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TownHall

Addressing Health Policy Head On

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May 1, 2026

Agenda

- New Treatment Codes Recap
- How We Got Here
- Challenges with New Codes
- Advocacy from the Clinic
- ACRO Advocacy
- Q&A

IGRT Coding for 2026

CPT [®] Code	Definition
77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed



Code 77387 billed regardless of setting, regardless of payer*

IGRT in the CPT[®] Manual

“

Image-guided radiation therapy (IGRT) may be used to direct the radiation beam and to observe target or OAR position prior to and/or during treatment. A variety of techniques may be used to perform this guidance including imaging (eg, ultrasound, CT, MRI, stereoscopic X-ray imaging) and other techniques (eg, electromagnetic or infrared).

Guidance may be used with any radiation treatment delivery technique.

”

77387 Utilization

1

Technical component (TC) bundled with 77402, 77407 and 77412

2

Professional component (26) separately billable with 77402, 77407 and 77412

3

Professional and Technical continue to be bundled with SRS and SBRT techniques

AMM Definition

Active Motion Management

“Treatment delivery with active motion management (77412) includes intra-fraction localization and tracking of the target(s) or patient motion to optimize beam delivery (eg, intrafraction motion, surface guidance). Intrafraction motion management utilizes fiducials or imaging to monitor the target or organs at risk during the breathing cycle (eg, during a deep inspiration breath hold). This method minimizes organ motion and allows more accurate delivery of radiation to mobile targets and active avoidance of organs at risk.”

CPT® Manual

Surface Guidance Definition

Surface Guidance

“Surface guidance for active motion management is a technique that allows the linear accelerator to perform gating (eg, optical) during treatment delivery using the body surface contour as a surrogate for internal target motion and OAR avoidance. Surface guidance is one method to effect active motion management although there are other methods as well.

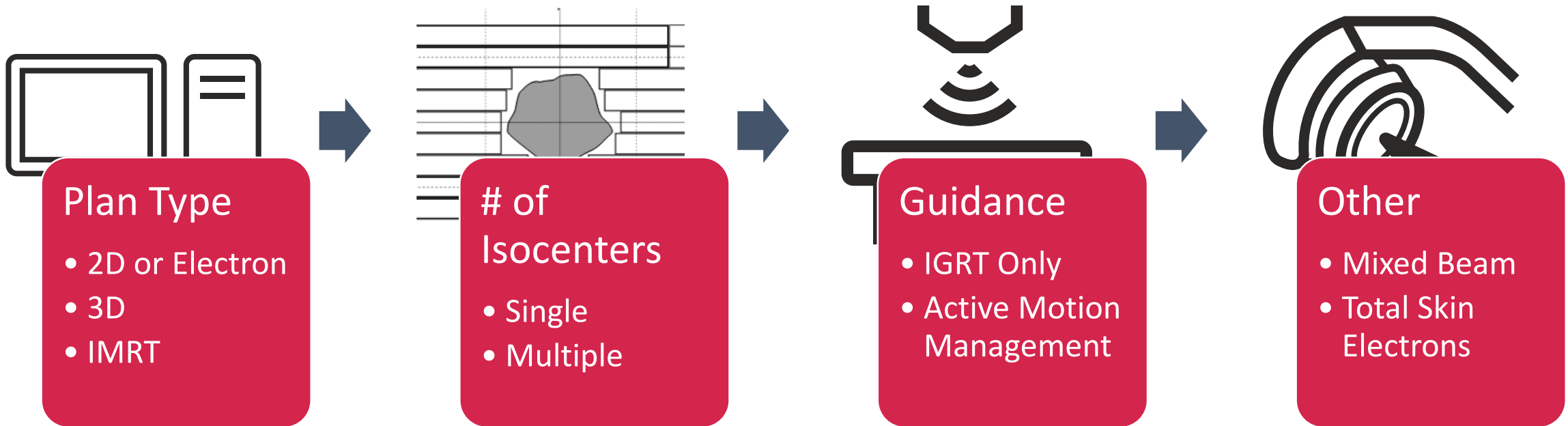
Note: This is NOT for patient set up prior to treatment delivery (eg, not to replace tattoos).”

