

AAPM MIDWEST CHAPTER SPRING MEETING

ISSUES & REIMBURSEMENT IN PHYSICS



Presentation by James E. Hugh III, MHA, CHBME, ROCC®

Contributions by Linda L. Lively, MHA, CCS-P, RCC, CHBME, ROCC®

*April 21, 2007
Chicago, IL*

Copyright AMAC® 2007

DISCLAIMER

- **WARNING:** Reimbursement policies vary widely from insurer to insurer and reimbursement policies of the same insurer may vary in different sections of the United States. As reimbursement policies are subject to change, AMAC® will endeavor, on a periodic basis, to review and revise, as necessary, all pertinent reimbursement information. Therefore, the information contained herein (while accurate at the time of print) may not be accurate at the time of use. Prior to submission of a claim for reimbursement, the user should contact the insurer (i.e., Medicare, Medicaid or private payor) to verify applicable codes and reimbursement levels.
- **PLEASE NOTE:** All five-digit numeric CPT codes, descriptions, instructions and guidelines are Copyright 2006 of the American Medical Association. To purchase AMA's products please contact the American Medical Association at 800-634-6922. AMAC® assumes no responsibility for the consequences related to the use of information contained in this publication. All codes presented in this presentation are for informational purposes only. Presented is a menu of codes not intended for treatment prescription guidelines. AMAC® realizes there are variations between physicians, clinical staff and hospitals concerning the performance of procedures, depending upon physician technique and/or education/training. All codes and descriptions are excerpted from the AMA CPT-4 Codebook, AMA case studies and the ACR/ASTRO users guide 2005 & 2007. DRG guidelines will determine inpatient reimbursement for Medicare recipients. Only the specific services ordered, performed and documented by the healthcare provider should be billed. Procedures and/or other operative reports should be detailed, dictated, signed and placed in the medical chart.

Agenda



- Physics Billing; Who is responsible?
- Regulations
- Physics plans
- Ancillary physics
- Brachytherapy
- IGRT
- Radiosurgery



PHYSICS RESPONSIBILITY IN BILLING

- Department leaders
 - Decision makers and caring
- Recording and documentation of procedures
 - Systems - charge capture and EMR
- Education
 - Physics generally has the highest level of education
- Focus and attention to detail
 - Equipment
 - Staff
 - Planning
 - Outcomes
 - Revenue
 - Oversight



PHYSICS RESPONSIBILITY IN BILLING

- Major income producers
 - Average 1/3 of revenue generated
 - High costs as well
- Learning the business model
 - Business education a must
- Technology
 - Physics services are more important today
 - More expertise
- Updates
 - Where do I find them?



REGULATIONS

CASE STUDY

- Transmittals:

- **32 December 19, 2003**

When billing for the planning of IMRT treatment services CPT codes 77280, 77295, 77300, 77305 -77321, 77336, and 77370 **are not to be billed in addition to 77301**; however charges for those services should be included in the charge associated with CPT code 77301.

REGULATIONS

CASE STUDY

- Transmittals:

- 132 March 30, 2004

If using CPT code 77301 to report IMRT planning services, do not report CPT 77301 *with the same line item date of service* reported for CPT codes 77280 - 77295, 77305 - 77321, or 77336 if these codes are also billed during a patient course of therapy.

REGULATIONS

CASE STUDY

- Transmittals:

- 786 December 16, 2005

When billing for the planning of IMRT treatment services CPT codes 77280-77295, 77305 -77321, 77336, and 77370 *are not to be billed in addition to* 77301; however charges for those services should be included in the charge associated with CPT code 77301.

REGULATIONS

CASE STUDY

- Transmittals:

- **804 January 6, 2006**

When billing for the planning of IMRT treatment services CPT codes 77280-77295, 77305 -77321, 77336, and 77370 **are not to be billed in addition to** 77301; however charges for those services should be included in the charge associated with CPT code 77301.

REGULATIONS

CASE STUDY

- Transmittals:
 - 896 March 24, 2006

Do not report CPT codes 77280-77295, 77305-77321, 77331, 77336, and 77370 when these services are directly linked to and performed as part of developing an IMRT plan that is reported using CPT code 77301. When the above-mentioned services are performed as part of developing an IMRT plan, the charges for these services should be included in the charge associated with CPT code 77301, even if the individual services associated with IMRT planning are performed on dates of service other than the date on which CPT code 77301 is reported.

IMRT 77301 Bundling Issue Hospitals

CASE STUDY

■ Transmittals:

- - **Billing for IMRT Planning and Delivery**
- ***(Rev. 1139, Issued: 12-22-06; Effective: 01-01-07; Implementation: 01-02-07)***
- ***Effective for services furnished on or after April 1, 2002, HCPCS codes G0174 (IMRT delivery) and G0178 (IMRT planning) are no longer valid codes. HCPCS code G0174 has been replaced with CPT codes 77418 and 0073T for IMRT delivery and HCPCS code G0178 with CPT code 77301. Therefore, hospitals must use CPT codes 77418 or 0073T for IMRT delivery and CPT code 77301 for IMRT planning. Any of the CPT codes 77401 through 77416 or 77418 may be reported on the same day as long as the services are furnished at a separate treatment sessions. In these cases, modifier -59 must be appended to the appropriate codes. Additionally, in the context of billing 77301, regardless of the same or different dates of service, CPT codes 77280-77295, 77305-77321, 77331, 77336, and 77370 may only be billed in addition to 77301 if they are not provided as part of developing the IMRT treatment plan***

IMRT 77301 Bundling Issue Hospitals

■ Transmittals:

- *77301 Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications*
- *77418 Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session*
- *0073T Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session*
- **220.2 - Additional Billing Instructions for IMRT Planning**
- **(Rev. 1139, Issued: 12-22-06; Effective: 01-01-07; Implementation: 01-02-07)**
- *Payment for the services identified by CPT codes 77280 through 77295, 77300, and 77305 through 77321, 77336, and 77370 are included in the APC payment for IMRT planning. Therefore, these codes should not be billed in addition to the IMRT planning code.*

IMRT 77301 Bundling Issue Hospitals

- **Transmittals: 1209 March 21, 2007**
 - **3. Clarification to Billing and Payment for Intensity Modulated Radiation Therapy (IMRT)**
- **Planning**
- In Transmittal 1139, CR 5438, issued December 22, 2006, we indicated that payment for the services identified by CPT codes 77280 through 77295, 77300, and 77305 through 77321, 77336, and 77370 was included in the APC payment for IMRT planning and therefore, these codes should not be billed in addition to the IMRT planning code.
- We are clarifying our policy in this transmittal. Specifically, payment for the services identified by CPT codes 77280-77295, 77305-77321, 77331, 77336, and 77370 is included in the APC payment for IMRT planning when these services are performed as part of developing an IMRT plan that is reported using CPT code 77301. Under those circumstances, these codes should not be billed in addition to CPT code 77301 for IMRT planning.

Typical Appropriate Clinical Staging

| <u>Monday</u> | <u>Tuesday</u> | <u>Wednesda</u> <u>y</u> | <u>Thursday</u> | <u>Friday</u> |
|---|---|---|-------------------------------|---|
| Staging | Physics planning | Verification | Physics | Treatment |
| CT – 77014 | <u>77301</u> or 77295 or 77305 - 77315 or 77326- 77328 | 77300 – dose Verification MU or... | 77370 – Physics Consult | Treatment 77402-77418 |
| Immobilize 77334 | Devices – 77334 MLC, Wedges Compensator ... | Verification | Final Verification | 77280 - isocenter |
| Simulation – 77290 | 77300 – dose Verification MU or... | Film Dosimetry 77331 N/C | | IGRT Daily CT, Fluoro, MV/KV |
| 77470 – Special Procedure | | | | Devices – 77334 MLC Wedges Compensator... |
| 77263 – Professional prescription | | | | |

Think, then Engage!

- Administration
 - Freestanding and Hospital
- Payors
 - Insurance companies
- Government
 - Medicaid, Medicare and Tricare (champus)
- Bureaucrats – What do they understand
 - How do these regulations start?



