Reimbursement & Coding for Radiation Oncology

November 16th, 2013
Radiation Oncology Update
Kahala HSCO
Contact Information

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Disclaimer

This presentation was prepared as a tool to assist attendees in learning about documentation, charge capture and billing processes. It is not intended to affect clinical treatment patterns. While reasonable efforts have been made to assure the accuracy of the information within these pages, the responsibility for correct documentation and correct submission of claims and response to remittance advice lies with the provider of the services. The material provided is for informational purposes only.

Efforts have been made to ensure the information within this document was accurate on the date of presentation. Reimbursement policies vary from insurer to insurer and the policies of the same payer may vary within different U.S. regions. All policies should be verified to ensure compliance.

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Credentialing & Contracting

- Contract Language
- Fee Schedules
- ERA/EFT Enrollments

Education & Support

Denial Management & Accounts Receivable

Payment Posting & Reconciliation

Interfacing & Claim Submission

Registration & Financial Counseling

Coding & Compliance
Registration & Financial Counseling

- Referral
- Scheduling
- Eligibility
- Authorizations
- Patient Responsibility
- Payment Terms
- Medical Necessity

Credentialing & Contracting

Registration & Financial Counseling

Education & Support

Denial Management & Accounts Receivable

Payment Posting & Reconciliation

Interfacing & Claim Submission

Coding & Compliance
Coding & Compliance

- Denial Management & Accounts Receivable
- Education & Support
- Payment Posting & Reconciliation
- Credentialing & Contracting
- Registration & Financial Counseling
- Coding & Compliance
- Interfacing & Claim Submission
- Diagnosis
- Documentation
- Charge Capture
- Validation
- Medical Record Review

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Interfacing & Claim Submission

- Education & Support
- Denial Management & Accounts Receivable
- Payment Posting & Reconciliation
- Credentialing & Contracting
- Registration & Financial Counseling
- Coding & Compliance

- Validation of EMR to Billing System
- Data Entry
- Claims Scrubber
- Rejections

Interfacing & Claim Submission
Payment Posting & Reconciliation

- Education & Support
- Denial Management & Accounts Receivable
- Payment Posting & Reconciliation
- Credentialing & Contracting
- Interfacing & Claim Submission
- Registration & Financial Counseling
- Coding & Compliance

- Payments
- EOB Reviews
- Contracted Rates
- Balancing
Denial Management & Accounts Receivable

- Education & Support
- Credentialing & Contracting
- Registration & Financial Counseling
- Coding & Compliance
- Interfacing & Claim Submission
- Denial Management & Accounts Receivable
- Payment Posting & Reconciliation
- • Payor Trends
  • Bundling
  • Appeals
  • Patient Collections
Objectives

- Stress Importance of Compliance
- Discuss the Process of Care
- Educate Attendees on Applying Proper Coding
- Provide Guidance on Appropriate Documentation
- Emphasize Utilization of Current Reference Materials
- Allow Interactive Discussion for Questions & Advice
CCI / OCE Edits

• Provided in Excel spreadsheet
• Available CPT® codes in either Column 1 or Column 2
• Indication:
  0 – Rule “zero chance of getting paid” = Modifier not allowed
  1 – Rule “one chance of getting paid” = Modifier allowed
  9 – Rule no longer applicable “typically in place originally in error”

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Effective Date</th>
<th>Deletion Date</th>
<th>Indication</th>
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<tr>
<td>77263</td>
<td>77336</td>
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<td>77290</td>
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<td></td>
<td>0</td>
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<td>77295</td>
<td>77315</td>
<td>20010401</td>
<td></td>
<td>0</td>
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<tr>
<td>77418</td>
<td>77414</td>
<td>20020101</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
Modifiers

• Two digit designation added to the end of a CPT® code provide additional information about the billed procedure

• Classified as either:
  
  • Payment modifiers
  
  • Information modifiers

-25 E&M / procedure on same day
-26 Professional Component Only
-TC Technical Component Only
-58 Staged or related procedure
-59 Distinct Procedural Service
-76 Repeat procedure or service
Medically Unlikely Edits (MUEs)

