




Transmittal Letter ROC-5

DATE: April 2024

TO: Radiation Oncology Centers Participating in MassHealth

FROM: Monica Sawhney, Chief of Provider, Family, and Safety Net programs 

RE: *Radiation Oncology Center Manual: 2024 HCPCS Updates to Subchapter 6*

Overview

This letter transmits revisions to the service codes in the *Radiation Oncology Center Manual*.

The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedures Coding System (HCPCS). MassHealth has updated Subchapter 6 to delete service codes effective for dates of service on or after effective January 1, 2024.

Delete
77422
99201

MassHealth providers must refer to the American Medical Association's *2024 Current Procedural Terminology (CPT) Professional* or the *HCPCS Level II* codebook for service descriptions of the codes listed in Subchapter 6 of the *Radiation Oncology Center Manual*

To obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at <https://www.mass.gov/orgs/executive-office-of-health-and-human-services>. The regulation title for *Rates for Radiology Services* is 101 CMR 318.00.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth-transmittal-letters.

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Questions

If you have questions about the information in this transmittal letter, please

- Contact the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711, or
- Email your inquiry to provider@masshealthquestions.com.

New Material

The pages listed here contain new or revised language.

Radiation Oncology Center Manual

Pages vi, and 6-1 through 6-8


Obsolete Material

The pages listed here are no longer in effect.

Radiation Oncology Center Manual

Page vi — transmitted by Transmittal Letter ROC-2

Pages 6-1 through 6-8 — transmitted by Transmittal Letter ROC-4

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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

Service

Code Service Description

Computed Tomography Guidance

77014 Computed tomography guidance for placement of radiation therapy fields

Radiation Oncology

Clinical Treatment Planning

- 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

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

- 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.)

Service

Code Service Description

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

Sterotactic Radiation Treatment Delivery

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

Other Procedures

77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services (I.C.)
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Radiation Treatment Delivery

77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
77386	complex
77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed
77401	Radiation treatment delivery, superficial and/or ortho voltage
77417	Therapeutic radiology port film(s)

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Service

Code Service Description

Neutron Beam Treatment Delivery

77423 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)

Radiation Treatment Management

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.)

Hyperthermia

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

Clinical Intracavity Hyperthermia

77620 Hyperthermia generated by intracavitary probe(s)

Clinical Brachytherapy

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 Application of radiation source, complex
77789 Surface application of radiation source
77799 Unlisted procedure, clinical brachytherapy

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Service

Code Service Description

Radiation Therapy

G6001	Ultrasonic guidance for placement of radiation therapy fields
G6002	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 mev
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 mev
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 mev
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 mev or greater
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; up to 5 mev
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 mev
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 mev
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 mev or greater
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session

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Service

Code Service Description

Evaluation and Management

Office or Other Outpatient Services

99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:

- An expanded problem focused history;
- An expanded problem focused examination;
- Straightforward medical decision making.

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.

Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:

- A detailed focused history;
- A detailed examination;
- Medical decision making of low complexity.

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.

Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

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Service

Code Service Description

99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:

- A comprehensive history;
- A comprehensive examination;
- Medical decision making of moderate complexity.

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.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.

99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:

- A comprehensive history;
- A comprehensive examination;
- Medical decision making of high complexity.

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.

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.

Established Patient

99211 Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:

- A problem focused history;
- A problem focused examination;
- Straightforward medical decision making.

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.

Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

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Service

Code

Service Description

- 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:
- An expanded problem focused history;
 - An expanded problem focused examination;
 - Medical decision making of low complexity.
- Counseling and 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.
- Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
- 99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:
- A detailed focused history;
 - A detailed examination;
 - Medical decision making of moderate complexity.
- 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.
- Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
- 99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:
- A comprehensive focused history;
 - A comprehensive examination;
 - Medical decision making of high complexity.
- 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.
- Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

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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.