CPT® Manual

EBRT Treatment Codes

CPT [®] Code	Definition
77402	Radiation treatment delivery; Level 1 (eg, single electron field, multiple electron fields, or 2D photons), including imaging guidance, when performed
77407	Radiation treatment delivery; Level 2 single isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed
77412	Radiation treatment delivery; Level 3 multiple isocenters with photon therapy (eg, 2D, 3D, or IMRT) OR a single isocenter photon therapy (eg, 3D or IMRT) with active motion management, OR total skin electrons, OR mixed electron/photon field(s), including imaging guidance, when performed

Know the Dosimetry



How We Got Here

- In 2023, the RAW determined that linear accelerator (LINAC)-based radiotherapy delivery codes were potentially over-valued
- Referred codes to the CPT® EP for redefinition
- In 2024, the CPT® accepted the new code definitions proposed by ACRO and ASTRO
 - Survey ROs regarding the time involved in the services
- January 2025 at the RUC, values were proposed based on data from practices responding to the survey, and the number of RVUs per service was thereafter recommended to CMS.

How We Got Here

- July 2025 CMS issued its proposed and chose to disregard aspects of the AMA valuation
 - Basing the PE components of treatment delivery on factors common to the HOPPS expense determinations
- The societies recommended modifications to some aspects of code valuation
- October 2025, CMS issued the MPFS final rule implementing the new code definitions as proposed, with values and RVU components determined by CMS.



ACRO Advocacy with Payors and States

Aetna AZ	Aetna AZ	Aetna Better Health MI	Aetna FL
Aetna FL	Aetna NJ	Aetna NJ	Aetna SC
Amerihealth NJ	Anthem National	Anthem National	BCBS
BCBS AZ	BCBS FL	BCBS FL	BCBS LA
BCBS SC	BCBS SC	BCBS SC	BCBSTN
BCBSTN	BCBSTN	Blue Shield of CA	Centene AZ
Centene AZ	Centene GA	Centene GA	Centene TN
Centene Wellcare	Cigna AZ	Cigna AZ	Cigna FL
Cigna GA	Cigna NJ	Cigna TN	Cigna TN
Cigna TN	Cigna TN	FL Blue	GEHA
HAP	Horizon	Humana GA	Humana TN
Humana TN	Oscar	Priority Health	Regence of Idaho
Regence of Idaho	Sunshine Health Plan	UHC AZ	UHC AZ
UHC NJ	UHC NJ	UHC NY	State of Alabama
State of California	State of Massachusetts	State of Michigan	State of Texas



State of California

There is no single national payment average for Medicaid as it is state specific.

- **CA – Medi-Cal** which adjudicates Medicaid claims for payment in California
- The codes in question are
 - 77387 – Currently recognizing \$0 for payment to the Radiation Oncologist for IGRT services
 - 77402 – Currently recognizing \$42.40
 - 77407 – Currently recognizing \$38.77 ¹³
 - 77412 – Currently recognizing \$43.20
- By comparison, national Medicare benchmarks for these same services (updated effective January 1, 2026, under the revised CPT coding structure that bundles technical image guidance into the delivery codes) are substantially higher and reflect the true resources involved:
 - CPT 77387 (professional component only): approximately \$36.74 (Medicare PFS non-facility; commercial payers often reimburse \$100–\$130).
 - CPT 77402 (Level 1): approximately \$79.49 (PFS non-facility) to \$104.24 (HOPPS).
 - CPT 77407 (Level 2): approximately \$317.64 (PFS non-facility) to \$394.05 (HOPPS).
 - CPT 77412 (Level 3): approximately \$391.46 (PFS non-facility) to \$564.51 (HOPPS).



State of Texas

As per the Current Medicaid Payment Fee for Texas Medicaid. Notice they are still listing Pro/Tech and Global for the IGRT service of CPT code 77387. Such major discrepancies from CA, not illustrate state by state differences in Payment but also type of service. This requires Local knowledge and advocacy on top of national knowledge and advocacy. Hospitals at contracted rate. Physicians in TX for Radiation Therapy Centers lists Not Payable and not listed for Treatment Delivery of 77402, 77407 and 77412! “Perhaps” there is In this .68 RVU for IGRT Professional of IGRT 77387.

