



DOSIMETRY

SciMoCa™ PLAN QA BY IBA DOSIMETRY REIMBURSEMENT GUIDE 2020

The following recommendations are intended for guidance with documentation and coding and billing related to use of SciMoCa™ for plan QA by IBA Dosimetry. This document is only to serve as a guide and not intended to dictate or determine practice patterns of customers. Actual coding will be dependent upon physician orders, documentation and patient needs.

Payer guidelines require secondary independent review of the basic dosimetry calculations generated from any IMRT treatment plan and this review must be completed prior to the first fraction of treatment. Secondary basic dosimetry calculations are not required for 2-D and 3-D courses of treatment but are standard of care in many cancer centers.

SciMoCa™ provides several summary calculations and settings per beam which include independent verification of each planned treatment beam, as required for IMRT courses of treatment. Any separate point dose calculations are not separately billable. SciMoCa™ documentation includes secondary MU calculations which includes a comparison between the planned monitor units and those measured independently for various radiation therapy-based treatment systems.

Billing for SciMoCa™ will depend upon the planned course of therapy. Currently IMRT courses can bill CPT® code 77300 for documentation of the secondary independent basic dosimetry calculations for Medicare and commercial payers. An independent review of 3-D and 2-D planned basic dosimetry calculations is not required by payers; however, many cancer centers have adopted performing an independent review as standard of care. Courses planned with standard isodose planning, 2-D, do not allow for billing of basic dosimetry calculations as they are bundled into the treatment plan.

3-D PLAN COURSES

- Secondary independent calculations are standard of care in many cancer centers nationwide but are not required and not separately billable for 3-D courses.

IMRT PLAN COURSES

- Basic dosimetry calculations derived from IMRT plans, including VMAT, require secondary independent review by payers. This is required for all radiation therapy treatment machines with IMRT planning.
- Documentation of the secondary basic dosimetry calculations includes the MU calculation value from the secondary independent check. Only one secondary MU calculation per arc or beam is billable and physician approval must be present on each calculation prior to the start of the first fraction of IMRT treatment.
- CPT® code 77300 is billable for each secondary basic dosimetry calculation; however, the Medically Unlikely Edit (MUE) by CMS is 10 per date of service. If more than 10 calculations are medically necessary on the same date of service, Medicare indicates to bill for what was medically necessary and appeal any denials based on documented support of the quantity.

2020 MEDICARE NATIONAL AVERAGE REIMBURSEMENT CPT® CODE 77300

CPT®/ HCPCS	DESCRIPTION	HOSPITAL OUTPATIENT DEPARTMENT	AMBULATORY SURGICAL CENTER (ASC)	PHYSICIAN PRO ONLY IN HOSPITAL OUTPATIENT DEPARTMENT OR ASC	PHYSICIAN OFFICE / FREESTANDING FACILITY (GLOBAL FEES)
77300	Basic Dosimetry Calculation	\$126.59	\$33.92	\$33.56	\$67.85

For additional reimbursement assistance, please email IBA@RCCSinc.com

iba-dosimetry.com



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