



Electron Radiation Therapy for Skin Cancer

Reimbursement Guidelines

These guidelines have been developed to assist you in obtaining the appropriate physician payment and reimbursement for External Beam Radiation Therapy (EBRT). EBRT may be a covered service if all of the requirements established by Medicare and the third-party payers are met.

It is essential that each claim be coded properly and supported with adequate documentation in the medical record.

EBRT for skin cancer is divided into multiple treatments (“fractions”), typically 20-30, administered daily over 4 to 6 weeks. The average time for each treatment is 10 minutes. This chart is based on average US global billings for 25 fractions. Actual rates and billings for CMS and private payers will vary by locations.

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CPT	CPT Description	Quantity Billed	Professional Rate	Technical Rate	Global Rate	Professional Reimbursement	Technical Reimbursement	Total Reimbursement
77263	Clinical Treatment Plan	1	\$152.35	\$0.00	\$152.35	\$152.35	\$0.00	\$152.35
77280	Simple Simulation	1	\$74.27	\$159.63	\$233.90	\$74.27	\$159.63	\$233.90
77321	Special Teletherapy Port Plan	1	\$45.70	\$86.43	\$132.13	\$45.70	\$86.43	\$132.13
77331	TC Diodes	1	\$0.00	\$19.98	\$19.98	\$0.00	\$19.98	\$19.98
77332	TC Treat Devices Simple	1	\$0.00	\$54.88	\$54.88	\$0.00	\$54.88	\$54.88
77334TC	Complex Tx Device	1	\$0.00	\$105.95	\$105.95	\$0.00	\$105.95	\$105.95
77300TC	Calculation	1	\$29.71	\$44.23	\$73.94	\$29.71	\$44.23	\$73.94
77336	Weekly Physics	4	\$0.00	\$70.99	\$70.99	\$0.00	\$283.96	\$283.96
77413	Complex Treatment Delivery	25	\$0.00	\$216.53	\$216.53	\$0.00	\$5,413.25	\$5,413.25
77427	Weekly Physician Management	4	\$177.10	\$0.00	\$177.10	\$708.40	\$0.00	\$708.40
99214	Office Visit, established patient (follow-up)	1	\$89.89	\$0.00	\$89.89	\$89.89	\$0.00	\$89.89
99244	Office Visit, consult	1	\$179.01	\$0.00	\$179.01	\$179.01	\$0.00	\$179.01
Total Estimated Reimbursement						\$1,279.33	\$6,168.31	\$7,447.64

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The information provided with this notice is general reimbursement information only as of January 2009; it is not legal advice, nor is it advice about how to code, complete or submit any particular claim for payment. Although we supply this information to the best of our current knowledge, it is always the provider's responsibility to determine and submit appropriate codes, charges, modifiers and bills for the services that were rendered. This information is provided as of the date listed above, and all coding and reimbursement information is subject to change without notice. Payers or their local branches may have their own coding and reimbursement requirements and policies. Before filing any claims, providers should verify current requirements and policies with the payer.