



Treatment Planning HDR Treatment Delivery

2010 Medicare Billing and Payment Information

Contura MLB: Treatment Planning & HDR Treatment Delivery

Hospital Outpatient Department (Medicare Billing)¹

Facility Billing

Pre-Treatments				
CPT ² Code	Description	APC	Status Indicator	2010 Medicare APC Payment
77014	CT Guidance for Placement of RTX Fields		N	Bundled
Treatment Set-Up				
CPT Code	Description	APC	Status Indicator	2010 Medicare APC Payment
77014	CT Guidance for Placement of RTX Fields		N	Bundled
77290	Complex Simulation	0305	X	\$266.32
77295	3-D Simulation	0310	X	\$927.34
77280	Simple Simulation	0304	X	\$102.94
76950	Ultrasonic Guidance for Placement of Radiation Therapy Fields		N	Bundled
77328	Brachytherapy isodose plan: Complex	0305	X	\$266.32
77470	Special Treatment Procedure	0299	S	\$380.58
77370	Special Physics Consult	0304	X	\$102.94
19296	Placement of balloon catheter into breast on separate day	0648	T	\$3,924.90
Daily Treatments				
CPT Code	Description	APC	Status Indicator	2010 Medicare APC Payment
76950 (per fraction)	Ultrasonic Guidance for Placement of Radiation Therapy Fields		N	Bundled
77014 (per fraction)	CT Guidance for Placement of RTX Fields		N	Bundled
77336 (2x) 77300 (per fraction)	Weekly Physics Basic Dose Calculation	0304	S	\$102.94
77280 (per fraction)	Simple Simulation	0304	X	\$102.94
77785 (per fraction)	Remote Afterloading High Intensity Brachytherapy: 1 Channel	0313	X	\$777.55
77786 (per fraction)	Remote Afterloading High Intensity Brachytherapy: 2-12 Channel	0313	X	\$777.55
77787 (per fraction)	Remote Afterloading High Intensity Brachytherapy: >12 Channel	0313	X	\$777.55

¹ Hospital outpatient reimbursement from Medicare for this procedure is based on the 2010 Hospital Outpatient Prospective Payment System, November 20, 2009 *Federal Register*. Reimbursement from private/commercial payers is applied on a case-by-case basis depending on the patient's insurance and the type of contract the hospital has signed with that specific insurance company. All rates shown are national average Medicare rates for 2010. These rates have not been adjusted for geographic variations in costs.

²Current Procedural Terminology or "CPT" is a registered trademark of the American Medical Association.

DISCLAIMER - The information contained in this document is provided to help you understand the reimbursement process as it pertains to SenoRx products and services that may be provided in conjunction with the use of a SenoRx product. It is intended to assist providers in accurately obtaining reimbursement for health care services. It is not a comprehensive statement of all of the laws, regulations, rules, policies or other resources that may affect reimbursement. It is not intended to increase or maximize reimbursement by any payer. We strongly suggest that providers consult their Medicare contractors and private payers with regard to local reimbursement policies. The information contained in this document is provided for information purposes only and represents no statement, promise or guarantee by SenoRx, Inc. concerning levels of reimbursement, payment of charge. Similarly, all CPT & APC codes are supplied for information purposes only and represent no statement, promise or guarantee by SenoRx, Inc. that these codes will be appropriate or that reimbursement will be made. CPT codes and descriptions only are copyright 2010 American Medical Associations. All rights reserved. CPT does not include fee schedules relative values or related ratings. The source for this information is the Centers for Medicare and Medicaid Services. Information current as of February 2010. The content provided by the Center for Medicare and Medicaid Services is updated frequently. SenoRx is not committing to updating this information, which may change and may stop providing this information at its sole discretion at any time. It is the responsibility of the health services provider to confirm the appropriate coding required by their local Medicare contractors and private payers. The health service provider assumes all risk related to reimbursement for SenoRx products and related services that customer provides, and SenoRx assumes no responsibility for the customer's reimbursement, if any.



