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ACROinsights – What is So Special About the Special Treatment Procedure?

The goal of this series of articles is to ensure that radiation oncologists are aware of and provided with the knowledge to practice in a compliant manner. This installment will review the guidelines and information related to billing for CPT® 77470, special treatment procedure. The information contained within this ACROinsights article is meant as general guidance and is not meant to replace authoritative guidance for coding and billing.

Understanding the Special Treatment Procedure

Throughout the course of radiation therapy there may be circumstances which require additional work and resources to manage the patient throughout the continuum of care. Many of these services do not have applicable billing codes to report to the payer but may consume significant time and resources. For these "special" circumstances, which are not routine, it may be possible to bill a special treatment procedure, to encompass the extra work and resources provided. A special treatment procedure is billed with CPT® code 77470 and includes both professional and technical components.

Early guidance from the AMA in 1991 outlines CPT® code 77470 was to be billed whenever any special procedures were performed in radiation therapy. At that time, the complexity of services which would become routine were not what they are now in 2020. Over time CPT® 77470 has not changed very much in definition, but the services and technology in radiation oncology have significantly evolved.

Due to this, understanding the nature of the extra work and resources to support billing CPT® 77470 may be confusing. **There is no nationally recognized list of qualifying conditions or work that will always apply to support a special treatment procedure, although some payers do provide guidance of potential applications. Use of the code may depend on a case-by-case basis for specific circumstances.**

Payer polices (e.g. Wisconsin Physician Services Radiation Oncology Including Intensity Modulated Radiation Therapy (IMRT) LCD L30316 and Noridian Administrative Services, LLC Radiation Oncology: External Beam/Teletherapy LCD (L23754)) have included potential applications for CPT® code 77470. The following is a list of potential services included in the LCDs referenced; however, this is not an all-inclusive list.

- Brachytherapy,
- Hyperfractionation,
- Hyperthermia,
- Combination with chemotherapy or other combined modality therapy, and
- Any other special time-consuming treatment plan

Historically, IMRT was included in the list of indications by some payers. When IMRT was newly introduced, it was common for payers to support use of the special treatment procedure related to the additional work required for IMRT. As the technology matured and became more routinely adopted, this changed and there is now guidance provided by the AMA available in *Clinical Examples in Radiology*, Spring 2012, to support a special treatment procedure is not billable for IMRT. *"Code 77470 should not be billed routinely with intensity modulated radiation therapy (IMRT). Circumstances should dictate when a special radiation treatment is necessary (e.g., patients receiving IMRT and chemotherapy or pediatric patients receiving IMRT). The clinical indications to justify the special radiation treatment should be documented."*

If the extra work and resources provided are routine for patients or that is the practice focus of the provider and center, a special treatment procedure code would not be billable for these resources and extra work. For example, if a facility only performs brachytherapy or only performs stereotactic services, then neither of these would be supportive reasons for this code as this is the routine practice for the setting. Another reason unrelated to this routine would have to apply and be documented in order for the 77470 to be considered billable.

Under any circumstance, a special treatment procedure is billable only once per course of treatment. The AMA provides additional support that CPT® code 77470 is billable once per course of treatment for the extra work and management of the patient throughout the course of treatment within *CPT® Case Studies: Examples of Procedures and Services, "This code is not to be utilized for the work of each treatment modality but represents the added work in evaluation, planning and direct patient care and is only billed once for the entire course of treatment."*

CPT® code 77470 can be billed at any time during the course of treatment; however, there are some edits with services such as IMRT and stereotactic radiotherapy where it cannot be billed on same date as other services. If a special treatment procedure is appliable, it should be known at the initiation of the course of treatment that additional non-routine work and resources will be provided to support billing a special treatment procedure. Rather than providing a separate note by the physician, it can be documented in the physician's clinical treatment planning note.

The documentation to support CPT® code 77470 should include an explanation of the additional, non-routine work and resources provided to the patient and managed throughout their course of treatment. **The use of a check box to simply state "special treatment procedure", "concurrent chemotherapy", or "brachytherapy" is insufficient to support payment. Supporting documentation must describe what about the care and resources related to the specific reason or other element of care during a course of radiation required extra work by the physician to manage the patient.** This may include detailing the coordination of care for the ongoing chemotherapy and radiation concurrent modalities or detailing the additional coordination, planning, and dose management work related to a mixed modality external beam and brachytherapy course of treatment.

As a "special" service, CPT® 77470 is, by definition, not to be routinely utilized. There may be difficult patients treated and managed through the course of their therapy, but this does not mean it is supportive to report CPT® code 77470 on every patient. The RVUs and reimbursement associated with CPT® code 77470 may incentivize utilization, especially for services for which there are no designated billing code, but this does not justify use of the code.

The current CY 2020 MPFS and HOPPS national reimbursement rates for code 77470 are listed in the table below.

Code	2020 MPFS Global National Rate	2020 MPFS Technical National Rate	2020 MPFS Professional National Rate	2020 HOPPS National Rate
77470	$136.78	$25.98	$110.80	$538.83

The Take Home Message

It is critical for hospitals, physicians, and freestanding center physicians and staff to understand how to properly document and bill for a special treatment procedure. CPT® code 77470, represents the work and resources provided above and beyond the ongoing care and primary services to the patient. It may be appropriate for billing with standard external beam services, 3D, IMRT, stereotactic radiotherapy, and brachytherapy services, but documentation must support a description of the extra work and resources provided. Improper utilization and documentation to support the extra work and resources provided to the patient, if not appropriate, can result in denial, review, and potential devaluation of services related to the course of therapy.