

The SAVI™ Applicator

TREATMENT PLANNING AND HDR TREATMENT DELIVERY

All codes utilized during the patient's course of treatment may not be indicated below. The total course of therapy may consist of patient consultation, surgery, treatment planning, treatment mapping, treatment delivery and management and follow-up care. Coding for each medically necessary service provided should follow appropriate clinical and coding guidelines. Actual reimbursement will vary by geographic region and payer.

Treatment Planning and Management

CPT-4*	Description	Hospital Outpatient*	Physician Professional*	Freestanding Facility*
77014	CT guidance for placement of radiation therapy fields	Packaged	\$42.56	\$185.02
77263	Therapeutic radiology treatment planning, complex	N/A	\$158.33	\$158.33
77290	Complex simulation	\$255.69	\$78.26	\$491.58
77295	3-D Treatment Planning	\$892.90	\$228.66	\$691.39
77326	Brachytherapy plan simple	\$114.70	\$46.53	\$142.83
77332	Simple treatment device	\$188.16	\$27.05	\$77.90
77334	Complex treatment device	\$188.16	\$62.03	\$158.69
77336	Weekly continuing medical physics	\$114.70	N/A	\$62.76
77370	Special medical radiation physics consultation	\$114.70	N/A	\$117.94
77470	Special treatment procedure	\$373.21	\$104.95	\$259.68

Treatment Delivery

CPT-4*	Description	Hospital Outpatient*	Physician Professional*	Freestanding Facility*
77786	HDR 2–12 channels****	\$733.25	\$160.86	\$557.95
77280	Simple simulation (verification simulation)	Packaged	\$69.61	\$148.96
77300	Basic radiation dosimetry calculation [10]	\$62.50	\$27.41	\$90.53
C1717	Brachytherapy source, Iridium	COST	N/A	N/A
77799	Unlisted procedure, Clinical brachytherapy (e.g. catheter removal by non-implanting physician)	\$430.66	Individual Consideration***	

*Payment based upon the national Medicare fee schedule for the location indicated

**Medicare payment for this procedure is packaged into the primary procedure code

***Individual Consideration requires submission of payer requested information to support appropriate reimbursement

****Multiple treatment sessions are generally permitted by payers as long as the treatments are separately identifiable sessions

NA = reimbursement not available in this setting/fee schedule

COST = reimbursement based upon hospital unique cost to charge ratio (CCR)

Procedure coding should be based upon medical necessity and procedures and supplies provided to the patient. Coding and reimbursement information is provided for educational purposes and does not assure coverage of the specific item or service in a given case. Cianna Medical® and The Pinnacle Health Group make no guarantee of coverage or reimbursement of fees. Contact your local Medicare Fiscal Intermediary, Carrier or CMS for specific information as payment rates listed are subject to change. To the extent that you submit cost information to Medicare, Medicaid or any other reimbursement program to support claims for services or items, you are obligated to accurately report the actual price paid for such items, including any subsequent adjustments. Current Procedural Terminology, numeric codes, descriptions, and modifiers are trademarks and copyrights of the AMA.



Reimbursement Support:
Cianna@thepinnaclehealthgroup.com or 866-369-9290

Cianna Medical, Inc., 6 Journey, Suite 125, Aliso Viejo, California 92656
 866.920.9444 • 949.360.0059 • Fax 949.297.4527
www.ciannamedical.com

Customer Care: info@ciannamedical.com

©2009 Cianna Medical, Inc. All rights reserved. Patents Pending.
 Cianna Medical is a registered trademark and SAVI is a trademark
 of Cianna Medical, Inc.