Pre-determined quantity allowed for a particular CPT® code on a date of service

Most are published on Medicare Website

Codes with MUE set above 4 are not published

- Intent was to avoid using set quantity as coding instructions
- Guidelines are provided when billing for quantity in excess of set MUE
Annual Updates to Rules

• Stay up to date
• Stay informed
• Get involved

Hospital Outpatient: Hospital Billing Technical Charges

Physician/Facility: Physician Practicing in a Hospital Setting & Freestanding Facilities

http://www.gpoaccess.gov/index.html
Proposed vs. Final

Proposed

CMS’s plan, intent, thoughts for rules, regulations & reimbursement for upcoming year

Final

Determined after consideration & debate occurs based on comments received
2013 Highlights

**HOPPS**

- Overall impact estimated at +1.9% and for ASCs +0.6%
- Using the geometric mean costs of services within an APC to determine the relative payment weights of services
- Continued packaging of imaging services
- Designated cancer hospital payment adjustment
- Reduction in proton reimbursement for hospitals
- Intraoperative Radiation Therapy (IORT) codes were unpackaged and assigned to an APC

**MPFS**

- CF - $34.0230
- H.R. 8 – American Taxpayer Relief Act of 2012
- Reduction in payments to IMRT and SBRT treatment delivery for MPFS
- New CPT® code 32701
H.R. 8 - American Taxpayer Relief Act of 2012

Law lowers hospital outpatient payments for Cobalt 60 radiosurgery, to the level of linear accelerator based radiosurgery

- Effective April 1, 2013

APC 0127

- 2013 Medicare Nat Avg Payment Rate
  - $7,910.51

APC 0067

- 2013 Medicare Nat Avg Payment Rate
  - $3,300.64
Sequester

- 2% payment cut to Medicare

- Payment adjustments are applied to all claims after determining the Medicare payment including application of the current fee schedule, coinsurance, any applicable deductible, and any applicable Medicare Secondary Payment adjustments.
## How Are Payments Established

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Equation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Work RVUs</td>
<td></td>
</tr>
<tr>
<td>Physician Work GPCI</td>
<td></td>
</tr>
<tr>
<td>Practice Expense RVU</td>
<td></td>
</tr>
<tr>
<td>Practice Expense GPCI</td>
<td></td>
</tr>
<tr>
<td>Malpractice RVU</td>
<td></td>
</tr>
<tr>
<td>Malpractice GPCI</td>
<td></td>
</tr>
</tbody>
</table>
| Conversion Factor                    | \[
\text{Inputs} = \left(\text{Work RVU} \times \text{Work GPCI}\right) + \left(\text{Non-Facility PE RVU} \times \text{PE GPCI}\right) + \left(\text{MP RVU} \times \text{MP GPCI}\right)\] \times \text{Conversion Factor} \]

**Medicare Physician Fee Schedule (MPFS)**

- Physician office based practices
- Physician practicing within hospital setting
## Conversion Factor

The “factor” in the equation which converts it to dollars

<table>
<thead>
<tr>
<th>Year</th>
<th>Proposed</th>
<th>Finalized</th>
<th>Post-Legislation</th>
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<tbody>
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<td>$37.8975</td>
<td>-</td>
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<tr>
<td>CY 2007</td>
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<td>CY 2008</td>
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<td>CY 2009</td>
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<tr>
<td>CY 2010</td>
<td></td>
<td>$28.3868</td>
<td>$36.0846 (Jan-May)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>$36.8729 (June-Nov)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$36.8729 (Dec-Dec 31st)</td>
</tr>
<tr>
<td>CY 2011</td>
<td></td>
<td>$25.4999</td>
<td>$33.9764</td>
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<tr>
<td>CY 2012</td>
<td></td>
<td>$24.6712</td>
<td>$34.0376 (Jan-Feb)</td>
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<tr>
<td></td>
<td></td>
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<td>$34.0376 (Mar-Dec)</td>
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<tr>
<td>CY 2013</td>
<td>$24.7124</td>
<td>$25.008</td>
<td>$34.0230</td>
</tr>
</tbody>
</table>
CY 2013 Potentially Misvalued Codes

- **IMRT Treatment Delivery (CPT® code 77418)**
  - Based on Medicare utilization data indicating both fast growth in utilization and frequent billing with other codes

- **SBRT Treatment Delivery (CPT® code 77373)**
  - Identified by the RUC as a recently established code describing services that use new technologies

- 77418 PE RVU variance = -39.80% Proposed/-14.75% Final
- 77373 PE RVU variance = -28.11% Proposed/-20.48% Final
- “Time” is a main contributor to the possible reduction for these codes
"We also noted that Medicare does not make a payment to a physician under the MPFS when the physician solely provides the direct physician supervision of hospital outpatient therapeutic services but furnishes no direct professional services to a patient."