AAPM REGULATIONS

- Make your own rules work in the real world

- University

- Well staffed

- Real world

- Understaffed



Physician Orders

- **Procedures need written directives or orders:**
 - **Non Physician Performed Services:**
 - **Simulations, Treatments, Physics, Preparation...**
 - **Therapists, Nurses, Dosimetrists, Physicists**
 - **If the physician is an integral part of the service they do not need to order the service**

| Original Orders | New Order Dates & Doctor Initials | Original Orders | New Order Dates & Doctor Initials |
|--|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> CT for placement of fields | | <input type="checkbox"/> CT for placement of fields | |
| <input type="checkbox"/> Simulation | | <input type="checkbox"/> Simulation | |
| <input type="checkbox"/> Pre – RT Simulation check | | <input type="checkbox"/> Pre – RT Simulation check | |
| <input type="checkbox"/> 3-D Treatment Plan | | <input type="checkbox"/> 3-D Treatment Plan | |
| <input type="checkbox"/> 2-D Treatment Plan | | <input type="checkbox"/> 2-D Treatment Plan | |
| <input type="checkbox"/> IMRT Treatment Plan | | <input type="checkbox"/> IMRT Treatment Plan | |
| <input type="checkbox"/> Brachytherapy plan | | <input type="checkbox"/> Brachytherapy plan | |
| <input type="checkbox"/> Dose calculations | | <input type="checkbox"/> Dose calculations | |
| <input type="checkbox"/> IGRT: Fluoro, CT, U/S, IGRT, KV/MV | | <input type="checkbox"/> IGRT: Fluoro, CT, U/S, IGRT, KV/MV | |
| <input type="checkbox"/> Microdosimetry Medical Necessity- Date of measurement - | | <input type="checkbox"/> Microdosimetry Medical Necessity- Date of measurement - | |
| <input type="checkbox"/> Continuing Physics Support | | <input type="checkbox"/> Continuing Physics Support | |
| <input type="checkbox"/> Special Physics Consult Reason - | | <input type="checkbox"/> Special Physics Consult Reason - | |

77295 - 3D Treatment Planning



“Code utilization: Code 77295 may be billed once per treatment course per treatment area; Precludes the use of 77315 for the same volume; Not appropriate for two dimensional or multiple two dimensional beams eye view plans without 3-D computer generated reconstruction; Dose volume histogram is part of 77295 and is not to be billed separately; Simulation procedures (77280-77290) may be performed if medically necessary to prepare the patient for treatment planning and to insure accurate treatment delivery; The professional component of 76375(now deleted) and 76370 (changed to 77014) should not be reported by the radiation oncologist. The professional component is included in CPT code 77295.”

“Documentation: A permanent record of computer generated 3-D tumor volume and critical structure or critical area reconstruction and 3-D representation of dose distribution in the form of dose clouds and/or dose volume histograms of volume of interest and dose to critical structures with evidence of review by physician.”

Your

Prescription

for Data

Management

and Financial

Success

77295 - 3D Treatment Planning

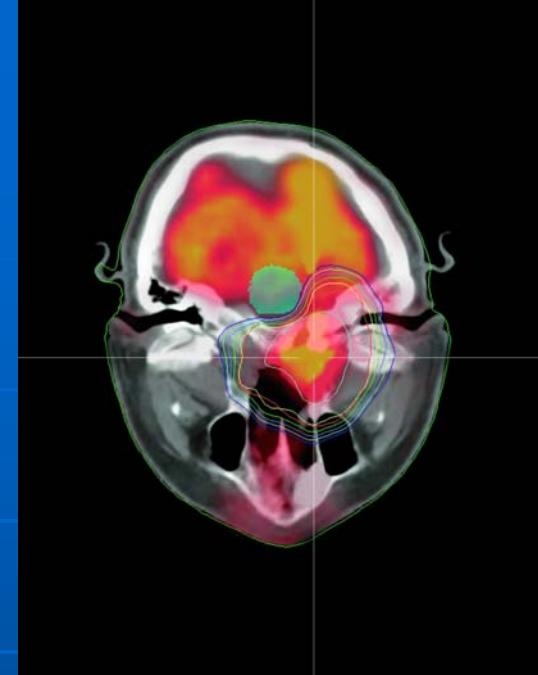


“Medical Necessity: 3-D simulation is clinically warranted when one or more of the following exists: The volume of interest is irregular and in close proximity to normal structures that must be protected; The volume of interest is such that it can only be defined by MRI, CT, PET or Ultrasound; Multiple conformal portals are necessary to cover the volume of interest with close margins and protect immediate adjacent structures; Beam’s eye view of multiple portals must be established for conformal treatment delivery; An immediately adjacent area has been irradiated and abutting irradiating area portals must be established with high precision; 3-D reconstruction of the tumor volume and the critical structure volume in brachytherapy cases is used to develop DVH for the tumor and critical structures.” ACR/ASTRO

Your
Prescription
for Data
Management
and Financial
Success

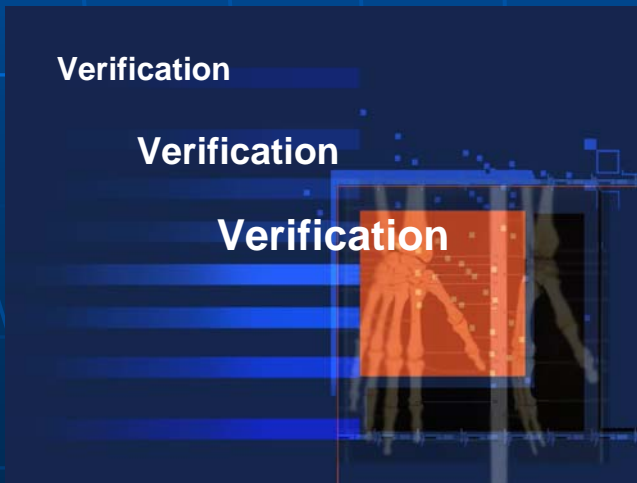
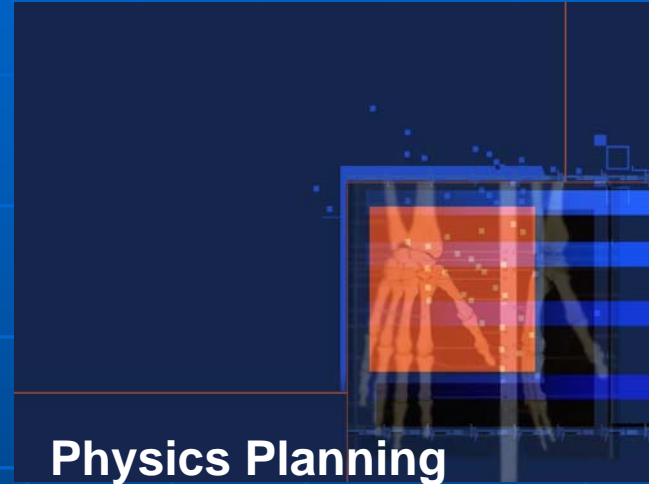
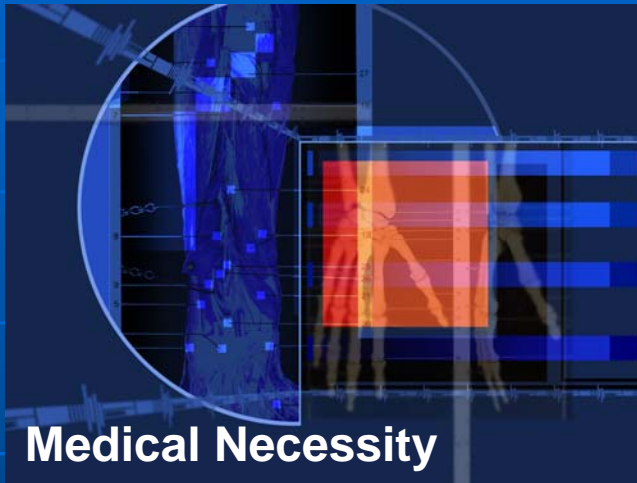
IMRT Planning 77301:

“Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications. (Dose plan is optimized using inverse or forward planning technique for modulated beam delivery—e.g., binary, dynamic MLC—to create highly conformal dose distribution. Computer plan distribution must be verified for positional accuracy based on dosimetric verification of the intensity map with verification of treatment set up and interpretation of verification methodology)”.



