



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



**MassHealth**  
**Radiation Oncology Center Bulletin 1**  
**June 2009**

**TO:** Radiation Oncology Centers Eligible to Participate in MassHealth  
**FROM:** Tom Dehner, Medicaid Director   
**RE:** New MassHealth Provider Type

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**Background**

MassHealth has established a new radiation oncology center (ROC) provider type to recognize facilities that provide radiation oncology services effective with dates of service on or after August 1, 2009. Providers who wish to enroll as a ROC must meet the following eligibility criteria and must contact MassHealth Customer Service to request an enrollment package for clinic providers.

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**Eligibility Criteria**

To be eligible to participate as a MassHealth ROC provider, the facility must meet the following requirements:

1. be located and doing business in the Commonwealth of Massachusetts or meet the requirements of 130 CMR 450.109;
  2. operate under a clinic license issued by the Massachusetts Department of Public Health (DPH), in accordance with DPH regulations at 105 CMR 140.000. (Providers that are operating as a satellite location under a Massachusetts DPH hospital license, or otherwise have medicare provider-based status under 42 CFR 413.65 do not meet this requirement.);
  3. obtain a current determination of need or acceptable substitute, such as a physician's exemption letter issued by DPH, to provide radiation therapy services;
  4. employ to perform, oversee and/or direct all care at the center, one or more supervising physicians currently licensed by the Commonwealth of Massachusetts as a radiation oncologist, nuclear medicine provider, or radiologist;
  5. ensure non-physician technicians providing services are licensed by the Commonwealth of Massachusetts to perform such services in accordance with DPH regulations at 105 CMR 120.000; and
  6. participate in the Medicare program as a radiation therapy provider.
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**Physician Supervision**

Radiation oncology centers must provide the appropriate level of physician supervision for each procedure in accordance with Medicare requirements of 42 CFR 410.323(b)(3).

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**Provider Enrollment**

Providers who wish to participate as a MassHealth ROC must complete a clinic provider application. Applicants should contact MassHealth Customer Service at 1-800-841-2900 or [providersupport@mahealth.net](mailto:providersupport@mahealth.net) to request an enrollment application package or additional information about the MassHealth enrollment process.

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**Accreditation**

Radiation oncology centers are strongly encouraged to obtain accreditation from a nationally recognized review board to perform radiation oncology services such as the American College of Radiation Oncology or the American College of Radiology. Although accreditation is not currently a prerequisite of enrollment, MassHealth may require accreditation in the future.

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**Radiation Oncology  
Center Service Codes**

The following services are payable for ROC providers for dates of service on or after August 1, 2009. MassHealth pays for the services listed below, in effect at the time of service subject to all conditions and limitations in MassHealth regulations at 130 CMR 450.000. A provider may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in the list below.

<u>Service Code</u>	<u>Service Description</u>
77261	Therapeutic radiology treatment planning; simple
77262	intermediate
77263	complex
77280	Therapeutic radiology simulation-aided field setting; simple
77285	intermediate
77290	complex
77295	3-dimensional
77299	Unlisted procedure, therapeutic radiology clinical treatment planning
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
77305	Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)
77310	intermediate (3 or more treatment ports directed to a single area of interest)

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**Radiation Oncology  
Center Service Codes**

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<u>Service Code</u>	<u>Service Description</u>
77315	complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)
77321	Special teletherapy port plan, particles, hemibody, total body
77326	Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote after loading brachytherapy, 1 to 8 sources)
77327	intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons used, remote afterloading brachytherapy, 9 to 12 sources)
77328	complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)
77331	Special dosimetry (e.g., TLD, microdosimetry) (specify), only when prescribed by the treating physician
77332	Treatment devices, design and construction; simple (simple block, simple bolus)
77333	intermediate (multiple blocks, stents, bite blocks, special bolus)
77334	complex (irregular blocks, special shields, compensators, wedges, molds or casts)
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
77370	Special medical radiation physics consultation
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	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
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services (I.C.)
77401	Radiation treatment delivery, superficial and/or ortho voltage
77402	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV
77403	6-10 MeV
77404	11-19 MeV
77406	20 MeV or greater
77407	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; up to 5 MeV
77408	6-10 MeV
77409	11-19 MeV
77411	20 MeV or greater

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**Radiation Oncology  
Center Service Codes**  
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<u>Service Code</u>	<u>Service Description</u>
77412	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 MeV
77413	6-10 MeV
77414	11-19 MeV
77416	20 MeV or greater
77417	Therapeutic radiology port film(s)
77418	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
77421	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy
77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking
77423	1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)
77427	Radiation treatment management, 5 treatments
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
77470	Special treatment procedure (e.g., total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)
77499	Unlisted procedure, therapeutic radiology treatment management (I.C.)
77600	Hyperthermia, externally generated; superficial (i.e., heating to a depth of 4 cm or less)
77605	deep (i.e., heating to depths greater than 4 cm)
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
77615	more than 5 interstitial applicators
77620	Hyperthermia generated by intracavitary probe(s)
77750	Infusion or instillation of radioelement solution (includes 3 month follow-up care)
77761	Intracavitary radiation source application; simple
77762	intermediate
77763	complex
77776	Interstitial radiation source application; simple
77777	intermediate
77778	complex
77785	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel
77786	2-12 channels
77787	over 12 channels