- Type of Service for Medicaid Payment Rates in TX Effective Rate 1/1/26¹⁴
 - TOS – 6 = Radiation Therapy Global/Total Service = \$59.61
 - TOS - I – Professional Component (Modifier 26) = \$16.31
 - TOS – T – Technical Component (Modifier TC) = \$43.30
- Type of Service for Medicaid Payment Rates in TX as of 3/1/26
 - TOS – 6 = Radiation Therapy Global/Total Service = \$60.68
 - TOS - I – Professional Component (Modifier 26) = \$16.57
 - TOS – T – Technical Component (Modifier TC) = \$44.11



State of Massachusetts

As per the Current Medicaid Payment Fee for Massachusetts Medicaid. Physicians in MA for Radiation Therapy Centers lists I.C. (Individual Consideration) for Treatment Delivery of 77402, 77407 and 77412 and IGRT 77387.

I.C. Listed. This means that each code and physician practice is evaluated on a case-by-case basis as to whether it is payable or not and what amount if any is set. “MA Health determines payment rate on a case-by-case basis after reviewing provider’s documentation of services rendered.” Unless you are aware and involved and make it an issue, there is a possibility this comes out as zero which is a problem access wise to this group of patient population likely needing care the most of any payer group.

Evaluation criteria – Time required, Degree of Skill required, Severity or Complexity of Patient’s condition and relevant invoices or Operative Reports.

ACRO Advocacy with CMS

- In the 2026 HOPPS Proposed Rule, CMS placed the new treatment delivery codes (77402, 77407, and 77412) into inappropriately low ambulatory payment classifications (APCs), which carried over to the 2026 PFS Proposed Rule rates for these same treatment delivery codes in the freestanding setting.
 - ACRO advocated to correct the APCs and properly recognize the geometric means to fix both the OPSS and PFS rates.
- As a result of ACRO advocacy, in the 2026 HOPPS Final Rule, CMS moved 77412 from APC 5622 to 5623 and also adjusted the geometric mean. According to CMS:
 - *[T]o establish a geometric mean cost for CPT codes 77407 and 77412 that better reflects the geometric mean costs under CPT codes 77385 and 77386, we have crosswalked the claims volume of CPT codes 77385, 77386, 77407, and 77412 in the following manner: For CPT code 77407, we are imputing all CY 2024 claims in CPT code 77407, the bottom 50 percent (with respect to total estimated cost) of single claims from CPT code 77412, and all of the claims from CPT code 77385.*
 - *For CPT code 77412, we are imputing the highest 50 percent (with respect to total estimated cost) of claims in 77412, and all of the claims from 77386. As a result of this crosswalking of claims, we are continuing to assign CPT code 77407 to APC 5622, which now has a geometric mean cost of around \$397 and reassigning CPT code 77412 to APC 5623, which now has a geometric mean cost of around \$569. **We note that, while CPT code 77407 is assigned to the same APC it was assigned in the CY 2026 OPSS/ASC proposed rule, as a result of the crosswalk described above, the payment rate for that APC is much greater than it was in the CY 2026 OPSS/ASC proposed rule.***

ACRO Advocacy with CMS

- Physician Practice Information Survey
 - CMS agreed with ACRO advocacy against the use of Physician Practice Information Survey (PPIS) which would have resulted in up to 18% cuts to freestanding radiation therapy centers
- Indirect Practice Expense
 - CMS agreed with ACRO advocacy relating to the use of the Indirect Practice Expense policy that resulted in an increase of roughly 2.5% for non-treatment delivery codes
- CMS comments on utilization assumptions
 - *Comment: Many commenters disagreed with the proposed utilization crosswalk for CPT codes 77407 and 77412. Commenters stated that although CMS estimated that CPT codes 77407 and 77412 will represent 50 percent and 45 percent of billed charges respectively, commenters anticipated that CPT code 77407 will be billed at a much higher frequency and CPT code 77412 at a lower frequency.*
 - *Response: It is important that the utilization crosswalks be as well-founded as possible in order to value the services appropriately. We also recognize that in many cases, it is difficult to ascertain how services furnished in the past would be most accurately reported using a future code set. We have reviewed the disparate information and recommendations presented by relevant specialty groups and experts as reflected in public comments and through the AMA RUC recommendations, and are finalizing a modified crosswalk that specifically adjusts downward the estimated portion that 77412 would be reported compared to 77407 based on commenters' who represent those who provide care in the non-facility setting. **Specifically, we are modifying the utilization crosswalk to crosswalk 35 percent of the utilization to CPT code 77412 and 55 percent of the utilization to CPT code 77407.***