Source: CY 2010 Final Rule
Documentation & Billing Supports Both

- Simulation
- Technical Portion

• Devices
• Technical Portion

77290-TC

77290-26

Simulation Note Illustrates Technical & Professional Work

77334-TC

77334-26

- Simulation
- Professional Portion

• Devices
• Professional Portion
Billing Under Correct Provider

Credentialing

Process whereby a payor or other entity (such as a hospital) reviews and verifies a provider's credentials including:

- Medical License, including specialty of practice
- Education, Training & Diplomas
- Board Certification
- DEA License
- Training

After Credentialing

Provider must apply for NPI number

- National Provider Identifier
- Identifies the provider of services

Taxonomy Code

- Identifies the provider type & their sub-specialty
  - Can have more than one
  - Incorrect codes can negatively affect reimbursement
Supervision

History

• In the CY 2000 OPPS final rule, CMS indicated that direct supervision is the standard for all hospital outpatient therapeutic services covered and paid by Medicare in hospitals and in provider-based departments (PBDs) of hospitals.

• CMS stated since outpatient services are furnished “incident to” a physician’s professional service, they believe conditions for payment, including the direct supervision standard should apply to services.
Supervision

The final rule continues to state the supervisory responsibility is more than the mere capacity to respond to an emergency.

- Includes being able to reassess the patient & potentially modify treatment as needed on a nonemergency basis.

- Includes the ability to redirect or take over performance of the service & to issue any additional necessary orders.

Appropriate supervision must be provided by a provider clinically trained in the specialty for which they are supervising.

- Must have within their state Scope of Practice the ability to provide the services in which they are supervising.
Supervision - Who Is Qualified?

“...must be prepared to step in and perform the service, not just respond to an emergency. This includes the ability to take over the performance of a procedure and, as appropriate to both the supervisory physician or non-physician practitioner and the patient, to change a procedure or the course of treatment being provided to a particular patient.”

Typical Radiation Oncology Issues

- Dose changes
- Block/MLC adjustments
- Review of dosimetry planning and imaging
- Treatment breaks
Immediately Available

Medicare indicates:

- Will not provide specific time or distance
- Defines as “without interval of time”
- Cannot be performing other procedure that could not be interrupted
  - Surgical Procedure
  - Brachytherapy Delivery
Documentation Templates & Signatures

Reference: Medicare Program Integrity Manual, Ch 3-Verifying Potential Errors and Taking Corrective Actions

3.3.2.1.1-Progress notes and Templates
3.3.2.4 – Signature Requirements
3.3.2.5 – Amendments, Corrections and Delayed Entries in Medical Documentation

E. Electronic Signatures

Providers using electronic systems need to recognize that there is a potential for misuse or abuse with alternate signature methods. For example, providers need a system and software products that are protected against modification, etc., and should apply adequate administrative procedures that correspond to recognized standards and laws. The individual whose name is on the alternate signature method and the provider bear the responsibility for the authenticity of the information for which an attestation has been provided. Physicians are encouraged to check with their attorneys and malpractice insurers concerning the use of alternative signature methods.
### Insurance Companies under ROBM

#### Care Core
- ACN
- Aetna HMO
- Affinity
- BCBS
- Coventry
- Fallon
- GHI
- HCUSA/Omnicare
- Health Alliance Plan
- Health First
- Health net
- Health plus
- HIP
- HMO Select GHI
- Horizon

- Kaiser Permanente
- NHP
- Oxford
- PHP
- Qualchoice
- Rocky Mt
- Tufts Health plan
- UAW Retiree
- United – NJ
- Univera
- Universal
- American
- Wellcare