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**Radiation Oncology  
Center Service Codes**  
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<u>Service Code</u>	<u>Service Description</u>
77789	Surface application of radiation source
77799	Unlisted procedure, clinical brachytherapy
99241	<p>Office consultation for a new or established patient, which requires these 3 key components:</p> <ul style="list-style-type: none"><li>• A problem focused history;</li><li>• A problem focused examination; and</li><li>• Straightforward medical decision making.</li></ul> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family</p>
99242	<p>Office consultation for a new or established patient, which requires these 3 key components:</p> <ul style="list-style-type: none"><li>• An expanded problem-focused history;</li><li>• An expanded problem-focused examination; and</li><li>• Straightforward medical decision making.</li></ul> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family</p>
99243	<p>Office consultation for a new or established patient, which requires these 3 key components:</p> <ul style="list-style-type: none"><li>• A detailed history;</li><li>• A detailed examination; and</li><li>• Medical decision making of low complexity.</li></ul> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.</p>
99244	<p>Office consultation for a new or established patient, which requires these 3 key components:</p> <ul style="list-style-type: none"><li>• A comprehensive history;</li><li>• A comprehensive examination; and</li><li>• Medical decision making of moderate complexity.</li></ul> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.</p>

**Radiation Oncology  
Center Service Codes**

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<u>Service Code</u>	<u>Service Description</u>
99245	<p>Office consultation for a new or established patient, which requires these 3 key components:</p> <ul style="list-style-type: none"><li>• A comprehensive history;</li><li>• A comprehensive examination; and</li><li>• Medical decision making of high complexity.</li></ul> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.</p>

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**Member Eligibility**

Providers are responsible for verifying their patients' MassHealth eligibility before delivering services. Providers must also ensure that the services provided are covered under their patients' MassHealth coverage type before service delivery. Information relating to member eligibility checks and coverage types is available on the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on Information for MassHealth Providers.

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**Billing Instructions**

A copy of this bulletin, MassHealth companion guides for electronic transactions, and paper claim billing guides are all available on the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on the link to MassHealth Regulations and Other Publications, and then on Provider Library.

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**Recordkeeping**

The ROC is responsible for ensuring the medical necessity of the services it provides and maintaining the respective results in the member's medical record. A medical-record system promoting quality and confidential member care must be maintained in accordance with Massachusetts DPH regulations at 105 CMR 140.000 in addition to MassHealth regulations at 130 CMR 450.205. The system must collect and retain data in a comprehensive and efficient manner permitting the prompt retrieval of information. Accurate and complete medical records must be maintained for each member receiving services from the center. The data maintained in the member's medical record must also be sufficient to justify any further diagnostic or treatment procedures. The medical record must be clear and legible, and readily accessible to health-care practitioners, MassHealth, and the Massachusetts Medicaid Fraud Control Unit. The center must maintain a medical record for each member for a period of at least as long as the minimum period required by 130 CMR 450.205(F), or any successor regulation.

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**Recordkeeping**  
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The medical record must, at a minimum, include the following information:

1. the member's name, address, telephone number, date of birth, and MassHealth identification number;
  2. the date of service;
  3. the name, title, and signature of the referring clinician;
  4. a written order for the tests and/or treatment to be performed;
  5. the name, title, and signature of the person performing the service;
  6. the name of the supervising physician;
  7. pertinent findings on examination; and
  8. the tests and treatment performed and the respective results.
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**Fee Schedule**

The fees for the services listed above are available in the Division of Health Care Finance and Policy regulations for medicine (114.3 CMR 17.00) and radiology services (144.3 CMR 18.00). If you wish to obtain a fee schedule, you may download the Division of Health Care Finance and Policy (DHCFP) regulations for free at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp). You may also purchase a paper copy of the regulations from either the Massachusetts State Bookstore or from DHCFP (see addresses and telephone numbers below). You must contact them first to find out the price of the publication.

Massachusetts State Bookstore  
State House, Room 116  
Boston, MA 02133  
Telephone: 617-727-2834  
[www.mass.gov/cer/spr](http://www.mass.gov/cer/spr)

Division of Health Care Finance  
and Policy  
Two Boylston Street  
Boston, MA 02116  
Telephone: 617-988-3100  
[www.mass.gov/dhcfp](http://www.mass.gov/dhcfp)

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**Questions**

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

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