device calibration
- For a routing check or quality assurance of IMRT or other treatment plan.

**CPT 77293 Respiratory motion management simulation** (List separately in addition to code for primary procedure: use in conjunction with 77295 or 77301).

In preparation for 3D radiotherapy or intensity–modulated radiation therapy (IMRT), a respiratory sensor is placed on the patient's chest or abdominal area. The patient breathes normally, and the respiration signal is recorded along with the CT planning scan. Reconstruction of the images is performed using CT and respiration data from each portion of the breathing cycle.

For CPT 77293 the provider must include medically necessary documentation supporting one or more of the techniques:

- Teletherapy isodose plan, complex (77307)
- 3D treatment plan 77295

CPT 77293 should not be billed and is not reimbursable for:

- CT registration performed during inspiration, expiration and rest
- If the only breathing motion performed during simulation is DIBH (Or any type of voluntary breath hold), do not report 77293
- Do not bill 77293 as part of the treatment delivery
- Do not bill 77293 when billing the same work processes billed with 77470 or 77370

CPT 77014 Computed tomography guidance for placement of radiation therapy fields.

CPT 77014 should not be billed and is not reimbursable:

- For reporting simulation services represented by CPTs in the code range 77280 – 77290. CT scanning is packaged into the simulation codes for hospitals and freestanding centers when reporting 77295.

CPT 19081 and 19083 Stereotactic guidance is now included in the breast biopsy codes. (Stereotactic localization guidance, 77031 has been deleted)

Do not report 77280 for verification of the treatment field when billing IMRT

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

CPT 77338 coding notations

- This code is not separately reportable with 77385 for compensatory based MRT.
- For immobilization devices utilized during IMRT treatment delivery, see 77332–77334.
- Report CPT 77338 once per IMRT plan and/or course of treatment.

CPT 77338 cannot be billed and is not reimbursable as part of SBRT, FSRT or SRS treatment plans.

CPT 77371 or 77372 Stereotactic Radiosurgery (SRS) – used for reporting when all cranial lesions are treated in a single

session as a complete course of treatment.

CPT's 77371 or 77372 should not be billed:

- For Multiple synchronous metastases
- If all lesions cannot be treated with a Single fraction, report FSRT instead
- All imaging is included in SRS treatment delivery and physician management codes and are not separately reportable.

**CPT 77373 Fractionated Stereotactic Radiosurgery (FSRT)** – use when treatments to the brain are delivered over multiple sessions. This code represents the technical component of a procedure in which the provider performs stereotactic body radiation therapy. The therapy uses a three-dimensional coordinate system to locate small targets or lesions inside the body, other than the brain and spinal cord, and destroys them with precision using externally generated ionized radiation. SBRT – Stereotactic Body Radiation Therapy – delivers treatment to areas of the body outside the brain.

CPT 77373 coding notations for FSRT:

- Bill 77373 up to a maximum of 5 fractions
- Physician management code for FSRT is 77435
- CPT 77373 includes imaging and is not separately reported

CPT 77373 coding notations for SBRT:

- Bill 77373 SBRT up to a maximum of 5 treatments
- Physician management code for SBRT is 77435
- Do not report 77373 as a boost or in conjunction with any other treatment technique
- If, for example, a patient has 2 lung lesions, (right lobe and left lobe), and the intent is to treat one lesion with 3 fractions of SBRT followed by another 3 fractions for a total of 6 CPRT fractions, it is no longer SBRT and must be reported as 3D or IMRT treatment.
- All imaging is included in SBRT treatment delivery

**CPT 77336 Continuing medical physics consultation**, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy.

CPT 77336 coding notations:

- If the course combines EBRT and brachytherapy, each encounter count as a fraction for the 5-fraction period, regardless of the duration between those fractions or the modality
- CPT 77336 may be billed once for a complete course of therapy only consisting of one or two fractions
- Do not report CPT 7336 when there is only one fraction in the brachytherapy course, such as prostate seed implant.

CPT 77401 Radiation Treatment Delivery, Superficial and / or Orthovoltage per day.

All the following codes are part of CPT 77401 and should not be billed with 77401:

- 77261 – 77263
- 77332 – 77334
- 77306 – 77307
- 77316 – 77318
- 77336
- 77427

- 77431
- 77432
- 77435
- 77469
- 77470
- 77499

Imaging guidance and tracking should not be billed with superficial or orthovoltage treatments as IGRT requirements for precise target localization are not met with this technique

For a course of superficial treatment, a single simulation code (77280 – 77290) may be reported for the initial set up of the field(s) and a single basic dosimetry calculation (77300) may be reported for the calculation of monitor units for each treatment field.

There are no codes available for reporting OART (online adaptive radiotherapy). There has been guidance released in relation to codes that could apply, but CCI edits prevent them from being reported.

<b>Coding</b>	
<b>CPT</b>	<b>Code Description</b>
77470	Special treatment procedure (e.g., total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
77370	Special medical radiation physics consultation
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
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
77331	Special dosimetry (e.g., TLD, microdosimetry) (specify), only when prescribed by the treating physician
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)
77014	Computed tomography guidance for placement of radiation therapy fields
19081	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance
19083	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design, and construction per IMRT plan
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based

77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day

**References and Resources**

Centers for Medicare and Medicaid Services National Correct Coding Initiative
American Medical Association
Evicore Healthcare Guidelines for Radiation therapy

**Related Documents**

POL-PP-118 Moh’s Micrographic Surgery
POL-PP-215 Cryotherapy for Benign Lesions

**Revision History**

Version	Date	Summary of Revisions
001	11/1/2021	Initial version
002	11/1/2022	Removed deleted code 77031 and replaced with 19081, 19082
003	11/1/2023	Annual review, no updates, or changes were made to the policy
004	11/1/2024	Annual review additional language was added to code description
005	5/5/2025	Codes inclusive to 77301 Intensity modulated radiotherapy plan (IMRT) were added
06	11/1/2025	Annual review, no updates, or changes were made to the policy