

# **FEE RULES – RADIATION ONCOLOGY FEE SCHEDULE**

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## 1. EXTERNAL BEAM RADIATION

1.1 Where appropriate codes are split into a **professional fee component**, denotes by the code number starting with 58\*\* and a **technical fee component** denoted by the code number starting with 56\*\*.

## 2. PLANNING OF TREATMENT

**2.1 Only one planning code** should be used for all planning during a particular course of treatment. Such code must include provision for all additional planning procedures to be carried out during the course of the therapy, such as reduced volumes and boost volumes. All planned actions should be taken into account in determining the most appropriate code from the beginning.

**2.1.1** In exceptional cases where, due to unforeseen circumstances, planning is required for reduced volumes which would have attracted a higher fee, negotiations for payment of the difference in fee must take place with the Funder directly. This is preferable to charging a higher code upfront in lieu of such a possible scenario developing.

**2.1.2** The only exception to the one code only rule is where a specific case requires the use of IMRT as a small volume booster in addition to another planning code which was used in treating the larger volume. (codes 5825 & 5625)

**2.2 Treatment devices** used for initial field shaping or shielding of critical structures or beam modification are incorporated into the fees and are not to be charged separately. Only non radiation specific items with specific NAPPI codes can be charged for separately. (e.g. specialised thermoplastic masks)

**2.3 Radiotherapy Planning** refers to the process of determining the specific volume of interest to be treated, defining the organs at risk and determining the acceptable dose constraints for such, synthesizing the best treatment portal configuration, optimal dosing schedules and determining ultimate treatment times.

**2.3.1 Manual Radiotherapy Planning / No Simulation** – (Codes 5801 & 5601 / 5802 & 5602 / 5803 & 5603) refer to a situation where no imaging equipment has been used in determining the area to be treated. The patient is marked up in a manual fashion without use of any imaging devices. In such scenario the graphic planning can be done by calculator, using look up tables, a simple computerized program or by using sophisticated planning computer programs.

**2.3.2 Conventional Radiotherapy Planning** - (Codes 5808 & 5608 / 5809 & 5609 / 5810 & 5610) refers to a situation where one of the following has been used in determining the area to be treated.

- Conventional simulator
- CT Scan / CT Simulator
- Radiation therapy equipment
- Other diagnostic imaging equipment

This section applies to instances where such images are not fed directly into planning systems and therefore cannot be utilised in the generation of 3-dimensional plans. Graphic planning can be done by calculator, using look up tables, a simple computerized program or by using sophisticated planning computer programs.

**2.4 Three-Dimensional Radiotherapy Planning** - (Codes 5820 & 5620 / 5821 & 5621 / 5822 & 5622) refers to a situation where volume determination is done

using a CT / MRI scan and where such digital images are imported to the planning computer and used in true 3-Dimensional treatment planning systems, determining the beam effects on the determined volume on a pixel by pixel basis.

**2.5 Intensity Modulated Radiotherapy Planning / Inverse Planning** - (Codes 5823 & 5623 / 5825 & 5625 / 5826 & 5626) refers to planning and treatment techniques utilizing 3-Dimensionally constructed volumes of interest arising from digital input of CT and / or MRI data, and specifically using a dedicated inverse planning computer. In the absence of the inverse planning facilities as specified above the Special 3D simulation codes should be used.

**2.6 Volume of interest** refers to that defined volume within the body to which the radiation therapy is directed.

**2.6.1 Single volume of Interest** (Codes 5801 & 5601 / 5808 & 5608 / 5820 & 5620) refers to instances where the entire proposed area to be irradiated can be covered treatment by using a single set of beams from different directions but in one treatment set up.

**2.6.2 Multiple volumes of interest** (Codes 5802 & 5602 / 5809 & 5609 / 5821 & 5621) refers to instances where the proposed area to be irradiated cannot be covered using one set of treatment beams and where more than one volume has to be defined and treated with separate treatment beam set ups.