ACRO Advocacy Ahead

- Overall changes in the PFS Final Rule were -3.8% in the 2026 PFS Final Rule for the treatment delivery codes vs. a -10% proposed cut in the 2026 PFS Proposed Rule.
 - When other increases were included freestanding radiation therapy was flat relative to 2025, but we still have more work to do!
- ACRO is undergoing analyses relating to the OPPS to PFS crosswalk and utilization assumptions for advocacy in the upcoming 2027 PFS Proposed Rule.
- ACRO continues to work with Congress on policies relating to Medicare PFS Structural Reform.
- ACRO is planning a Congressional Hill Day for later this year.
- ACRO launched a survey on April 15 regarding new code set - <https://acro.org/news/725307/>

Taking Action for You: ACRO Collecting Data on Impact of New Code Set Implementation

Wednesday, April 15, 2026 ([0 Comments](#))

Posted by: ACRO



ACRO understands there are a number of insurance carriers and state insurance programs that have not updated the radiation therapy code sets in accordance with the valuations and definitions implemented in January by CMS.

This delay is challenging operations and the financial viability of radiation oncology practices, especially in the community setting. If you have payers in your state that have not updated their code sets or fee schedule, please let us know using the survey linked below.

We are partnering with a number of our members and organizations throughout the Radiation Oncology community on a grassroots effort to encourage action from those payers.

[Click here to complete the survey.](#)

ACRO Advocacy Ahead

- **Bipartisan Doc Caucus Outline**
 - Title I. Conversion Factor of MEI-1%
 - Maintains the split conversion factor and has stipulations that the adjustment cannot exceed .75 of total MEI or fall below .25 of MEI in a given year
 - Primary Care add on payments for the same duration as the MIPS transition period 5 years, \$500 million budget neutrality exempt investment in primary care at the discretion of the Secretary
 - Title II. MIPS Reform
 - Temporary Reduction in MIPS penalties during transition period
 - Establish new Quality Care Reform Task Force at CMS to develop and implement new quality reporting metrics
 - Title III. APM Reform
 - Freeze current APM threshold for three years
 - Title IV. Budget Neutrality Reform
 - Strikes current \$20 million and inserting \$54.3 million and indexing it to MEI every 5 years
 - Require that once every 5 years the Secretary shall update the direct cost calculations and valuations in consultation with the relevant stakeholders
- **Medicare PFS Structural Reform also under consideration as part of the package**
 - Could include provisions to remove practice expense from the PFS altogether.

ACRO Endorses Radiation Oncology Case Rate Legislation (S. 4330 / H.R. 8404)



Wednesday, August 28, 2024 [\(1 Comments\)](#)

Posted by: ACRO



FOR IMMEDIATE RELEASE

ACRO Endorses Radiation Oncology Case Rate Legislation (S. 4330 / H.R. 8404) As Part of Broader Effort to Remove High-Cost Equipment and Supplies from the Medicare Physician Fee Schedule

WASHINGTON, DC – [August 28, 2024] – Today, the American College of Radiation Oncology (ACRO) endorsed the Radiation Oncology Case Rate Value Based Program Act (S. 4330 / H.R. 8404). In December of 2023, ACRO joined with the American Society for Radiation Oncology (ASTRO) with the goal of reforming radiation oncology Medicare payments. ACRO believes this legislation is an important step forward towards this goal and as part of a broader effort to remove high-cost equipment and supplies from the Medicare Physician Fee Schedule (MPFS).

For years, ACRO has been aggressively advocating for reversal of ongoing Medicare cuts to radiation oncology and is proud to have led the effort to secure a freeze to radiation therapy cuts in the Patient Access and Medicare Protection Act of 2015 (PAMPA).

- PAMPA also included provisions requiring the Secretary of Health and Human Services to submit to Congress a “report on the development of an episodic alternative payment model for payment under the Medicare program for radiation therapy services.”
- This report ultimately led to the Center for Medicare and Medicaid Innovation (CMMI) proposing a radiation oncology case rate model in 2019. Although the overall structure of the CMMI model was promising, discounts contained within later versions of the model rendered it unacceptable to the broader radiation oncology community, particularly given more than 20% cuts that already had occurred to the specialty since 2006.

Questions?