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Subchapter 6: Radiation Oncology Center Manual

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601 Introduction

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 436.000 and 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 Subchapter 6 of the *Radiation Oncology Center Manual*.

602 Service Codes and Descriptions

Radiation Oncology: Clinical Treatment Planning

<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
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)
77295	3-dimensional radiotherapy plan, including dose-volume histograms
77299	Unlisted procedure, therapeutic radiology clinical treatment planning (I.C.)

Radiation Oncology: Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services

<u>Service Code</u>	<u>Service Description</u>
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
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)
77307	complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), include basic dosimetry calculation(s)
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation[s]

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602 Service Codes and Descriptions (cont.)

<u>Service Code</u>	<u>Service Description</u>
77317	intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channel), include basic dosimetry calculation(s)
77318	complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
77321	Special teletherapy port plan, particles, hemibody, total body
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
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan
77370	Special medical radiation physics consultation

Radiation Oncology: Stereotactic Radiation Treatment Delivery

<u>Service Code</u>	<u>Service Description</u>
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt-60-based (I.C.)
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

Radiation Oncology: Other Procedures

<u>Service Code</u>	<u>Service Description</u>
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services (I.C.)

Radiation Oncology: Radiation Treatment Delivery

<u>Service Code</u>	<u>Service Description</u>
77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed (I.C.)

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77402	Radiation treatment delivery; Level 1 (e.g., single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed (I.C.)
77407	Level 2, single-isocenter (e.g., 3D or IMRT), photons, including imaging guidance, when performed (I.C.)
77412	Level 3, multiple isocenters with photon therapy (e.g., 2D, 3D, or IMRT) or a single-isocenter photon therapy (e.g., 3D or IMRT) with active motion management, or total skin electrons, or mixed-electron/photon field(s), including imaging guidance, when performed (I.C.)
77417	Therapeutic radiology port image(s)

Radiation Oncology: Neutron Beam Treatment Delivery

Service
Code

Service Description

77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s) (I.C.)
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Radiation Oncology: Radiation Treatment Management

Service
Code

Service Description

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.)

Radiation Oncology: Hyperthermia

Service
Code

Service Description

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

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602 Service Codes and Descriptions (cont.)

Radiation Oncology: Clinical Intracavity Hyperthermia

<u>Service Code</u>	<u>Service Description</u>
77620	Hyperthermia generated by intracavitary probe(s)

Radiation Oncology: Clinical Brachytherapy

<u>Service Code</u>	<u>Service Description</u>
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)
77761	Intracavitary radiation source application; simple
77762	intermediate
77763	complex
77767	Remote afterloading high dose radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel
77768	lesion diameter over 2.0 cm and 2 or more channels
77770	Remote afterloading high dose radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
77771	2-12 channels
77772	over 12 channels
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed
77789	Surface application of radiation source
77799	Unlisted procedure, clinical brachytherapy (I.C.)

Evaluation and Management: Office or Other Outpatient Services

<u>Service Code</u>	<u>Service Description</u>
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

<u>Service Code</u>	<u>Service Description</u>
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

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602 Service Codes and Descriptions (cont.)

99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

Evaluation and Management: Established Patient

Service Code

Service Description

99211 Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional

99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.

Service Code

Service Description

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.

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603 Modifiers

The following service code modifiers are allowed for billing under MassHealth.

<u>Modifier</u>	<u>Description</u>
26	Professional Component
TC	Technical Component

The following modifiers are for Provider Preventable Conditions (PPCs) that are National Coverage Determinations.

<u>Modifier</u>	<u>Description</u>
PA	Surgical or other invasive procedure on wrong body part
PB	Surgical or other invasive procedure on wrong patient
PC	Wrong surgery or other invasive procedure on patient

For more information on the use of these modifiers, see [Appendix V](#) of your provider manual.