- Two adjacent volumes of interest occur e.g. Breast cancer, Head and Neck cancers
- Where an initial larger volume and a subsequent smaller boost volume are planned
- Palliative therapy directed at separate areas, e.g. Rib plus spine or hip

**2.7 Special Planning Procedures** - (Codes 5803 & 5603 / 5810 & 5610 / 5822 & 5622) - refer to specialised treatments including (but not limited to) the following scenarios, or equivalent scenarios:

- Half body
- Total body irradiation
- Mantle or Inverted Y techniques
- Craniospinal techniques
- Total Nodal irradiation
- Forward IMRT like planning with 7 to 10+ (seven to ten or more) separate treatment portals
- Image fusion techniques (fusion of different diagnostic imaging modalities).
- Two modalities are combined e.g. EBRT & Brachytherapy in prostate cancer.
- Where other specialities (excluding Radiology) are required to assist in person in determining tumor volumes and / or organs at risk during planning treatment.

**2.8 CT / MRI Scanning** – No costs for any CT or MRI Scans are included in the any of the planning fees above. All CT and / or MRI scans should be charged for by the Radiologist or the Oncologist (code 5895 is deemed an appropriate comparable code under rule “C” or the appropriate CT / MRI Scan code).

## 3. DELIVERY OF TREATMENT

### 3.1 Kilovolt Treatment

**3.1.1** Professional Code 5834 – Technical Code 5634

**3.1.2** To be charged per week or part thereof irrespective of the number of fractions given, whether as a short course or full course of treatment.

**3.2 Short Course Radiation Treatment Sessions** (Codes 5835 & 5635 / 5836 & 5636 / 5837 & 5637) constitute daily fractions of 1 - 3 (one to three) days of treatment either when: delivered as the complete treatment or where 1-3 (one to three) treatments are delivered beyond a multiple of five at the end of more extended therapy.

**3.3 Single (One) Volume of Interest** (Codes 5835 & 5635) - refers to instances whereby the entire proposed area to be irradiated can be covered using a single set of beams from different directions but in one treatment beam set up.

**3.4 Multiple Volumes of Interest** (Codes 5836 & 5636) - refers to instances where the proposed area to be irradiated cannot be covered using one set of beams and where more than one volume has to be defined and treated with separate treatment set ups.

**3.5 Special techniques for short course treatments** (Codes 5837 & 5637) are defined as including (but not limited to) the following scenarios, or equivalent scenarios:

- Half body
- Total body irradiation
- Mantle or Inverted Y techniques
- Craniospinal techniques
- Total Nodal irradiation
- MLC Radiation

- IMRT Radiation
- Whole Body Radiation techniques

**3.6 Weekly Radiation Treatment Sessions** ( Codes 5839 & 5639 / 5840 & 5640 / 5841 & 5641 / 5849 & 5649 / 5850 & 5650 / 5851 & 5651 / 5854 & 5654 / 5855 & 5655) are defined as:

**3.6.1** Each 5 (five) consecutive treatments delivered, regardless of the number of days over which such treatment is given, is counted as one week of treatment. (See section 3.7)

**3.6.2** A full course of treatment which consists of only 4 (four) treatments in total.

**3.6.3** 4 (four) treatments beyond a multiple of five at the end of therapy, E.g. 29 fractions would be billed as 5 weeks of 5 fractions, whilst the 6<sup>th</sup> week consisting of four fractions is also counted as a full week – thus 29 fractions = 6 weeks

**3.7 Hyper fractionated treatments** should be billed according to Fee Rule 3.6.1 above whereby each 5 (five) consecutive completed treatments are billed as a weekly treatment irrespective of the number of days over which the treatment is given. E.g. two fractions daily for 5 (five) days would in fact be 10 (ten) treatments over 5 (five) days and would attract the appropriate codes x 2 (two) over this 5 (five) day period.

**3.8 Hypo fractionated treatments** should be billed according to Fee Rule 3.6.1 above whereby each 5 (five) consecutive completed treatments are billed as a weekly treatment irrespective of the number of days over which the treatment is given. E.g. three fractions per week should be billed as a weekly treatment code after 5 (five) days of treatment have been completed, in this scenario billable in the second and fourth week of treatment only.

**3.9 Weekly Radiation Treatment Sessions – Conventional Techniques** (Codes 5839 & 5639 / 5840 & 5640 / 5841 & 5641) apply to situations where no special machine characteristics are involved and where conventional beam shaping and protective devices such as wedges; alloy blocks and masks are used:

**3.9.1 Single (One) Volume of Interest** (Codes 5839 & 5639) - refers to instances whereby the entire proposed area to be irradiated can be covered using a single set of beams from different directions but in one treatment set up.