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2010 Medicare Billing and Payment Information

Contura MLB: Treatment Planning & HDR Treatment Delivery
 Hospital Outpatient Department (Medicare Billing)¹
 Physician Billing

Pre-Treatments		
CPT Code	Description	2010 Medicare Fee Schedule Payment
77014	CT Guidance for Placement of RTX Fields	\$42.94
77263	Therapeutic Radiology, Treatment Planning; Complex	\$162.38
Treatment Set-Up		
CPT Code	Description	2010 Medicare Fee Schedule Payment
77014	CT Guidance for Placement of RTX Fields	\$42.94
77290	Complex Simulation	\$78.66
77295	3-D Simulation	\$230.22
77280	Simple Simulation	\$35.36
76950	Ultrasonic Guidance for Placement of Radiation Therapy Fields	\$29.23
77328	Brachytherapy isodose plan: Complex	\$105.73
77470	Special Treatment Procedure	\$105.73
77370	Special Physics Consult	Office Only
19296	Placement of balloon catheter into breast on separate day	\$201.71
Daily Treatments		
CPT Code	Description	2010 Medicare Fee Schedule Payment
76950 (per fraction)	Ultrasonic Guidance for Placement of Radiation Therapy Fields	\$29.23
77014 (per fraction)	CT Guidance for Placement of RTX Fields	\$42.94
77336 (2x) 77300 (per fraction)	Weekly Physics Basic Dose Calculation	Office Only \$31.39
77280 (per fraction)	Simple Simulation	\$35.36
77785 (per fraction)	Remote Afterloading High Intensity Brachytherapy: 1 Channel	\$71.45
77786 (per fraction)	Remote Afterloading High Intensity Brachytherapy: 2-12 Channel	\$161.30
77787 (per fraction)	Remote Afterloading High Intensity Brachytherapy: >12 Channel	\$246.82

¹ Medicare national average physician payments are calculated using the 2010 Conversion Factor of \$36.0846, which is effective from January 1 - February 28, 2010. Congress will again have to act by February 28, 2010 to ensure that physician payment is not cut for the remainder of 2010 by 21.2%. These national average Medicare rates have not been adjusted for geographic variations. Source: 2010 Final Medicare Physician Fee Schedule, November 25, 2009 *Federal Register*.

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Contura MLB: Treatment Planning & HDR Treatment Delivery
Free-Standing Radiation Oncology Center¹

Pre-Treatments		
CPT ¹ Code	Description	2010 Medicare Fee Schedule Payment ^{2 3}
77014	CT Guidance for Placement of RTX Fields	\$181.87
77263	Therapeutic Radiology, Treatment Planning; Complex	\$162.38
Treatment Set-Up		
CPT Code	Description	2010 Medicare Fee Schedule Payment ^{2 3}
77014	CT Guidance for Placement of RTX Fields	\$181.87
77290	Complex Simulation	\$492.55
77295	3-D Simulation	\$593.59
77280	Simple Simulation	\$179.34
76950	Ultrasonic Guidance for Placement of Radiation Therapy Fields	\$67.84
77328	Brachytherapy isodose plan: Complex	\$270.63
77470	Special Treatment Procedure	\$218.31
77370	Special Physics Consult	\$111.86
19296	Placement of balloon catheter into breast on separate day	\$3,604.85
Daily Treatments		
CPT Code	Description	2010 Medicare Fee Schedule Payment ^{2 3}
76950 (per fraction)	Ultrasonic Guidance for Placement of Radiation Therapy Fields	\$67.84
77014 (per fraction)	CT Guidance for Placement of RTX Fields	\$181.87
77336 (2x) 77300 (per fraction)	<i>Weekly Physics</i> Basic Dose Calculation	\$53.41
77280 (per fraction)	Simple Simulation	\$179.34
77785 (per fraction)	Remote Afterloading High Intensity Brachytherapy: 1 Channel	\$181.87
77786 (per fraction)	Remote Afterloading High Intensity Brachytherapy: 2-12 Channel	\$517.81
77787 (per fraction)	Remote Afterloading High Intensity Brachytherapy: >12 Channel	\$790.61

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² Medicare national average physician payments are calculated using the 2010 Conversion Factor of \$36.0846, which is effective from January 1 - February 28, 2010. Congress will again have to act by February 28, 2010 to ensure that physician payment is not cut for the remainder of 2010 by 21.2%. These national average Medicare rates have not been adjusted for geographic variations. Source: 2010 Final Medicare Physician Fee Schedule, November 25, 2009 Federal Register.

³ All rates shown are the national average Medicare payment rates for 2010. These rates are not adjusted for geographic variations in Medicare reimbursement. After the patient's deductible has been met, Medicare pays 80% and the patient is responsible for the remaining 20%. Many patients have supplemental insurance that covers these costs.

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