

Electronic Brachytherapy – IORT Brain

Coding Guidance Sheet

Effective January 1, 2022

Information contained in this guide is provided for reference purposes only and does not constitute legal advice or recommendation of coding by Xoft or a guarantee of coverage or payment. It is always the provider's responsibility to determine final code selections and submit appropriately completed claim forms to reflecting healthcare services rendered and documented in the patient medical record. Providers are encouraged to contact payers directly regarding coverage, claim submission requirements, and use of modifiers where appropriate.

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HOSPITAL INPATIENT CODING AND PAYMENT

Report Only Procedures Performed (may not be an all-inclusive list)

ICD-10-PCS Coding	Description
Administration of Electronic Brachytherapy	
D0Y07ZZ	Contact radiation of the brain
Excision-Central Nervous System and Cranial Nerves (refer to ICD-10-PCS Table 00B)	
00B_*0ZZ	Excision [Body Part*] Open approach

*Body Part

0 Brain

1 Cerebral Meninges

2 Dura Mater

6 Cerebral Ventricle

7 Cerebral Hemisphere

8 Basal Ganglia

9 Thalamus

A Hypothalamus

B Pons

C Cerebellum

D Medulla Oblongata

HOSPITAL INPATIENT MS-DRGs and PAYMENT

MS-DRG May Vary Based on Individual Patient Circumstances

MS-DRG	Description	National Unadjusted Payment Oct. 2021-FY 2022
025	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES WITH MC	\$ 29,657
026	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES WITH CC	\$ 20,192
027	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES WITHOUT CC/MCC	\$ 16,580

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PHYSICIAN CODING AND PAYMENT

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CPT	Description	Facility MPFS
Surgical Codes		
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	\$2,263
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	\$2,846
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull	\$3,355
77799	Unlisted procedure, clinical brachytherapy	Contractor Priced

CPT	Description	Facility MPFS
Treatment Planning		
77261	Therapeutic radiology treatment planning; simple	\$72
77262	Therapeutic radiology treatment planning; intermediate	\$109
77263	Therapeutic radiology treatment planning; complex	\$170
Intraoperative Treatment Physics and Delivery		
77014*	Computed tomography guidance for placement of radiation therapy fields	\$45
77280*	Therapeutic radiology simulation-aided field setting; simple	\$38
77285*	Therapeutic radiology simulation-aided field setting; intermediate	\$57
77290*	Therapeutic radiology simulation-aided field setting; complex	\$83
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	\$33
77332**	Treatment devices, design and construction; simple	\$24
77333**	Treatment devices, design and construction, intermediate	\$40
77334**	Treatment devices, design and construction; complex	\$61
77370	Special medical radiation physics consultation	\$0
77469*	Intraoperative radiation treatment management	\$322

- *77014 should not be coded with 77280, 77285, or 77290; services represented by combinations not paid separately
- **IORT treatment management (CPT 77469) includes dosimetry, dose delivery, and review of treatment parameters. Also included are treatment setup and positioning of the patient, including the assessment of immobilization devices, blocks, wedges, or other devices

References

- ICD-10-PCS Codebook 2022
- FY2022 Inpatient Prospective Payment System Final Rule Impact File and Table 5
- Hospital Part B Services That May Be Paid Through a Comprehensive APC Paid under OPSS; Addendum B displays APC assignments when services are separately payable.(1) Comprehensive APC payment based on OPSS comprehensive-specific payment criteria. Payment for all covered Part B services on the claim is packaged into a single payment for specific combinations of services, except services with OPSS status indicator of "F", "G", "H", "L" and "U"; ambulance services; diagnostic and screening mammography; rehabilitation therapy services; self-administered drugs; all preventive services; and certain Part B inpatient services. (2) Packaged APC payment if billed on the same claim as a

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HCPCS code assigned status indicator "J1". (3) In other circumstances, payment is made through a separate APC payment or packaged into payment for other services.

- Medicare Program: CY2022 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Price Transparency of Hospital Standard Charges; Radiation Oncology Model; Final Rule Federal Register 86 FR 63458 / CMS-1753-FC / 11/16/2021 / 42 CFR Parts 412, 414, 416, 419, 512
- Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Provider Enrollment Regulation Updates; and Provider and Supplier Prepayment and Post-Payment Medical Review Requirements / Rules and Regulations 42 CFR Parts 42 CFR Parts 400, 410, 414, 415, 423, 424, and 425; Addenda B Schedules calculated using CF of \$34.6062 effective January 1, 2021.
- All payment levels reflect 2022 Medicare National Average Payment rates; payment levels vary geographically.

Reimbursement Assistance

For questions about Electronic Brachytherapy Reimbursement or requests for Prior Authorization, contact the reimbursement Support Center:

reimbursement@xoftreimbursement.com

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