**3.9.2 Multiple Volumes of Interest** (Codes 5840 & 5640) - refers to instances where the proposed area to be irradiated cannot be covered using one set of beams and where more than one volume has to be defined and treated with separate treatment set ups. This code is also applicable in cases where one volume of interest is treated with 6 (six) or more fields (forward planned “IMRT type” treatment).

**3.9.3 Special techniques** (Codes 5841 & 5641) for weekly conventional radiation treatment are defined including (but not limited to) the following scenarios, or equivalent scenarios:

- Half body
- Total body irradiation
- Mantle and Inverted Y techniques
- Craniospinal techniques
- Total Nodal irradiation

**3.10 Multileaf Collimator Radiotherapy - Advanced Techniques** – (Codes 5849 & 5649 / 5850 & 5650 / 5851 & 5651) – these codes may only be charged where multileaf collimators are necessary and used in the treatment delivered, and are not

to be charged for in a routine fashion simply because the machine has such collimators available:

**3.10.1 Single (One) Volume of Interest** (Codes 5849 & 5649) - refers to instances whereby the entire proposed area to be irradiated can be covered using a single set of beams from different directions but in one treatment set up.

**3.10.2 Multiple Volumes of Interest** (Codes 5850 & 5650) - refers to instances where the proposed area to be irradiated cannot be covered using one set of beams and where more than one volume has to be defined and treated with separate treatment set ups. This code is also applicable in cases where one volume of interest is treated with 6 (six) or more fields (forward planned "IMRT type" treatment).

**3.10.3 Special techniques** (Codes 5851 & 5651) for weekly conventional radiation treatment are defined, including (but not limited to) the following scenarios, or equivalent scenarios:

- Half body
- Total body irradiation
- Mantle and Inverted Y techniques
- Craniospinal techniques
- Total Nodal irradiation

**3.11 Intensity Modulated Radiotherapy - Advanced Technique** – (Codes 5854 & 5654) codes may only be charged where treatment volumes are determined and planned in accordance with the definition of IMRT planning and using an inverse planning computer system.

**3.12 Whole Body Radiation - Advanced Technique** – (Codes 5855 & 5655) includes, but is not limited to the following scenarios, or equivalent scenarios:

- Total Body Irradiation (TBI) & Total Nodal Irradiation (TNI) as part of Bone Marrow Transplant conditioning program
- Total skin irradiation

These are typically treatments that are extremely time consuming taking around 45 to 60+ minutes of treatment time per treatment session. This would necessitate the use of specially designed extensive shielding or protective artefacts. This code should not be used for palliative half or whole body radiation.

## 4. STEREOTACTIC RADIATION

**4.1 Stereotactic Radiation** – (Codes 5860 & 5660 / 5861 & 5661) includes fees for all participants, Radiation Oncologist, Medical Physicist, Radiotherapist and Neurosurgeon, all Radiological examinations, all planning and therapy equipment used and all radiation related materials used. The code distinguishes between:

- **Single or up to Four Fractions** – (Codes 5860 & 5660)
- **Five or more Fractions** – (Codes 5861 & 5661)

## 5. BRACHYTHERAPY

- 5.1** All fees **include the following costs:** storage, handling, calibration, administration, monitoring and disposal of isotopes, and no additional charge should be levied for any of these functions.
- 5.2** The fees **do not include the cost** of isotopes and materials, and the cost of these items must be charged for separately using code 0201 and appropriate NAPPI code.
- 5.3** Radio-isotope therapy patients who fail to keep their appointments, or cancel after such isotope has been ordered will be **liable for the cost** of the isotope.
- 5.4** Due to significant technological advances in terms of planning brachytherapy these codes are **NOT** deemed to **include the technical component where 3-D planning techniques** are employed, however the professional component of planning is deemed to be included.

## 6. ISOTOPE / APPLICATOR THERAPY

- 6.1 Isotope / Applicator Therapy – Low Complexity** - (Code 5870) refers to administration of low dose oral preparations or radioactive isotopes or the use of surface applicators such as Strontium applicators, irrespective of number of applications. This is typically done on an outpatient basis. The use of this code precludes the use of any other brachytherapy codes.
- 6.1.1** This code can be **charged per 5 (five) treatment sessions** if given in a fractionated manner over a short period of time – this rule does not apply to retreatment at a later stage.

**6.1.2** The fees **do not include the cost** of isotopes and materials, and the cost of these items must be charged for separately using code 0201 and appropriate NAPPI code.

**6.2 Isotope / Applicator Therapy – Intermediate Complexity** – (Code 5872) - refers to the administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular administration of radioactive isotopes.