#### AIM
- Amerihealth
- Anthem BCBS (select states)
- Asuris NW Health
- BC/BS (select states)
- Cigna
- Empire BCBS
- Health Alliance Plan
- Health First

#### Health Help
- Humana
<table>
<thead>
<tr>
<th>Procedure CPT®</th>
<th>Modifier</th>
<th>Short Descriptor</th>
<th>Est Qty</th>
<th>Medicare Allowable per CPT®</th>
<th>Total Medicare Allowable</th>
<th>Standard Fee Amount per CPT®</th>
<th>Total Fee</th>
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<td>Daily 6-10 Tx</td>
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<td>77427</td>
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<td>$103.29</td>
<td>$103.29</td>
<td>$256.33</td>
<td>$256.33</td>
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</tbody>
</table>

Total Estimated Charges $11,772.64
Estimated Medicare Allowable $4,733.61
Patient Responsibility (20%) $946.72

Disclaimer that this is only an estimate and does not include charges from other physicians or facilities.
Evaluation & Management

**Physicians**

- Billed based on type of patient
  - New Patient (99201-99205)
  - Established (99211-99215)
  - Inpatient Initial (99221-99223)
  - Inpatient Subsequent (99231-99233)
- Coding based on documentation
  - History
  - Examination
  - Medical Decision Making
  - Time (Face-to-Face)

**Hospital Clinic Visits**

- Billed based on type of patient
  - New Patient (99201-99205)
  - Established (99211-99215)
  - Does not apply to inpatients
- Coding based on documentation
  - Internal policy necessary to determine how levels will be determined
  - Note necessary
Modality Based Process

Orders & Medical Necessity
- Clinical Treatment Planning

Preparation
- Set Up Simulation & Imaging

Dosimetry Planning
- Simulation & Isodose
- 3D
- IMRT
- SRS/SBRT

Treatment
- Verification Simulation & Treatment
- Verification Simulation & Treatment
- IGRT & Treatment
- Treatment
Clinical Treatment Planning

Professional Only

- **77261** Simple planning requires a single treatment area of interest encompassed in a single port or simple parallel opposed ports with simple or no blocking.

- **77262** Intermediate planning requires three or more converging ports, two separate treatment areas, multiple blocks, or special time dose constraints.

- **77263** Complex planning requires highly complex blocking, custom shielding blocks, tangential ports, special wedges or compensators, three or more separate treatment areas, rotational or special beam considerations, combination of therapeutic modalities.
**Sample Documentation**

**Code the Procedure:**
- Date of Service
- CPT® Code
- Provider
Special Treatment Procedure

77470 Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral, or endocavitary irradiation)

Utilization Guidelines:

- Reported for extra work required by the physician & staff for special procedures
- Allowed once per course of therapy
- Requires documentation to support the additional time and/or effort
Set-Up Simulation

Professional & Technical

- **77280 Simple** simulation of a single treatment area with either a single port or parallel opposed ports. Simple or no blocking.

- **77285 Intermediate** simulation of three or more converging ports, two separate treatment areas, multiple blocks.

- **77290 Complex** simulation of tangential portals, three or more treatment areas, rotation or arc therapy, complex blocking, custom shielding blocks, brachytherapy source verification, hyperthermia probe verification, any use of contrast materials.
Utilization Guidelines

- Documentation must support the date of service & complexity
- Simulation process may include use of treatment devices & imaging, which are separately coded
- Physician signature required for all documentation

Noridian Administrative Services LCD states:

The typical course of radiation therapy may require between one and three simulations. Frequency in excess of three simulations may require additional documentation. However, no more than one simulation should be reported on any given day.