Elements

IMRT DOCUMENTATION





2 –D Teletherapy Isodose Plan

- **77305** Hand or computer calculated; simple one or two parallel opposed unmodified ports directed to a single area of interest
- **77310** Intermediate three or more treatment ports directed to a single area of interest
- **77315** Complex Mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam or special consideration; included in 77295 and not separately reportable

Your

Prescription

for Data

Management

and Financial

Success

Brachytherapy Isodose Plan

- **77326 - Simple, single plane, or to 4 sources for conventional; 1 to 8 sources remote afterloading**
- **77327 - Intermediate multiplane dosage calcs, 5 to 10 sources conventional; 9 to 12 sources remote afterloader**
- **77328 - Complex Multiplane isodose plan, volume implant, >10 sources, special spatial reconstruction, conventional; > 12 sources remote afterloader**
- **Brachytherapy procedures – Take the lead!**



Your

Prescription

for Data

Management

and Financial

Success

PHYSICS CONSULTS

(77336 & 77370)

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”

“The special medical radiation physics consultation code is used when the radiation oncologist makes a direct request to the qualified medical physicist for a special consultative report or for specific physics services on an individual patient. Such a request may be made when the complexity of the treatment plan is of such magnitude that a thorough written analysis is necessary to address a specific problem or when the service to be performed requires the expertise of a qualified medical physicist. The clinical indication that justified the request for the special physics consultation should also be documented.”

Special Medical Physics Consult

Due to the complex nature involving the implantation of radioactive materials into intracavitary areas of the body during high dose rate brachytherapy, Dr. Ray D. Ashon has requested a consultation to evaluate the proper and optimal technique to be used in the selection of radioactive quantities, dose rates, and/or positioning, optimization and design of implantation guidance devices as related to the treatment of cancer of the endometrium. The proper combinations of the above-mentioned have been assessed prior to actual implantation, with the resultant isodose plan and doses to be received representing the optimal methodology for the patient's particular disease, providing an efficacious fulfillment of the prescribed doses.

Created: 10/13/2006 JW

Edited: 10/13/2006 JW

Locked: 10/13/2006 JW

OK

Type: eChart Check

Cancel

Subject:

Last Chart Check: 10/5/06 17:13 By: MR

This Check Since: / /

Diagnoses Checked:-

Diagnosis Category

| | | | | | |
|------------|----|----|--------------|---------|-------|
| BREAST FEM | 17 | 74 | Added/Edited | 8/18/06 | 17:16 |
| JFS | | | | | |

Courses Checked:-

Course

| | | | | | |
|-----|--|--|--------------|---------|-------|
| 1 | | | Added/Edited | 8/18/06 | 17:17 |
| JFS | | | | | |

Prescriptions Checked:-

Prescription

| | | | | | |
|-----------|--|--|----------|---------|-------|
| Rt Breast | | | Approved | 8/18/06 | 17:24 |
| JFS | | | | | |

| | | | | | |
|-----------------|-----|--|--------------------|---------|-------|
| Tangents | x06 | | 5040 cGy @ 180 cGy | x 28 | |
| Rt breast Boost | | | Approved | 9/15/06 | 13:25 |
| JFS | | | | | |

| | | | | | |
|----------------|-----|--|--------------------|-----|--|
| Electron boost | e15 | | 1400 cGy @ 200 cGy | x 7 | |
|----------------|-----|--|--------------------|-----|--|

TREATMENT DEVICES (77332-77334)

77332 “Treatment devices, design and construction; simple (simple block, simple bolus, breast board)”

77333 “Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)”

77334 “Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges (EDW and standard), molds or casts)”

77331 “Special dosimetry (e.g., TLD, microdosimetry) (specify), only when prescribed by the treating physician”

“CPT code 77331 was intended to check the dosimetry at a point in a treatment port that is “outside of” the normal calculational parameters of the treatment planning system and calibration of the treatment device. CPT code 77331 is not intended for routine quality assurance monitoring. In most cases, the treatment units used to deliver the dose in radiotherapy procedures are characterized by the qualified medical physicist during acceptance testing and commissioning activities. Based on the commissioning data, the treatment planning system used to develop dose distributions or dose to a point reflects the particular treatment unit commissioned with these data, and separate dose measurements are not normally considered necessary. When the correct treatment unit parameters are set on the linear accelerator, the dose in the treated volume should be accurately portrayed by the treatment plan generated using these parameters.”

Ordered case by case

Tailored to the individual

Why?, Where? And When?

77321 “Special teletherapy port plan, particles, hemi-body, total body”

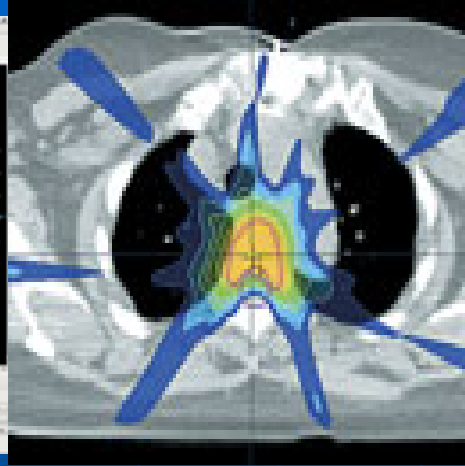
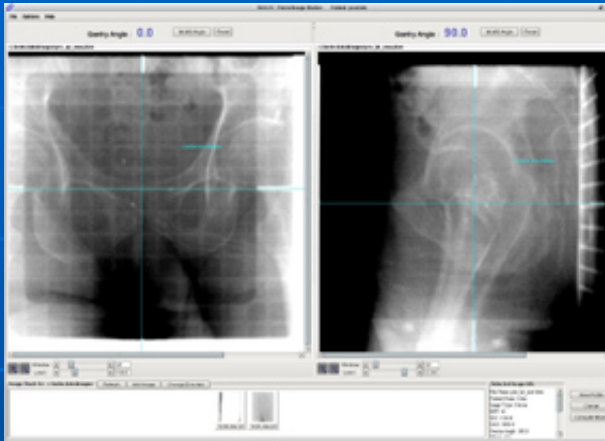
“This code is utilized when planning for any special beam consideration is required (e.g., electrons, heavy particles). Some examples include the use of electrons in total skin irradiation, photons for hemibody irradiation, and proton or neutron beam therapy planning. Note that an isodose plan is an integral piece of documentation for work effort on this planning code. If a particle beam is planned for delivery without an isodose plan, then CPT 77300 should be assessed. An isodose plan need not be developed for hemi-body, total body photon or total skin electron plans. The radiation oncologist must document his/her involvement in the planning and selection of the special beam parameters and must make the final selection and initiation of the treatment process. Documentation requires that the special teletherapy port plan be reviewed, signed and dated by the radiation oncologist.”

77300 “Basic radiation dosimetry calculation, central axis depth dose, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of nonionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician”.

“The typical course of radiation therapy will consist of one to six dosimetry calculations, depending on the complexity of the case. (However, radiation treatments to the head/neck, prostate, and Hodgkin’s disease may require eight or more calculations). Frequency in excess of the upper end of this range will require supporting documentation.”

The verification of the plan calculations needs to be performed

IGRT



PORT VERIFICATION FILMS (77417)

77417 - Therapeutic Radiology Port Films

Q. What is the appropriate way to report the professional component of therapeutic radiology port film(s) as described in CPT code 77417?

R. “From a CPT coding perspective, it would be appropriate to report the professional component by appending modifier -26 to code 77417. However, some third-party payors (e.g., Medicare) consider reimbursement for port verification films as a technical component only and do not recognize a physician component. The review and interpretation of port films is considered part of the weekly clinical treatment management by the physician. Therefore, it is important to be aware of local third-party payor reporting and reimbursement guidelines when reporting for the review and interpretation (e.g., professional component) of therapeutic radiology port film(s).” AMA 12-1997

ULTRASOUND

76950 - Ultrasonic guidance for placement of radiation therapy fields

**Transmittal 105: 2/20/04 76950 - TC Diagnostic
Supervision Indicator = 1**

To bill globally or for hospital based physicians, the physician needs to be present and submit a report.

