Best Practices for SGRT Billing

2026 Updates

Radiation Business SOLUTIONS

Disclaimers

01

Every practice is unique, and it is the Client's responsibility to implement these opinions appropriately to Client's specific practice and circumstances. Client is not under the obligation to implement any recommendations made by RBS. Recommendations made by RBS are our opinions only, and Client should consult an attorney regarding the application of these recommendations in Client's specific market and circumstance. RBS is not a law firm and is not providing legal advice to Client.

02

Client agrees to indemnify and hold RBS, its affiliates and owners, and their respective officers, directors, agents, employees and representatives (each an "RBS Indemnified Party") harmless from and against any and all claims, actions, liabilities, losses, costs and expenses of any nature whatsoever, including reasonable attorneys' fees and other costs of investigating and defending any such claim or action ("Losses"), which may be asserted against any of RBS Indemnified Parties, in connection with Client's decision to implement any recommendations made by RBS.

03

CPT copyright 2025 American Medical Association. All rights reserved. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. CPT is a registered trademark of the American Medical Association.

2026 MPFS Treatment Codes and Rates

Non-Stereotactic Daily Treatment

77402 Level 1

$82.17 MPFS
$104.24 OPPS

Radiation treatment delivery; Level 1 (for example, single electron field, multiple electron fields, or 2D photons), including imaging guidance, when performed

77407 Level 2

$309.96 MPFS
$394.05 OPPS

Radiation treatment delivery; Level 2, single isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed

77412 Level 3

$443.56 MPFS
$564.51 OPPS

Radiation treatment delivery; Level 3, multiple isocenters with photon therapy (for example, 2D, 3D, or IMRT) OR **a single isocenter photon therapy (eg, 3D or IMRT) with active motion management,** OR total skin electrons, OR mixed electron/photon field(s), including imaging guidance, when performed

Radiation Business SOLUTIONS

Image Guidance

Including SGRT

Professional Charge

77387-26

$36.41 MPFS

Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed

Common Question

Question: Can you capture 77387 for any imaging ?

Yes, if appropriate guidance is done

- Stereoscopic
- CBCT
- SGRT

AMA CPT Guideline, CPT 77387, Range Specific Guidelines

Active Motion Management

AMA CPT Definition

Treatment delivery with active motion management (77412) includes intra-fraction localization and tracking of the target(s) or patient motion to optimize beam delivery (eg, intra-fraction motion, surface guidance). Intra-fraction motion management utilizes fiducials or imaging to monitor the target or organs at risk during the breathing cycle (eg, during a deep inspiration breath hold). This method minimizes organ motion and allows more accurate delivery of radiation to mobile targets and active avoidance of OAR.

Surface guidance for active motion management is a technique that allows the linear accelerator to perform gating (eg, optical) during treatment delivery using the body surface contour as a surrogate for internal target motion and OAR avoidance. Surface guidance is one method to effect active motion management, although there are other methods as well.

Note: This is not for patient set-up prior to treatment delivery (eg, not to replace tattoos).

Radiation Business SOLUTIONS

Active Motion Management

Key Takeaways

- Medical necessity must be established.
  - Orders for active motion management must be in the chart.
  - A patient-specific statement of medical necessity is strongly encouraged.
- Patient must be monitored throughout beam on.
  - An SGRT document must be saved for each treatment showing the patient was monitored from beam on to beam off.
  - If the patient moves out of tolerance treatment must be paused (manually or automatically).

Common Question

Question: Is Vision RT Active Motion Management?

It is one tool of several on the market that can be used to carry out active motion management, if used in accordance with the definition of active motion management.

Radiation Business SOLUTIONS

Common Question

Question: What is the utilization of 77412 that CMS is expecting in 2026?

CMS estimated 35% overall utilization for CPT 77412.

AMA estimated 45% overall utilization for CPT 77412.