Therapeutic Radiation Simulation-Aided Field Setting (CPT codes 77280-77295)

Documentation of simulation requires a written record of the procedure and hard copy of electronic images and evidence of image review by physicians including signature or initials and date of review.
Simulations & IMRT

- Common coding error due to incorrect interpretation of payor transmittal in previous years

Noridian Administrative Services IMRT LCD states:

**Use of Simulation-Aided Field Setting in IMRT (CPT 77280-77295)**

Simulation-aided field setting complex (77290) during a course of IMRT is appropriate for the initial set up of the patient where an immobilization device may be constructed, isocenter(s) and volume of interest are determined, and CT or other imaging is obtained for subsequent reconstruction of target(s) and critical structure(s). CT and other imaging are separately coded (e.g. 77014), when necessary and performed. Also, a simple simulation (77280) may be appropriately provided and claimed once during a course of IMRT, either as a separate or at the time of the first fraction, where the record documents the simulation is for the purpose of field verification, and occurs on a separate day from and after 77290.
Treatment Devices

• Utilized during the Set-Up Simulation process for positioning and immobilization

Palmetto, GBA LCD states:

“Many different types of treatment devices are used in the successful delivery of radiation oncology treatments. Examples include beam-shaping devices, custom-fabricated patient-immobilization devices, beam-modification devices, and equipment used to shield critical structures.”

Coding, documentation & utilization guidelines may differ based on the types of devices used and the particular payor.
# Coding For Treatment Devices

<table>
<thead>
<tr>
<th>Device Codes</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>77332</td>
<td>Simple (simple block, simple bolus)</td>
<td>pre-made electron block, bolus</td>
</tr>
<tr>
<td>77333</td>
<td>Intermediate (multiple blocks, stents, bite blocks, special bolus)</td>
<td>Bite block, customized bolus</td>
</tr>
<tr>
<td>77334</td>
<td>Complex (irregular blocks, special shields, compensators, wedges, molds or casts)</td>
<td>Aquaplast masks, alpha cradles, Vac-Lok™, custom molds</td>
</tr>
</tbody>
</table>

Note: The Breast Board is considered a simple treatment device in most parts of the country, however, in some LCDs it is considered an intermediate device.
Disposable Devices

- Novitas Solutions, Inc. states:

Disposable treatment devices do not constitute a medically necessary replacement device. It is not reasonable to report a treatment device for every therapy treatment for the use of a disposable device. The use of disposable treatment devices is appropriately reported as one complex device for the entire course of therapy.
Examples
Not Billable
Imaging

- Following the Set-Up Simulation, imaging performed for treatment planning purposes
- **77014** Computed tomography guidance for placement of radiation therapy fields

Utilization Guidelines

- CT and other imaging is typically performed as part of the simulation procedure and is to be separately coded per the type of image acquired.
- Currently no code for MRI imaging for planning purposes
- Code also used for IGRT (guidelines may differ)
Documentation Example

Code the Procedure:

- Date of Service
- CPT® Code(s)
- Provider
- Signatures
Dosimetry Processes

Simulation & Isodose Planning
- Computer Aided Field Setting Simulation
- Beam Modifiers
- Isodose Plan Calculations

3D Conformal
- 3D Simulation
- Beam Modifiers Calculations

IMRT Planning
- IMRT Plan
- IMRT Device
- Fluence Maps
- Secondary Calculations

Stereotactic Planning
- 3D Simulation
- Beam Modifiers Calculations

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Computer Aided Field Setting Simulation

Simulation & Isodose Planning

- Computer Aided Field Setting Simulation
- Beam Modifiers
- Isodose Plan
- Calculations

- Performed on Treatment Planning System
- Used when 3D, IMRT or Stereotactic requirements are not met
- Simulation Codes Are Utilized (77280, 77285 & 77290)
- Documentation of Simulation is required in addition to isodose plan and calculations
Electron Processes

Clinical Set-Up

Set-Up Simulation
- 77280, 77285 or 77290
  Beam Modifier(s)
- 77332, 77333 or 77334
  Calculation(s)
- 77300

Computer Assisted Set-Up

Computer Aided Fld Setting Sim
- 77280, 77285 or 77290
  Beam Modifier(s)
- 77332, 77333 or 77334
  Special Teletherapy Port Plan
- 77321
  Calculation(s)
- 77300
  Verification Simulation
- 77280
# Coding For CAFS & Electron Simulations