IGRT Codes - 77421

“Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation Therapy”, AMA 2006

Radiographic X-ray (kilo/megavoltage) is a procedure that can be performed using x-ray images for guiding the beam to the correct position to treat the tumor. The new code 77421 KV or MV X-Rays replaced the hospital code C9722 and was developed to report stereoscopic guidance to detect deviations between the actual and the planned target position for the delivery of radiation prior 3D or IMRT.

77421

77421 Clinical Vignettes from AMA Insiders View:

A radiation oncologist oversees the patient preparation, including placement of infrared markers. The infrared markers are placed either on the patient to monitor the patient's position or on the treatment couch to localize the position of the couch. Two sets of X rays are acquired to visualize internal anatomy or implanted marker positions immediately prior to treatment. This is done using kV or MV X-ray units that may be a combination of two kV X-ray units and two amorphous silicon flat panel detectors or an X-ray unit attached to the gantry or MV X rays with an electronic portal imaging device (EPID), which takes two orthogonal images.

77421

77421 Clinical Vignettes from AMA Insiders View: (cont)

These two high-resolution X rays are acquired prior to treatment delivery in order to visualize the internal anatomy or implanted markers. The stereoscopic X-ray images are compared with the imported digital reconstructed radiographs (DRRs) from the treatment planning system or generated DRRs from the stored computed tomography treatment planning scan data, which are in the same plane as the X rays taken. The DRRs serve as a reference for identifying rotational or movement discrepancies, positioning, and guidance for the delivery of radiation and enable real-time analysis of the targeted area. Alignment, registration, and fusion of the two images are done manually or automatically using previously implanted markers, direct visualization of the target volume, or surrounding bony anatomy.

77421

77421 Clinical Vignettes from AMA Insiders View: (cont)

These procedures are done under the supervision of the radiation oncologist. The rotational errors of the patient setup and the table movement necessary to optimally align the patients target volume at the isocenter at the longitudinal lateral and vertical directions are calculated. The deviations, if present, are determined and corrected by adjusting the patient's treatment position to the treatment target volume isocenter. This is performed by applying the required translational shifts to the treatment couch performed by the therapist and done under physician supervision. The radiation oncologist reviews the images daily and compares with previous shifts. Feedback by the physician is given to the therapists about the adequacy of registrations and, if necessary, about the steps necessary to improve future registrations as well as for required treatment modifications (no daily physical (US), physician in office review on monitor).

77421 AMAC® Example

The following are some examples that may occur in a clinical setting. All the parameters may or may not need to be performed. The importance of the procedure is to identify the location of the tumor by digital images compare those to original images and localize the tumor and position the patient correctly within very small margins (mms).

Clinical example number one: The radiation oncologist oversees the patient preparation, including placement of infrared markers to monitor daily positioning of patient or treatment couch, using fiducial markers with set(s) of KV X-Ray images to localize the target volume prior to treatment (meaningful mm accuracy).

77421 AMAC® Example

Clinical example number two: The radiation oncologist oversees the patient preparation, including placement of patient using infrared markers or other means to monitor daily positioning of patient or treatment couch, using set(s) of KV X-Rays to the target volume prior to treatment. This type of system has the capability to take Fluoroscopy, CT and KV/MV X – Rays (meaningful mm accuracy).

Clinical example number three: The radiation oncologist oversees the patient preparation, including placement of patient using infrared markers or other means to monitor daily positioning of patient or treatment couch, possibly using fiducial markers and then set(s) of MV X-Rays to localize the target volume prior to treatment using EPID type systems (meaningful mm accuracy).

IGRT: Common Questions

- *Can we charge a 77014 – CT and a 77421 – KV/MV X-Ray daily?*
 - *No, only one may be charged per day. The physician may order both, document both but bill only one.*
- *Can we charge the new IGRT code and a port film?*
 - *Only if ordered, and the port film is used for some other reason than tumor localization.*
- *Can we use this code for radiosurgery?*
 - *No, CMS and the AMA have made it clear the new code 77421 may not be used for radiosurgery (SRS, SRT or SBRT)*



IGRT

- **Fluoroscopic will be able to use AMA CPT code “76000 - Fluoroscopy (separate procedure)”.** This procedure may be billed each day, once per week or as many times as the physician orders the procedures. This code may be billed professionally as well.

IGRT

- **CT** may be charged using AMA CPT code 77014 - *“Computed tomography guidance for placement of radiation therapy fields”*, for both hospitals and freestanding centers. This code should only be billed technically and should have case-by-case orders for each patient stating why the procedure is needed and the frequency of use.



IGRT: Capabilities & Reimbursement

| Technology | Ultrasound | Portal Vision (IGRT only) | Combo | CBCT |
|-------------------|------------------------------------|---------------------------------|---|---------------------------------|
| Capability | Ultrasound Guidance | X-ray guidance | X-ray and Fluoro | Volumetric 3D-3D Matching |
| Type | Interfraction | Interfraction | Interfraction Intrafraction | Interfraction |
| CPT Code | 76950 | 77421 | 77421 76000 | 77014 |
| Income | \$73.04 hospital \$47.14 office | \$67.45 hospital \$67 office | Hospital \$67.45 hospital \$79.34 \$67 office \$61.17 office | \$94.53 hospital \$94 office |
| Professional Fee? | YES | YES | YES | YES |

IGRT Reimbursement

| Current Technical Reimbursement Codes | Hospitals | Clinics |
|---------------------------------------|----------------|----------------|
| CT – 77014 | \$94.53 | \$122.71 |
| KV/MV – X-ray – 77421 | \$67.45 | \$110.83 |
| Fluoroscopy – 76000 | \$79.34 | \$61.17 |
| Ultrasound – 76950 | \$73.04 | \$47.14 |
| Port Films or Digital 77417 | \$43.60 | \$20.51 |

Red = DRA for freestanding CMS will pay lower of the two

IGRT

The patient was set up according to the laser lights in the desired treatment position. Orthogonal films were obtained using the KV/MV imager for the AP view and the KV/MV imager for the lateral view. The images were then compared to the DRRs from the planning CT, with particular attention given to the location of the:

