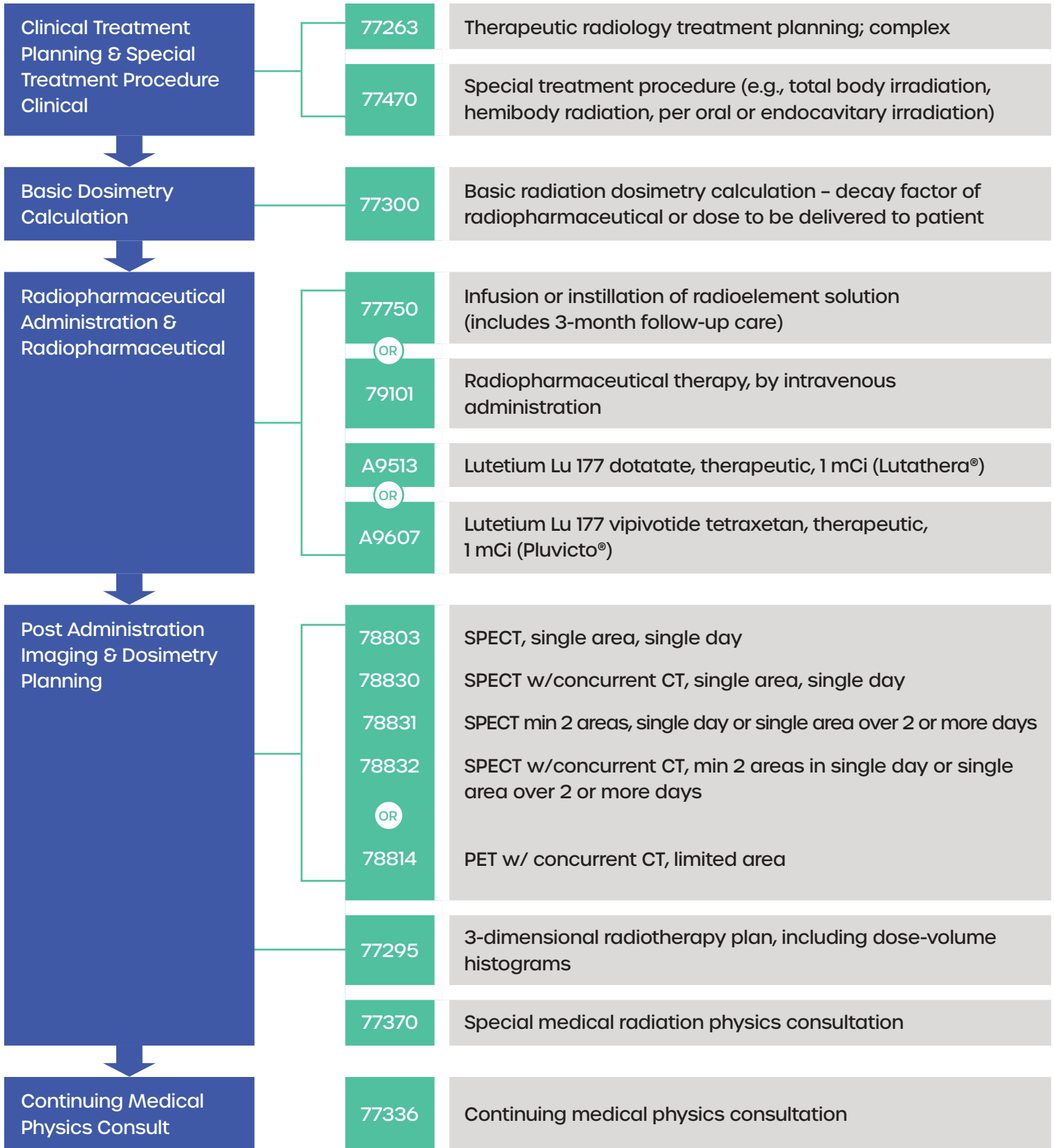


LUTATHERA® AND PLUVICTO®



VOXIMETRY

Clinical Treatment Planning & Special Treatment Procedure	77263	Therapeutic radiology treatment planning; complex
	<p>The clinical treatment plan is a narrative note by the physician outlining their cognitive thought process for the course of treatment. Since either form of Lutetium-177 is a multiadministration course, a complex clinical treatment plan could be billed with supporting documentation outlining the orders.</p>	
	77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
<p>Documented within the clinical treatment plan, description of the extra work and resources provided to the patient and managed throughout the course of treatment is needed by the physician to support billing a special treatment procedure.</p>		
<p>Both clinical treatment planning and special treatment procedure are billable once per course of treatment, at the beginning of the course of treatment.</p>		
Basic Dosimetry Calculation	77300	Basic radiation dosimetry calculation – decay factor of radiopharmaceutical or dose delivered to patient
	<p>Documentation of the calculated decay factor or dose to be delivered, if not a standard amount per package insert, could be billed with each administration.</p>	
Administration & Radiopharmaceutical	77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)
	OR	
	79101	Radiopharmaceutical therapy, by intravenous administration
	<p>The physician's procedure note will document type of administration for treatment. The appropriate administration code may vary and depend on the specialty of the physician administering the radiopharmaceutical.</p>	
	A9513	Lutetium Lu 177 dotatate, therapeutic, 1 mCi (Lutathera®)
	OR	
A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 mCi (Pluvicto®)	
<p>The radiopharmaceutical is reported with corresponding HCPCS code in quantity. Any waste of single dose vial is reported with the HCPCS code and modifier JW on separate line. If the entire single dose vial is administered the HCPCS code is reported with modifier JZ on single claim line.</p>		
<p>One administration code as well as the quantity of Lutetium-177 administered is reported at each administration.</p>		

Post Administration Imaging

78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging
78830	Tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
78831	Tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
78832	Tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)

Post administration imaging may be ordered by the physician. The type of scan(s), number of areas, and the number of days over which imaging takes place will determine the appropriate code. Reimbursement may vary by payer per the number and type of imaging performed.

Dosimetry Planning

77295	3-dimensional radiotherapy plan, including dose-volume histograms
77370	Special medical radiation physics consultation Billable once per course of treatment, not per administration/dose analysis