## Simulation Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>77280</td>
<td>Simple simulation of a single treatment area with either a single port or parallel opposed ports. Simple or no blocking.</td>
</tr>
<tr>
<td>77285</td>
<td>Intermediate simulation of three or more converging ports, two separate treatment areas, multiple blocks.</td>
</tr>
<tr>
<td>77290</td>
<td>Complex simulation of tangential portals, three or more treatment areas, rotation or arc therapy, complex blocking, custom shielding blocks.</td>
</tr>
</tbody>
</table>
# Coding for Isodose Plans

<table>
<thead>
<tr>
<th>Isodose Planning Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>77305</td>
<td>Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)</td>
</tr>
<tr>
<td>77310</td>
<td>Intermediate (3 or more treatment ports directed to a single area of interest)</td>
</tr>
<tr>
<td>77315</td>
<td>Complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)</td>
</tr>
<tr>
<td>77321</td>
<td>Special teletherapy port plan, particles, hemibody, total body i.e., protons, neutrons and electrons</td>
</tr>
</tbody>
</table>
3D Conformal Planning

Computer Aided Process that includes:

- Delineation of volumes
- Placement of isocenter & beams
- Development of isodose plan & DVH
3D Simulation

77295 - Three-dimensional (3D) computer-generated 3D reconstruction of tumor volume and surrounding critical normal tissue structures from direct CT scans and/or MRI data in preparation for non-coplanar or coplanar therapy. The simulation uses documented 3D beam's eye view volume-dose displays of multiple or moving beams. Documentation with 3D volume reconstruction and dose distribution is required.
3D Simulation Utilization Guidelines

- Must include volume of interest and critical structure
- Includes simulation process to design treatment fields and isodose planning (not separately billable)
- Billable once per course

Wisconsin Physicians Service LCD states:

Additional simulations may be required when they are done to verify plan parameters before starting new portals or boosts. In those uncommon circumstances where there is a substantial change in either patient anatomy or tumor conformation where a second CT dataset is required to produce an accurate, efficacious and safe “cone-down” plan, a second 77295 charge may be appropriate. When the physician deems this to be the case, the medical necessity for the second 77295 simulation must be documented.
Coding for IMRT Planning

IMRT Plan

77301  Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
Stereotactic Planning Process

Stereotactic Planning

3D Simulation
Beam Modifiers
Calculations
Three-dimensional (3D) computer-generated 3D reconstruction of tumor volume and surrounding critical normal tissue structures from direct CT scans and/or MRI data in preparation for non-coplanar or coplanar therapy. The simulation uses documented 3D beam's eye view volume-dose displays of multiple or moving beams. Documentation with 3D volume reconstruction and dose distribution is required.
Basic Dosimetry Calculation

- 77300 Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician

- Utilization Guidelines
- Applicable for all types of dosimetry planning
- Supporting documentation must support quantity and date of service
- Requires physician signature
IMRT Calculations

- Required to be performed & documented for all IMRT cases prior to the start of treatment
- Must be reviewed and approved by physician
- One per gantry angle or arc

First Coast Services Options LCD states:

Basic radiation dosimetry is a separate service from CPT code 77301 (Radiation dose plan, IMRT). CPT code 77300 (Radiation therapy dose plan) is used to report dosimetry calculations that arrive at the relationship between monitor units (or time) and dose, and the physician’s verification, review and approval of this. The documentation should contain the independent check for each field, separate from the computer-generated IMRT plan.

CPT® Assistant, November 2009; page 3:

After the plan is complete, in a separate process, the physicist must perform basic dose calculations on each of the modulated beams. This evaluation is reported with code 77300, Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician. These patient-specific monitor unit computations verify through a second (independent of treatment planning computer) dose-calculation method that the computer has correctly performed the treatment planning calculations.
IMRT Device

- 77338 Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

Utilization Guidelines:
- Re-computation of fluence distribution in a phantom is required
- One per plan
- Billable for boost planning

Noridian Administrative Services LCD states:

The CPT code 77338 is used for the MLC treatment device used in IMRT. Normally, CPT 77338 is used once per IMRT plan. In certain instances, e.g., when a radiotherapy boost is performed, it may be used more than once during a course of therapy. This CPT code 77338 is not to be used with compensator based IMRT.
Coding Tip

- Code 77334 may still be used in the IMRT process of care to report the immobilization device constructed at time of the complex simulation (code 77290).