_____ implanted fiducial seeds

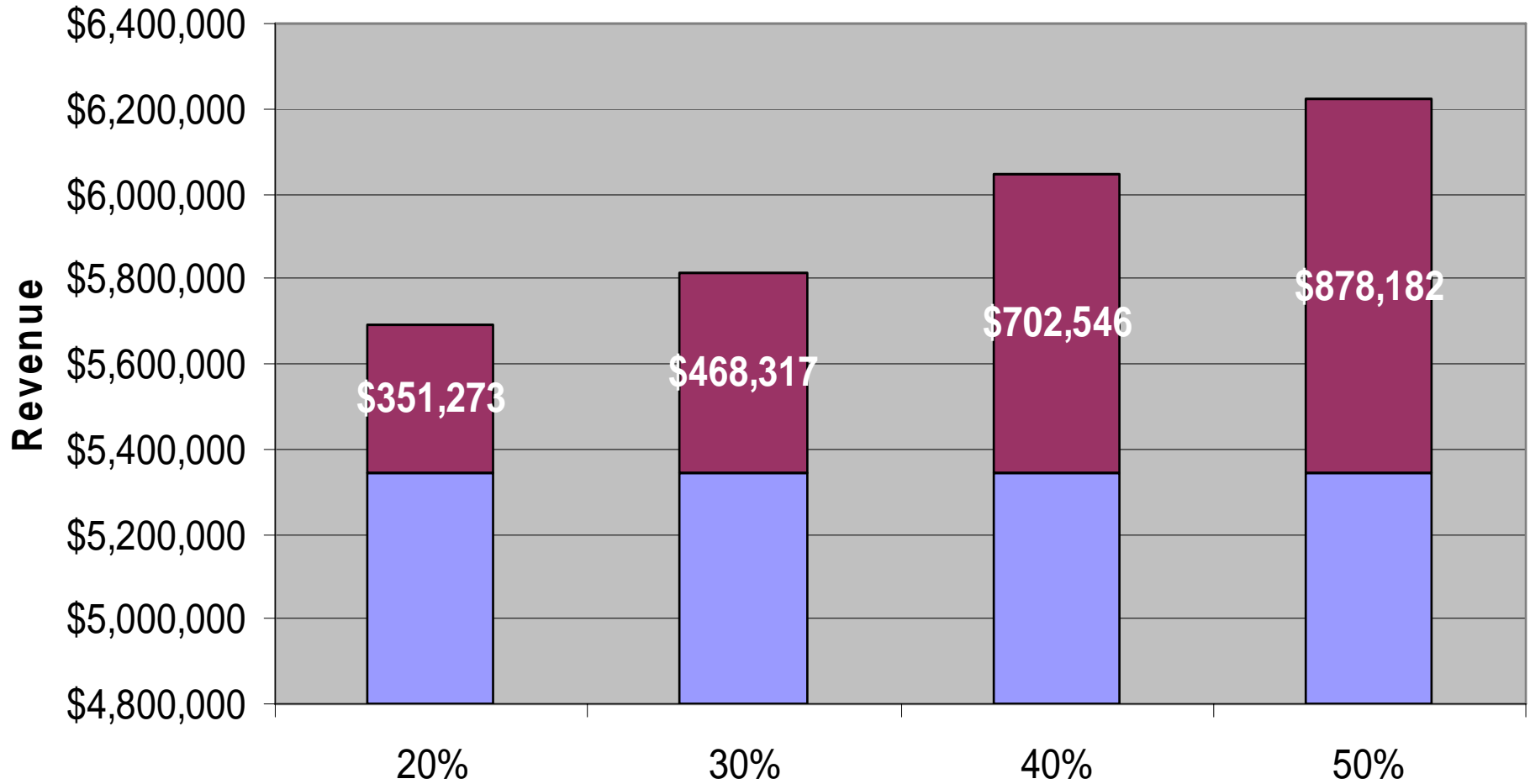
_____ anatomic landmarks

After review of the merged images, it was determined that:

| Date | Isocenter positioning was acceptable | Isocenter positioning was improved by shifts | Couch Shifts Vertical | Couch Shifts Longitudinal | Couch Shifts Lateral | Couch Shifts Couch Angle | Therapist Review And date | Shifts and Images Reviewed by MD (initials) |
|------|--------------------------------------|--|-----------------------|---------------------------|----------------------|--------------------------|---------------------------|---|
| | | | | | | | | |

The above can be modified for all IGRT,
CBCT, KV/MV – X-Ray

Revenue Contribution of IGRT



Assumptions

-> 360 Patients/year

-> 25% IMRT

-> IGRT: X-ray=20%;CBCT=15%; Fluoro=5%

-> Standard Payer Mix

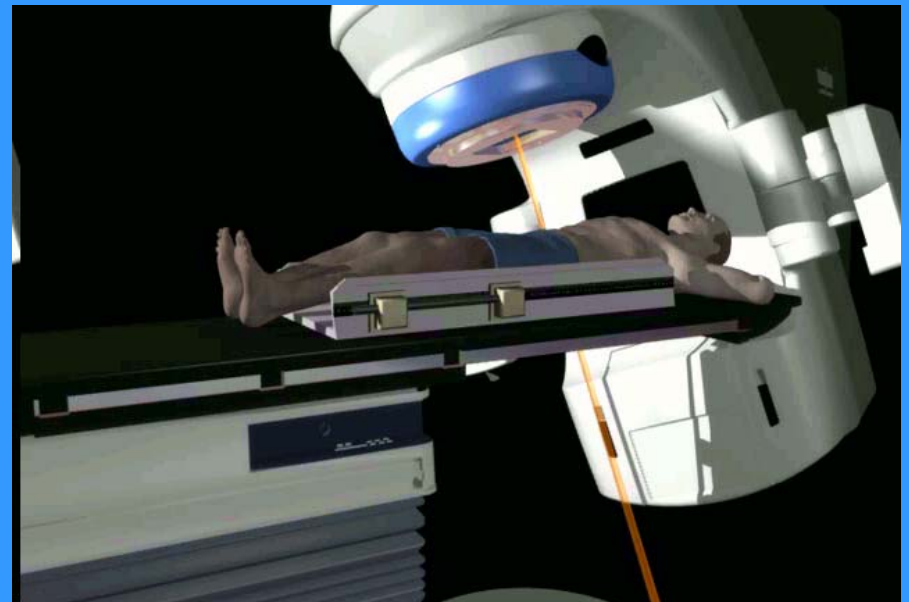
Percentage of Patients Receiving IGRT



Stereotactic Radiotherapy

➤ Radiotherapy with a sharply delineated field, optimistically considered to be equivalent to resecting the irradiated region. *Stedman's Medical Dictionary*

➤ Stereotactic Radiotherapy means the use of external radiation in conjunction with a stereotactic guidance device to very precisely deliver a therapeutic dose to a tissue volume. *NRC*



Your

Prescription

for Data

Management

and Financial

Success



Stereotactic RadioSurgery/therapy

- Definition Extracranial

- **Outside of the cranial cavity.**

- Body - **The entire body**

- Definition Radiotherapy/Radiation Oncology

- **“The medical specialty concerned with the use of ionizing radiation in the treatment of disease, the use of radiation in the treatment of neoplasm's”.**



Stereotactic Radiosurgery/therapy

TREATMENT DELIVERY CODES TECHNICAL

Your

Prescription

for Data

Management

and Financial

Success

Stereotactic Radiosurgery/therapy

- **Cranial, Extracranial & Body**
 - **G0173 - single session (Linac based)**
 - **Currently no specific body part regulation**
 - **G0251 - Multi-session Linac (maximum 5 fractions)**
 - **Currently no specific body part regulation**

Your

Prescription

for Data

Management

and Financial

Success

Stereotactic Radiosurgery/therapy

➤ The Cranial, Extracranial & Body

➤ **G0339 - Image-guided robotic linear accelerator-based Stereotactic Radiotherapy, complete course of therapy in one session, or first session of fractionated .**

➤ **G0340 - Image-guided robotic linear accelerator-based Stereotactic Radiotherapy, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment. Hospitals, Currently no specific body part regulation**

➤ **Part B physician; C = Carriers price the code. Carriers will establish RVUs and payment amounts for these services, generally on an individual case basis following review of documentation, such as an operative report.**



Stereotactic Radiosurgery 2007

➤ **Cranial Only**

➤ **77371 - single session Multi-
source cobalt treatment** (G0243 in 2006)

Your
Prescription
for Data
Management
and Financial
Success



NEW CODES 2007

- 77371 – Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting of 1 session ; multi-source Cobalt 60 based (This replaces G0243 in 2007)
- Hospitals - \$8,510.16~ Technical only
Freestanding - \$1,193~ (low, comment)
- RVUs – 30.3 (low, comment)



NEW CODES 2007

- 77372 - Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting of 1 session linear accelerator based
- Hospital – N/A Use G codes
- Technical only Freestanding - \$905~ (low comment)
- RVUs - 23.06 (low comment)

Your
Prescription
for Data
Management
and Financial
Success



NEW CODES 2007

- 77373 – Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
- Hospitals – N/A use G codes
- Technical only Freestanding - \$1,688~ (low, comment)
- RVUs – 43 (low, comment)
- Replaces code 0082T Class III CPT
 - (emerging technology, services, and procedures)

Your

Prescription
for Data
Management
and Financial
Success

Stereotactic Radiosurgery/therapy

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
Continuing physics

May be billed once for treatment courses, which are inclusive of only one or two fractions

Technical code only



Your

Prescription

for Data

Management

and Financial

Success

Stereotactic Reimbursements 2007

| Current Technical Reimbursement Codes | Hospitals | Clinics |
|--|------------|----------------|
| Stereotactic radiosurgery, STD one session – G0173 | \$3,895.59 | N/A |
| Stereotactic radiosurgery, one session cobalt multi-source – 77371 | \$8,510.16 | \$1,193~ |
| Stereotactic radiosurgery, STD one session Linac – 77372 | N/A | \$904~ |
| Linear accelerator-based, STD multi session SRS – G0251 | \$1,249.18 | N/A |
| Stereotactic body radiotherapy, multi-session Linac – 77373 | N/A | \$1,688~ |
| Image-guided, robotic SRS, 1st treatment – G0339 | \$3,895.59 | Priced locally |
| Image-guided, robotic SRT, treatments 2-5 G0340 | \$2,644.95 | Priced locally |