Requirements of a 3D radiotherapy plan, there must be a tumor/target volume and at least one critical structure contoured and included on the dose volume histogram (DVH), delineation of volumes with isodose distributions, and a 3D dose cloud rendering generated from the treatment planning system. If all stated criteria are not met, a 3D plan is not supported as billable. Physician and physicist approval is needed on the treatment planning documentation.

A special physics consult may be appropriate when the physician requires the qualified medical physicist (QMP) to perform some kind of additional dosimetric analysis in which they are the only one with the expertise to complete. The QMP is expected to perform all of the work and generate a report answering the request and outlining their findings. This may be applicable for patients who have been previously treated with radiation or have some other factors which may impact the amount and type of radiation prescribed.

Medical necessity and documentation must support the clinical benefit and code criteria. Treatment planning documentation requires the approval signature of the physician and physicist.

Continuing Medical Physics

77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy
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The physicist must document their work in reviewing the dosimetric components of the treatment to ensure all doses, treatment planning and any special considerations have accurately been delivered and documented in the medical record. Billable once per 5 treatments.

DISCLAIMER

The information contained within this document is intended to highlight documentation, coding, and billing available to be used with select therapeutic radiopharmaceutical courses. This document only serves as a guide and is not intended to dictate or determine practice patterns. Actual coding is dependent upon medical necessity, physician orders, documentation, and patient needs. Indication of reimbursement rate values does not guarantee payment or coverage by the individual payer. To determine coverage and limitations of therapeutic radiopharmaceutical courses of treatment, review of payer policies is necessary.

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Actual coding is dependent upon medical necessity, physician orders, documentation, and patient needs. Coverage and limitations of Pluvicto (Lu-177 Vipivotide Tetraxetan), Lutathera (Lu-177 dotatate), and use of treatment planning system may vary by payer. Documentation of the physician's clinical treatment plan contains details of the orders for the course and as defined by payer guidelines; this is not the prescription. A procedure note by physician detailing the handling and loading, date and time, dose and status of patient following administration is required. Additional drugs and administration codes may be billable as ordered, supported, and documented. Documentation of the 3D plan with delineated volumes and DVH must be signed by the physician and physicist and available in the medical record.