**6.2.1** Typically used as an **outpatient procedure** or for inpatients requiring admission and less than 48 (forty eight) hours of active dose monitoring.

**6.2.2** To be **billed once only per course** of treatment.

**6.2.3** The fees **do not include the cost** of isotopes and materials, and the cost of these items must be charged for separately using code 0201 and appropriate NAPPI code.

**6.3 Isotope / Applicator Therapy – High Complexity** – (Code 5873) - refers to the surface application of seed arrays requiring dosimetric assessment to determine optimal seed positioning. This includes skin applicators and intra-oral applicators. Also to be used for oral or invasive isotopes which require hospitalization with more than 48 (forty eight) hours of active dose monitoring.

**6.3.1** To be **billed once only per course** of treatment.

**6.3.2** The fees **do not include the cost** of isotopes and materials, and the cost of these items must be charged for separately using code 0201 and appropriate NAPPI code.

## 7. BRACHYTHERAPY – IMPLANTS

**7.1** These codes relate to the placement of guide tubes, needles or applicators and are typically used in conjunction with code series 5890, 5892 and 5893.

**7.2 Brachytherapy Implants - Low Complexity** - (Code 5882) - refers to the placement of a single guide tube for the administration of brachytherapy which requires less than 8 (eight) dwell points.

**7.2.1** To be **billed once only per course** of treatment.

**7.2.2** The fees **do not include the cost** of isotopes and materials, and the cost of these items must be charged for separately using code 0201 and appropriate NAPPI code.

**7.3 Brachytherapy Implants - Intermediate Complexity** – (Code 5883) - refers to placement of planar implants requiring more than 1 (one) guide tube for the administration of brachytherapy, or the use of more than 8 (eight) dwell points in a single guide tube, or any procedure requiring less than 8 (eight) dwell points but which requires general anaesthesia for insertion.

**7.3.1** To be **billed once only per course** of treatment.

**7.3.2** The fees **do not include the cost** of isotopes and materials, and the cost of these items must be charged for separately using code 0201 and appropriate NAPPI code.

**7.3.3** Also the maximum code to be used where more than one specialty is involved in theatre in doing a brachytherapy implant. (see section 13)

**7.4 Brachytherapy Implants – High Complexity** – (Code 5885) - refers to placement of volume implants. E.g. Prostate, Breast booster or tumor bed booster implants. Inclusive fee for implant under either local or general anaesthetic.

**7.4.1** To be **billed once only per course** of treatment.

**7.4.2** The fees **do not include the cost** of isotopes and materials, and the cost of these items must be charged for separately using code 0201 and appropriate NAPPI code.

**7.5** Codes **5882, 5883** and **5885** are typically associated with codes **5890, 5892** and **5893** as well as codes 5621 and 5622 as may be appropriate.

## **8. BRACHYTHERAPY- AFTERLOADING**

**8.1** These codes relate to the delivery of radiation treatment. These codes represent a global fee irrespective of the number of fractions used.

**8.2 Brachytherapy Treatment: Global fee for manual afterloading** – (Code 5890) includes storage, handling, calibration, professional fees for planning, manual loading, daily treatment, monitoring, removal and disposal of the isotope.

**8.2.1** The fees **do not include the cost** of the technical component for computerized planning typically codes 5621 OR 5622 which must be charged for separately.

**8.2.2** The fees **do not include the cost** of isotopes and materials, and the cost of these items must be charged for separately.

**8.3 Brachytherapy Treatment: Global fee for remote afterloading** – (Codes 5892 & 5893) includes calibration, professional fees for planning, daily treatment, monitoring, removal and disposal of implant materials on completion.

**8.3.1** The **cost of materials are not included** and must be charged for separately, however no separate charge is to be levied for isotope in this scenario as it is included in the technical fee component.

**8.3.2** The **professional component** is to be charged using code 5892.

**8.3.3** The **technical component** is to be charged using code 5893.

**8.4** The fees **do not include the cost** of the technical component for computerized planning typically codes 5621 OR 5622 which must be charged for separately.

## **9. BRACHYTHERAPY – IMPLANT SPECIAL IMAGING**

**9.1 Brachytherapy Imaging – (Code 5895)** – the above brachytherapy codes do not have a provision built in for using any fluoroscopic imaging.