Your

Prescription

for Data

Management

and Financial

Success

Stereotactic Crosswalk 2007

| Current Technical Reimbursement Codes | Hospitals | Clinics |
|---|------------------|----------------|
| Stereotactic radiosurgery, one session – G0173 | G0173 | 77372 |
| Stereotactic radiosurgery, one session cobalt multi-source – 77371 | 77371 | 77371 |
| Stereotactic radiosurgery, one session STD Linac – 77372 | G0173 | 77372 |
| STD Linear accelerator-based, multi session SRS – G0251 | G0251 | 77373 |
| Stereotactic body radiotherapy, multi-session Linac STD 77373 | G0251 | 77373 |
| Image-guided, robotic SRS, 1st treatment – G0339 | G0339 | G0339 |
| Image-guided, robotic SRT, treatments 2-5 G0340 | G0340 | G0340 |



Stereotactic Radiosurgery/therapy

TREATMENT MANAGEMENT CODES PROFESSIONAL

Your

Prescription

for Data

Management

and Financial

Success



New Codes 2007

- 77435 - Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions
- This is for all sites using multi-session method
- Professional \$629.91 ~ (low, comment)
- RVUs 18.3 (low, comment)
- Replaces code 0083T Class III CPT
 - (emerging technology, services, and procedures)

Your

Prescription

for Data

Management

and Financial

Success

Physician and Center Charges

Radiation Oncology

➤ **77432 - Stereotactic radiation treatment management of cerebral lesion(s) (complete course of treatment consisting of one session)**

➤ **Professional only**

➤ **Procedure report required in chart**

➤ **The verbiage will change to cranial lesions to cover brain and spine**





STEREOTACTIC RADIOSURGERY/THERAPY PROCEDURE REPORT

Date of Procedure: Patient Name: MR#: 11111111
DOB: 13/02/01

Diagnosis: Adenocarcinoma of the lung — stage T2N2M1 — brain, bone.

Procedure: _____ has known brain metastasis to his left frontal lobe region. The patient underwent head ring placement under the care of Dr. _____ this morning. _____, without incident. The patient had known low platelet count secondary to chemotherapy, but had a platelet transfusion as well as blood transfusion yesterday. which brought is platelet count up to 72,000, measured today. The patient was subsequently had a CT scan for treatment planning purposes. The CT scan was then fused with an MRJ scan obtained last week to again demonstrate the area of metastatic disease. The patient has two other questionable areas noted in the brain measuring a few millimeters in diameter. These were not targeted at this time as at the moment they represent something probable, hut not definite areas of metastatic disease. MRI fusion was accomplished without problem with a high degree of accuracy. The patient underwent treatment planning with __ treatment planning system.

The patient. on the afternoon of _____, underwent stereotactic radiosurgery to a dose of 17 Gy at 81% isodose with five arcs of radiation therapy with a 2.75 cm cone utilizing asymmetric jaws to aid the conformality of the distribution. The patient tolerated the radiation without incident. The patient was discharged home and will remain on DRUGS. for at least one week, at which time we will attempt to taper him to a lower dose. I plan to see him one week in follow up and we will contact the patient tomorrow morning to check their status.

Ray D. Ashon, M.D.

Your
Prescription
for Data
Management
and Financial
Success



Physician Charges Surgeon

➤ **61793 - Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator), one or more sessions Need operative report**

■ Code 61793 is intended to describe the physician work in treating a *single* lesion regardless of whether that treatment requires multiple isocenters or multiple sessions. As explained in the April 2004 *CPT Assistant*, code 61793 may be reported multiple times for multiple lesions using code 61793 alone for the first lesion and code 61793 appended by modifier *59, Distinct procedural service*, or *51, Multiple procedures*, depending upon payer policy requirements. It is important to note that *this code should not be reported more than five times for any session. AMA*

Your
Prescription
for Data
Management
and Financial
Success

Physician Charges Surgeon

- If any lesion requires multiple isocenters and/or requires more complex targeting, then code 61793 should be reported appended by modifier 22, *Unusual procedural services*. Code 61793 is reported once per lesion treated whether one isocenter is used to treat the lesion or multiple isocenters are used to treat the lesion.
- Any additional sessions for the same lesion(s) are inclusive of code 61793. According to the present wording of the code descriptor, it is not appropriate to report code 61793 appended by modifier 58, *Staged or related procedure or service by the same physician during the postoperative period*, for any additional sessions.
- Lastly, it is not appropriate to report codes 20660, *Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)*, or add-on code 61795, *Stereotactic computer assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)*, in addition to code 61793 because each of these two codes are considered inclusive components of code 61793. AMA

Your

Prescription

for Data

Management

and Financial

Success



Stereotactic Radiosurgery/therapy

TREATMENT PLANNING CODES

Your

Prescription

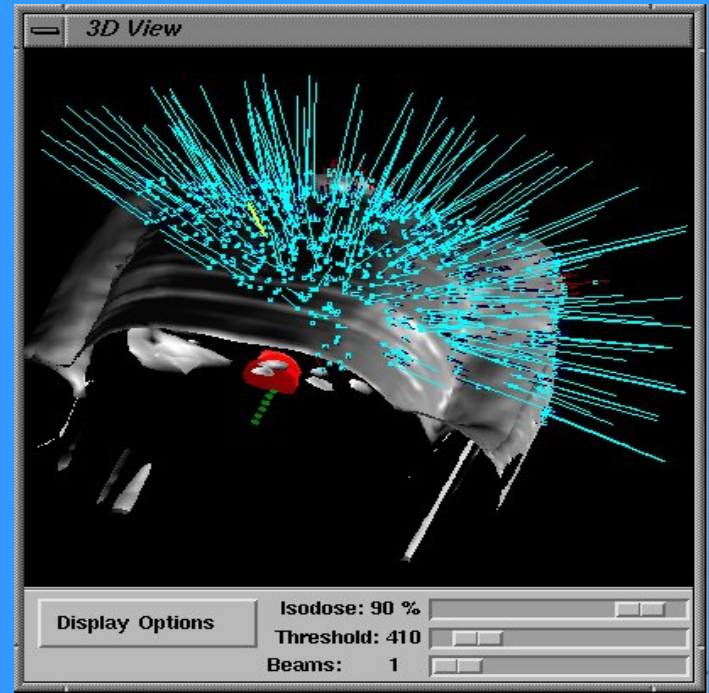
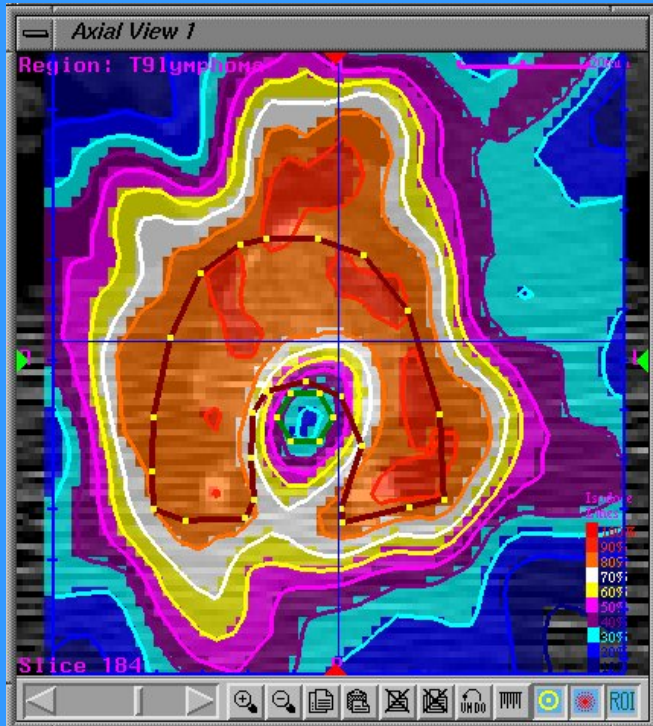
for Data

Management

and Financial

Success

3-D SRS/SRT Physics planning examples



Your Prescription for Data Management and Financial Success

Plan Summary

| Beam | MU | cGy |
|--------------|------------|-----------------|
| 1 | 74 | 13007.83 |
| 2 | 81 | 13143.84 |
| 3 | 103 | 15282.73 |
| TOTAL | 258 | 45433.40 |