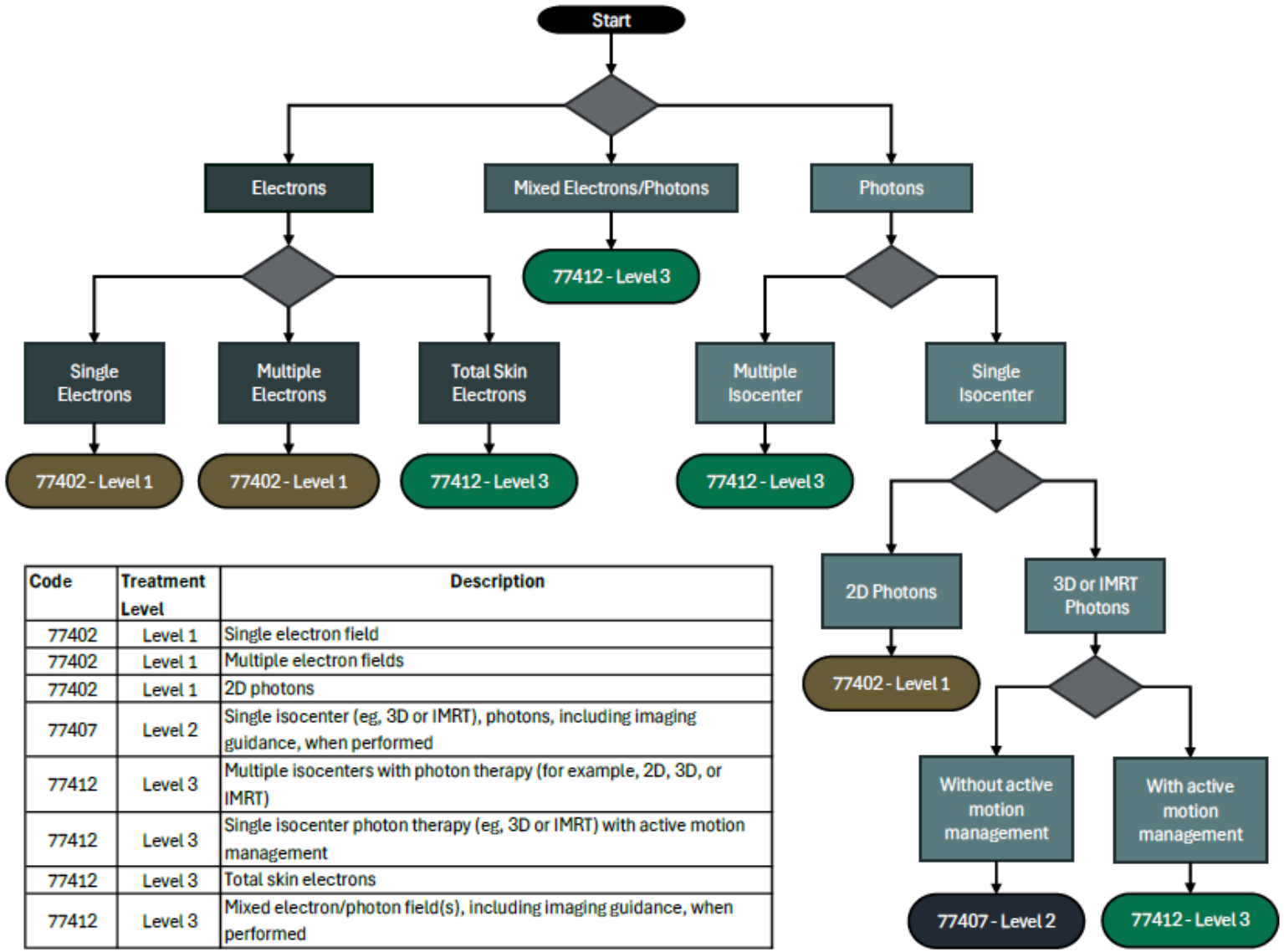
https://www.federalregister.gov/documents/2025/11/05/2025-19787/medicare-and-medicaid-programs-cy-2026-payment-policies-under-the-physician-fee-schedule-and-other

Radiation Business SOLUTIONS

2026 Radiation Oncology Treatment Code Changes

2D, 3D, and Intensity Modulated Radiation Therapy (IMRT)

**Not to be used for Proton Therapy, Stereotactic, or Brachytherapy*



Code	Treatment Level	Description
77402	Level 1	Single electron field
77402	Level 1	Multiple electron fields
77402	Level 1	2D photons
77407	Level 2	Single isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed
77412	Level 3	Multiple isocenters with photon therapy (for example, 2D, 3D, or IMRT)
77412	Level 3	Single isocenter photon therapy (eg, 3D or IMRT) with active motion management
77412	Level 3	Total skin electrons
77412	Level 3	Mixed electron/photon field(s), including imaging guidance, when performed

VisionRT Resources

Authorization and claim appeal text

The NCCN Guidelines, Version 5.2026, for Prostate Cancer strongly support the use of image guidance to reduce treatment-related toxicity (Principles of Radiation Therapy section, page 71). Specifically, Item 3 under this section highlights the value of real-time intrafraction volumetric tracking to enhance treatment accuracy and safety.