**9.1.1** This code is to be charged for when using imaging modalities in placing or locating guide needles, tubes or applicators for either manual or remote afterloading brachytherapy techniques.

**9.1.2** It is proposed that this code is used where the Radiation Oncology practice uses its own CT Scanner until such time as the new unified radiology structure is implemented.

## 10. PROPOSED BILLING FOR PROSTATE IMPLANT AS SINGLE MODALITY THERAPY

10.1 The following codes should be used when billing for prostate implants:

10.1.1 5890 - Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, professional fees for planning, manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included.  
*(Regarded as including professional component of planning only)*

10.1.2 5885 – This code **should not be charged** in this scenario – also see section 13.3 in this regard

10.1.3 5895 - Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885. **Only to be billed where post implant dosimetry is done.**

10.1.4 5621 - Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - **TECHNICAL COMPONENT of planning** (excludes imaging costs for CT and MRI)

10.1.5 Cost of seeds and materials are to be billed at cost price without any mark up using code 0201 also specifying the appropriate NAPPI code.

10.1.6 Urologist to use appropriate combination of codes as per section 13

## 11. PROPOSED BILLING FOR PROSTATE DOUBLE / TRIPLE THERAPY

11.1 The following **Radiotherapy** codes should be used when billing for DOUBLE or TRIPLE THERAPY:

11.1.1 5822 & 5622 - Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL & TECHNICAL COMPONENTS (excludes imaging costs for CT and MRI) – *ONCE OFF FEE*

11.1.2 5639 & 5839 - Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - PROFESSIONAL & TECHNICAL COMPONENT – *WEEKLY x 4/5*

11.1.3 5635 & 5835 - Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL & TECHNICAL COMPONENT – *ONCE OFF FEE*

11.1.4 5883 / 5885 – These codes **should not be charged** in this scenario – also see section 13.3 in this regard

11.1.5 5890 - Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, professional fees for planning, manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included.

11.1.6 5895 - Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885. **Only to be billed where post implant dosimetry is done.**

11.1.7 Cost of seeds and materials are to be billed at cost price without any mark up using code 0201 also specifying the appropriate NAPPI code.

11.1.8 Urologist are advised to use appropriate combination of codes as per section 13

## 12. NON PROSTATE IMPLANTS

12.1 The following codes may be appropriate in such a scenario – e.g. Head and Neck implant

12.1.1 5885 - Brachytherapy Implants: Implants – Intermediate Complexity even though requiring complex volumetric studies as more than one specialty is involved in this procedure done under local or general anaesthetic. The cost of materials are not included. Where a surgical specialist is also involved in such implant the radiation oncologists should maximally charge code 5883 as per fee rule 7.3.3

12.1.2 5890 - Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, professional fees for planning, manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included.

12.1.3 5895 - Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885. **Only to be billed where post implant dosimetry is done.**

12.1.4 5622 - Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - **TECHNICAL COMPONENT of planning** (excludes imaging costs for CT and MRI)

12.1.5 Cost of seeds and materials are to be billed at cost price without any mark up using code 0201 also specifying the appropriate NAPPI code.

12.1.6 The assisting surgeon could bill code 5780

## 13. ONCOLOGY RELATED SERVICES

- 13.1 5780 - Interstitial implants: Placing of guide-tube / needles / seeds / applicators interstitially under local or general anaesthetic for radiotherapy. The cost of materials is not included.
- 13.1.1 To be used by surgical specialist involved in above mentioned procedure, e.g. Gynecologist assisting with placing guide tubes
- 13.1.2 Radiation Oncologist fee may not exceed code 5883
- 13.2 5781 - Intracavitary applications: Placing of guide-tube / needles / seeds / applicators intracavitary under local or general anaesthetic for radiotherapy. The cost of materials is not included.
- 13.2.1 To be used by surgical specialist involved in above mentioned procedure, e.g. Urologists assisting with prostate implants
- 13.2.2 Radiation Oncologist fee may not exceed code 5883
- 13.3 Possible appropriate Urological codes for participation in prostate seed implants.
- 13.3.1 Code 5780 for interstitial implant
- 13.3.2 Code 3610 for use of own ultrasound
- 13.3.3 Code 2260 for prostate brachytherapy
- 13.4 Where another specialist is required to assist in determining tumor volumes or organs at risk we propose that the guidance in terms of modifier 0008 should be followed in determining the appropriate level of remuneration amongst the various specialists involved in planning of the patient. Such arrangements should be amongst them and not attract any additional charges.