Total number of nonzero beams = 242
Total number of nonzero nodes = 72

Dose Statistics

| Region | Max | Min |
|-------------|--------|-------|
| T9lymphoma | 0.91 | 0.91 |
| Soft Tissue | 0.0105 | 0.21 |
| Spinalcord | 7.0074 | 11.25 |
| Spinalcord | 0.00 | 0.00 |
| Cervical 1 | 0.00 | 0.00 |
| Cervical 2 | 0.00 | 0.00 |
| Cervical 3 | 0.00 | 0.00 |
| Cervical 4 | 0.00 | 0.00 |
| Cervical 5 | 0.00 | 0.00 |
| Cervical 6 | 0.00 | 0.00 |
| Cervical 7 | 0.00 | 0.00 |
| Cervical 8 | 0.00 | 0.00 |
| Cervical 9 | 0.00 | 0.00 |
| Cervical 10 | 0.00 | 0.00 |



3-D SRS/SRT Physics Planning Examples

Plan Assessment

Method: Coverage

Prescription Isodose Pct.: 80

Tumor Volume: 38689 mm³

Tumor Covered: 32087 mm³ Critical Covered: 0 mm³
Tissue Covered: 18336 mm³

Tumor Pct. Covered: 82.94 %

Prescribed Iso Vol./Tumor Iso Vol.: 1.65

TumorVol*PIV/(TIV)²: 1.98

Max Dose/Prescribed Dose: 1.25

Close

Plan Display Region Model Parameters Imaging Paths

Axial View 1
Region: T9 Lung
Slice: 18

Sagittal View
Colorwash Legend
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Coronal View
Slice: 243

Status:
CT number: 1118
DICOMname: CT239.1.200.4.231.0_slice255.217.231_patient0.5

Display Options
Isodose: 90 %
Threshold: 410
Beams: 1

Your
Prescription
for Data
Management
and Financial
Success



Stereotactic Radiosurgery/therapy

Multi-source Cobalt

- In patient or out patient

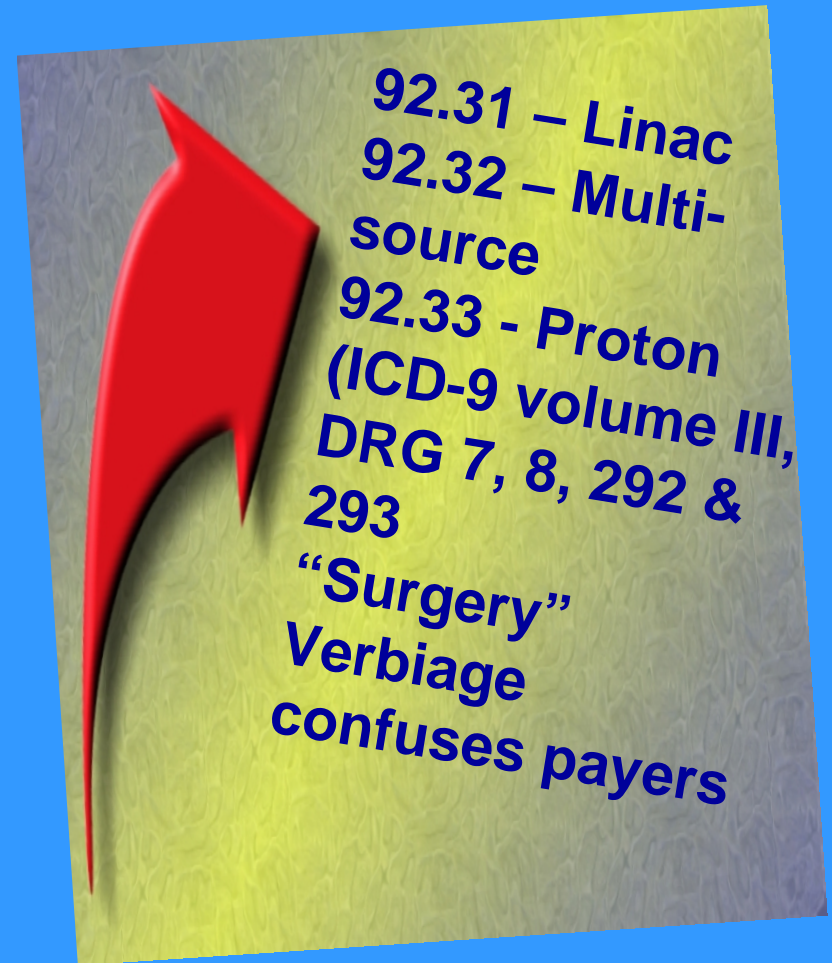
- Outlier payments

Linear Accelerator

- Single Session (Surgery)

- Fractionated (Therapy)

- Multi-leaf Collimation and IMRT



Your

Prescription

for Data

Management

and Financial

Success

Stereotactic Radiosurgery/therapy

77295 - *Three-dimensional* computer-generated three dimensional reconstruction of tumor volume and surrounding critical normal tissue structures from direct CT scans and/or MRI data in preparation for non-coplanar or coplanar therapy. The simulation utilizes documented three-dimensional beam's eye view volume-dose displays of multiple or moving beams. Documentation with three-dimensional volume reconstruction and dose distribution is required.

- **One only - do not share with Neurosurgeon**
- **Professional & technical**

Your

Prescription

for Data

Management

and Financial

Success

Stereotactic Radiosurgery/therapy

77301 - Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications

- **One only - do not share with Neurosurgeon**
- **Professional & technical**

This code is under discussion for use in radiosurgery/therapy





Stereotactic Radiosurgery/therapy

77321 - Special port plan – **One per course professional & technical**

- The radiation oncologist must document his or her involvement in the planning and selection of the special beam parameters and must make the final selection and initiation of the treatment process. Documentation requires that the special teletherapy port plan be reviewed, signed and dated by the radiation oncologist.
- Used for many years since 1992

Stereotactic Radiosurgery/therapy

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

- **Per arc, lesion, shot, angle or port**
- **Professional & technical**





Stereotactic Radiosurgery/therapy

77334 – Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)

- **Mask, frame, halo, helmet, vest, markers, gantry angles (MLC, cone)**
- **Professional & technical**

Your

Prescription

for Data

Management

and Financial

Success



Stereotactic Radiosurgery/therapy

77333 – Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)

- **Custom bite blocks**
- **Professional & technical**

Note: If a custom mask (77334) and bite block (77333) is used two charges technical may be charged and one professional for the design.

Your

Prescription

for Data

Management

and Financial

Success



Stereotactic Radiosurgery/therapy

77370 – Special medical radiation physics consultation

- “code 77370 is used when the complexity of the treatment plan is of such magnitude that a thorough written analysis is necessary to address a specific problem or when the service to be performed requires the expertise of a qualified medical physicist. The clinical indication that justified the request for the special physics consultation should also be documented”.

Your
Prescription
for Data
Management
and Financial
Success



Stereotactic Radiosurgery/therapy

PRE AND SET UP CODES

Your

Prescription

for Data

Management

and Financial

Success



Stereotactic Radiosurgery/therapy

9924X – Out patient Consult

9925X – In patient

**Professional and technical
facility fee**

G0175 - Team conference

Technical (hospital only)

Your

Prescription

for Data

Management

and Financial

Success



Stereotactic Radiosurgery/therapy

77263 – Therapeutic radiology treatment planning; complex

Complex planning requires highly complex blocking, custom shielding blocks, tangential ports, special wedges or compensators, three or more separate treatment areas, rotational or special beam considerations, combination of therapeutic modalities.

Treatment plan (prescription) Professional

77470 - Special treatment procedure
Professional & technical
(Physician no charge same day 77432)

Your
Prescription
for Data
Management
and Financial
Success

Stereotactic RadioSurgery/therapy

77290 – Therapeutic radiology simulation-aided field setting; complex simulation of tangential portals, three or more treatment areas, rotation or arc therapy, complex blocking, custom shielding blocks, brachytherapy source verification, hyperthermia probe verification, any use of contrast materials.