Peer-reviewed literature further supports the clinical benefit of active motion management, including surface-guided radiation therapy (SGRT), in prostate radiotherapy. A relevant recent publication includes:

> Macedo-Jiménez et al. (2025) https://doi.org/10.1186/s13014-025-02638-3 analyzed intra-fractional surface motion during adaptive prostate radiotherapy. The study documented consistent vertical shifts over the course of extended treatment sessions and highlighted temporal discrepancies between surface and internal target positions. While the authors note that SGRT alone may have limitations for inter-fractional alignment, their findings clearly demonstrate the presence and progression of intra-fraction motion during prostate radiotherapy—underscoring the importance of real-time motion monitoring and management techniques such as those provided by AlignRT.

The NCCN Guidelines, Version XX.2026, for Invasive Breast Cancer emphasize the importance of individualizing RT planning and delivery (optimizing delivery of individual therapy section, page 60). Item 4 under this section specifically includes the use of respiratory control and cardiac blocking to protect the heart and surrounding critical structures.

Several studies support the use of active motion management via Surface Guided Radiation Therapy (SGRT) in breast radiotherapy, including:

1. Ono et al. (2021) https://doi.org/10.1186/s13014-021-01777-7 quantified motion during DIBH for breast cancer using cine EPID and variance component analysis. They calculated a PTV margin of 3.59 mm, showing that even under breath-hold conditions, motion is present and measurable.
2. Michalski et al. (https://doi.org/10.1111/j.1754-9485.2012.02434.x) conducted in 2012 a systematic review on inter- and intra-fraction motion during breast radiotherapy. With focus in intra-fractional motion, they report that while average motion remains within a 5 mm tolerance, individual variations can be significant, underscoring the need for daily motion management. This publication sets the scene while the most subsequent reviews focus more on motion management strategies (e.g. https://doi.org/10.3233/XST-180472, https://doi.org/10.1088/1361-6560/ab2ba8).
3. Gough E, Ashworth S, Moodie T, et al. https://dx.doi.org/10.1016/j.meddos.2024.03.002 shows that DIBH reduces right coronary artery and lung radiation dose in right breast cancer radiotherapy.
4. Rice L, Harris S, Green MM, Price PM https://dx.doi.org/10.1259/bjrcr.20150038 shows that DIBH used in right breast radiation therapy minimizes liver dose.

Additionally, the textbook Short Course Breast Radiotherapy, published by Springer (https://link.springer.com/book/10.1007/978-3-319-24388-7), notes: “The conventional WBI fractionation scheme is 2 Gy per fraction. Several WBI fractionation schemes, including hypofractionated WBI (HWBI), have been investigated. HWBI offers advantages to the patient such as reduced out-of-pocket costs as well as to radiation oncology departments such as the ability to schedule and treat more patients per year on a given linear accelerator. … Generally, HWBI requires better control of the patient’s motion during delivery. The reduced number of fractions in HWBI requires more precise and accurate patient positioning.”

Commercial Contracts

DO THIS NOW!!!

ACRO Advocacy with Payors and States

Aetna AZ	Aetna AZ	Aetna Better Health MI	Aetna FL
Aetna FL	Aetna NJ	Aetna NJ	Aetna SC
Amerihealth NJ	Anthem National	Anthem National	BCBS
BCBS AZ	BCBS FL	BCBS FL	BCBS LA
BCBS SC	BCBS SC	BCBS SC	BCBSTN
BCBSTN	BCBSTN	Blue Shield of CA	Centene AZ
Centene AZ	Centene GA	Centene GA	Centene TN
Centene Wellcare	Cigna AZ	Cigna AZ	Cigna FL
Cigna GA	Cigna NJ	Cigna TN	Cigna TN
Cigna TN	Cigna TN	FL Blue	GEHA
HAP	Horizon	Humana GA	Humana TN
Humana TN	Oscar	Priority Health	Regence of Idaho
Regence of Idaho	Sunshine Health Plan	UHC AZ	UHC AZ
UHC NJ	UHC NJ	UHC NY	State of Alabama
State of California	State of Massachusetts	State of Michigan	State of Texas

Questions & Answers

Sally Eggleston
COO
Sally@RadiationBusiness.com

Radiation Business Solutions
www.RadiationBusiness.com
(405)823-0433

Radiation Business SOLUTIONS