Professional & technical

First one usually performed just prior to CT and/or MR

Second one prior to or day of treatment to verify all parameters (may be 77280 simple as well depending upon documentation)

Your

Prescription

for Data

Management

and Financial

Success

Stereotactic Radiosurgery/therapy

77014 – CT Guidance for Placement of radiation therapy fields technical

77011 - CT guidance for stereotactic localization technical only

The more appropriate code would be
77011

Your

Prescription

for Data

Management

and Financial

Success



Stereotactic Radiosurgery/therapy

CASE STUDY MULTIFRACTION Brain or Body

Typical case: every provider treats each patient on a case by case basis and the following may vary considerably

Hospitals will continue to use G codes and not the new CPT codes for Federal patients

Your

Prescription

for Data

Management

and Financial

Success

Day 1 – Patient Set-up and CT (CONSULT PREVIOUSLY PERFORMED)

| | | | |
|---------------------------|--------------|--|--|
| 9924X 9925X | PC-TC | Consult and facility fee | Professional and Technical |
| 77334 | PC-TC | Treatment Device Complex (mask/vest) | Immobilization |
| 77333 | TC | Custom Bite block | Technical only if a custom mask is used as well |
| 77290 | PC-TC | Complex Simulation | Professional & Technical |
| 77011 or 77014 | TC | CT for placement of fields or stereotactic guidance | Technical only |
| 77263 | PC | Physician Treatment Planning Complex | Professional Only |
| 77470 | PC-TC | Special Treatment Procedure | Professional & Technical |

Day 2 – Planning

| | | | |
|-------|-------|-------------------------------|--------------------------|
| 77295 | PC-TC | 3D Plan | Professional & Technical |
| 77321 | PC-TC | Special Teletherapy Port Plan | Professional & Technical |

Day 3 Verification

| | | | |
|-------|-------|------------------------------|--------------------------|
| 77370 | TC | Special Physics Consultation | Technical only |
| 77290 | PC-TC | Simulation/Set-Up Complex | Professional & Technical |
| 77300 | PC-TC | Dose Calculation(s) | Professional & Technical |

Day 4 – Single Treatment or First Fraction

| | | | |
|------------------|-------|---|---|
| 77280 (77290) | PC-TC | Simple Simulation or Complex | Professional & Technical, if ordered and necessary, modifier required |
| 77334 | PC-TC | Treatment Device Complex (vests, cones, MLCs) | Professional & Technical |
| G0339 | TC | Treatment Delivery Single fraction, image guided robotic | Technical only, hospitals & freestanding |
| 77373 | TC | Stereotactic body radiation therapy, treatment delivery, one or more treatment areas, per day | Technical only generally for freestanding centers only. Hospitals use G codes |
| 77334 | PC-TC | Per Collimator, MLC or cone | Professional & Technical |
| 77435 | PC | Stereotactic body radiation therapy, treatment management, per day | Professional Only |

Day 5, 6, 7 and 8 – Second and Additional Fractions, up to 5

| | | | |
|----------------|-------|---|--|
| 77290 | PC-TC | Simulation/Set-Up Complex | Professional & Technical |
| 77373 | TC | Stereotactic body radiation therapy, treatment delivery, one or more treatment areas, per day | Technical only for freestanding centers per treatment, STD. Hospitals generally use G codes |
| G0340 G0251 | TC | Treatment Delivery | Technical only Fractions G0251 1-5 fractions hospitals only. G0339 1 st fraction then G0340 for 2-5 fractions hospitals and freestanding |
| 77336 | TC | Continuing Medical Physics | One or more fractions (i.e. 5 fractions - one, one fraction - 1) |



Stereotactic Radiosurgery/therapy

CASE STUDY SINGLE FRACTION BRAIN

Your
Prescription
for Data
Management
and Financial
Success

Day 1 – (CONSULT PREVIOUSLY PERFORMED)

| | | | |
|----------------------|-------|--|----------------------------|
| 9924X 9925X | PC-TC | Consult and facility fee | Professional and Technical |
| 77263 | PC | Physician Treatment Planning Complex | Professional Only |
| 77014 or 77011 | TC | CT for placement of fields | Technical only |
| 77334 | PC-TC | Treatment Device Complex - frame, helmet(s)... | Immobilization |
| 77470 | PC-TC | Special Treatment Procedure | Professional & Technical |
| 77370 | TC | Special Physics Consultation | Technical only |

Day 1 (continued)

| | | | |
|-------|-------|---|--------------------------|
| 77295 | PC-TC | 3D Plan | Professional & Technical |
| 77321 | PC-TC | Special Teletherapy Port Plan | Professional & Technical |
| 77432 | PC | Stereotactic Radiosurgery Management. cerebral lesions only | Professional Only |
| 77300 | PC-TC | Dose Calculation(s) per shot, MLC, cone(s) | Professional & Technical |

Day 1

| | | | |
|--------------------------|-----------|--|--|
| G0243 (77371) | TC | Multi-source photon stereotactic radiosurgery, delivery including collimator changes and custom plugging, complete course of treatment, all lesions | Technical |
| G0173 (77372) | TC | Standard linear accelerator based stereotactic radiosurgery, complete course of therapy in one session | Technical, hospitals only |
| G0339 (77372) | TC | Standard or Robotic linear accelerator based stereotactic radiosurgery, complete course of therapy in one session | Technical (hospitals & freestanding bill for robotic) |
| 77336 | TC | Continuing Medical Physics | One or more fractions Technical |



Stereotactic Radiotherapy

ISSUES FOR HOSPITALS & FREESTANDING

Federal verses non federal payers

**Code 61793, 77413, 77414, 77499, "G" Codes
Which codes do we bill?**

Most managed care contracts written as per diem or percentage of billed charges. No code for Non Medicare Payors in 2006

Your

Prescription

for Data

Management

and Financial

Success

SRS Frame verses Frameless

➤ Frame based systems

- **Multisource cobalt**

- **Linac**

- **All procedures performed on the same day**

- **Many codes bundled less reimbursement**

➤ Frameless Systems

- **All Linac based Systems only**

- **Services performed on different days**

- **More Reimbursement**



Costs: Stereotactic Radiotherapy Equipment

➤ Multi-source Cobalt

➤ **\$3,800,000**

➤ **Replacement costs every five years \$600,000 - \$1,000,000**

➤ **Build out cost substantially less**

Your

Prescription

for Data

Management

and Financial

Success



Costs: Stereotactic Radiotherapy Equipment

- Typical Accelerator built for SRS/SRT
 - **\$4,000,000**
 - **Build out cost more than Multi-source cobalt**

Your
 Prescription
 for Data
 Management
 and Financial
 Success



Costs: Stereotactic Radiotherapy Equipment

- **Robotic Arm Based Accelerator**

- **\$4,000,000**

- **Build out cost more than Multi-source cobalt and more than standard Accelerator**

Your

Prescription

for Data

Management

and Financial

Success



Costs: Stereotactic Radiotherapy Equipment

- **Add on Systems to Accelerators**
 - **Cone Systems \$500,000**
 - **MLC Systems \$750,000**
 - **Usually no build out costs**

Your
 Prescription
 for Data
 Management
 and Financial
 Success

Fiducial Placement Charges 2007



21899 - **Unlisted procedure, neck or thorax**

✓ 55876 - **Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple**

_(Report supply of device separately)

✓ A4649 Surgical supplies, 99070 – **unlisted supplies**

✓ One of the following 4 options may be utilized to place the fiducial markers under guidance:

✓ 77012 – **CT guidance**

✓ 77021 – **MRI guidance**

✓ 76942 – **Ultrasound guidance**

✓ 77002 – **Fluoroscopic guidance**

Your

Prescription

for Data

Management

and Financial

Success

ROCC® Information (Radiation Oncology Certified Coder)



*AMAC® is pleased to offer the ROCC® Exam
to
the Radiation Oncology Community!*

Also available for purchase is our
ROCC® Exam Study Guide

Please visit our web-site at:

www.amac-usa.com

for details on the ROCC® Exam and Study
Guide.

**Our company was founded on the
premise that we understand:**

***your markets,
your concerns,
your values.***

AMAC

www.amac-usa.com

info.amac@amac-usa.com

770-693-6031