- Code 77338 should only be used with MLC-derived radiation beam modulation. For compensator-based IMRT, use code 77334 to capture the use of the compensator.

- Code 77338 is reported once per IMRT plan, but it may be used more than once during an IMRT treatment course when a cone-down technique is used in the treatment plan because a new set of MLC devices are required. If a new set of MLC devices are used, a second code (77338) may be reported, but it should not be reported if a per-gantry-angle code, such as code 77334, was previously reported.
Process is dependant on treatment modality and medical necessity. Only one form of verification is appropriate.
Verification Simulation

Description:
Simulation provided to verify the accuracy of custom blocks and treatment parameters, prior to beginning a treatment.

- Requires verification of all treatment ports prior to start of treatment
- Documentation required:
  - Written record of procedure
  - Images
  - Evidence of image review by physician
Documentation Example

The Cancer Center

Patient Name:  Janet Robertson
DOB:  3/5/45

Procedure Date:  January 23, 2012
Attending Physician:  Dr. Louis Webb

Verification Simulation Note

Supervising Physician:  Dr. Joe 20424

As requested by Dr. Webb, a verification simulation was performed in preparation for treatments for the patient's breast cancer. Janet Robertson was placed in the treatment position on the loose docesser and the required docesser shifts were applied. The docesser was then verified via AP and right lateral views. Necessary adjustments were made and then the medial and lateral targets were imaged. Following the AP, the SSSC were verified and additional marks were placed for set up assistance.

Approved films are filed within the Offline Review section of ARS.

Physician Comments:  Review of the target fields showed good alignment and appropriate blocking of the lung.  All images have been verified and the patient is approved to start treatment.

Therapist performing simulation:  Dale Black, PT, (T) and Jason Wright, DSPT, (T)

Electronically Authorized by:
Louis Webb, M.D.  2/24/2012 11:43 pm

Confidentiality of this medical record shall be maintained; reproduction copy or disclosure is required or permitted by law, regulation, or written authorization by the patient.
IGRT

Image Guided Radiation Therapy (IGRT) utilizes various imaging technologies to account for changes in the position of the intended target before or during treatment delivery.

- 76950 Ultrasonic guidance for placement of radiation therapy fields
- 77014 Computed tomography guidance for placement of radiation fields
- 77421 Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy.
- 0197T Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g. 3D positional tracking, gating, 3D surface tracking), each fraction of treatment.
MAC Reference Example

As stated by First Coast Options, Inc. IMRT LCD

Image Guided Radiation Therapy (IGRT) Codes (CPT codes 76950,77014,77421)

IGRT is a form of adaptive radiation therapy, which utilizes imaging technology to guide action(s) that modifies the treatment in reference to the intended target. In IGRT, the external beam radiation treatment setup is accomplished with direct visualization of the target volume, implanted fiducial markers or adjacent anatomical structures. These guidance images are compared to the designated target(s) as delineated on the treatment isodose plan. An adjustment may then be required to achieve an accurate concordance of dose distribution with the original plan. IGRT is used in patients whose tumors are directly adjacent to critical structures and where conventional means of targeting are deemed to be inadequate. IGRT must be performed by the radiation oncologist, medical physicist or trained radiation therapist under the supervision of the radiation oncologist. The physician must supervise and review the procedure, as the guidance may show a shift beyond standard tolerances.
Medical Necessity for IGRT

As stated by Novitas Solutions, Inc. LCD

CT Guidance in IMRT (77014)

It is anticipated that CT guidance for placement of radiation therapy fields may be needed in the field setting process and therefore may be performed along with simple simulation. Routine pretreatment CT scans are not considered medically necessary; however, pretreatment CT scans may be medically necessary in the treatment of certain tumors based upon factors, including, but not limited to, size, location, and adjacent structures where failure to verify treatment location could result in damage to structures resulting in harm to the patient. The medical record must clearly document the medical necessity for such pretreatment CT scans. The Contractor will conduct data analysis and focused medical review to ensure that the documentation for daily CT guidance reported with IMRT services supports the medical necessity for the pretreatment scans.
To Visualize the “Target”

- May require the implantation of Fiducial Markers
- Example process outlined below:

**Markers will also be billed using the appropriate code**
Verification for SRS/SBRT

- Imaging to confirm positioning, beam placement, etc. is required
- Imaging is inclusive in the SRS and/or SBRT procedure & not separately billable
- Documentation of verification process should be included within the required procedure note performed by MD.
# Stereotactic Treatment Delivery

**MPFS**

- **77371** Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based

- **77372** Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based

- **77373** Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions

**HOPPS**

- **G0173** Linear accelerator based stereotactic radiosurgery, complete course of therapy in one session

- **G0251** Linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, maximum five sessions per course of treatment

- **G0339** Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment

- **G0340** Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment

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Utilization Guidelines for SRS/SBRT

• Billable once per day of treatment regardless of the number of sessions or lesions
• Coding may vary
  – Freestanding vs. Hospital Outpatient
  – Medicare vs. Commercial Payer
  – Delivery technique (Robotic vs. Non-Robotic)
Documentation Guidelines

Procedure note is necessary for each fraction of SRS and/or SBRT

5 fraction course =
5 Procedure notes
Payor Guidelines

As stated by Palmetto GBA within SBRT LCD:

Local Coverage Determination (LCD) for Stereotactic Body Radiation Therapy (L28301)

Contractor Information

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Contractor Number</th>
<th>Contractor Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palmetto GBA</td>
<td>01102</td>
<td>MAC - Part B</td>
</tr>
</tbody>
</table>

LCD Information

<table>
<thead>
<tr>
<th>Document Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>LCD ID Number</td>
</tr>
<tr>
<td>L28301</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Geographic Jurisdiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>California - Northern</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oversight Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region X</td>
</tr>
</tbody>
</table>

Limitations:
Coverage will be denied for each of the following:

1. Treatment unlikely to result in clinical cancer control and/or functional improvement.
2. Patients with wide-spread cerebral or extra-cranial metastases
3. Patients with poor performance status (Kamofsky Performance Status less than 40), - see Kamofsky Performance Status below.
Radiation Oncologist Participation

As stated within Novitas Solutions, Inc. LCD:

Each SBRT case, regardless of the number of sessions, involves a specialist from the field of Radiation Oncology who manages and oversees:

- Imaging for localization
- Computer-assisted tumor localization with respiratory correlation, if required
- Treatment planning and approval of the ongoing images used for localization or tumor tracking
- Setup and accuracy verification testing
- Simulation of prescribed arcs or fixed portals
- Radiation treatment delivery
- Real-time adjustments in response to patient motion or target movement
- Evaluation of the response to treatment
Treatment Management

77427 Radiation treatment management, 5 treatments

77431 Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only

77432 Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)

77435 SBRT, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fx

Utilization Guidelines

- As published within the 2011 CPT®:
  - “Radiation treatment management requires and includes a minimum of one examination of the patient by the physician for medical evaluation and management for each reporting of the radiation treatment management service.”

- Billable once per course regardless of number of lesions or sessions
- 77432 & 77435 cannot be billed for same course
- Supporting documentation required
Other Specialties Involved

Especially for SRS & SBRT other specialty MDs could be involved:

- Specific codes available for these other MDs
  - Neurosurgeon specific codes
  - Thoracic surgeon specific codes
- CPT® 32701-Throax stereo rad target w/tx
- CY 2013 payment rate $222.85
Question: What is the correct CPT® code for Fusion?

Advice:

• There is no CPT® code specifically for the work involved in image fusion

• If the medical physicist performs the work, it is possible to bill CPT® 77370 Special Physics Consult (all necessary orders & documentation must occur)

• If the dosimetrist performs the work, it is possible to bill CPT® 77399 unlisted procedure (payment is not guaranteed, however, an effort for reimbursement is recommended)
High likelihood of payer requesting documentation

An Image Fusion Procedure Note is recommended

Billable for both Professional & Technical entities

Signed by the Supervising Physician. Professional charges will also be submitted under the Supervising Physician.
Part Three

- Brachytherapy
- Intra Operative Radiation Therapy (IORT)
- Hyperthermia
- Protons
- Neutrons
- Radiopharmaceuticals
Brachytherapy

Per the AMA:

“Clinical brachytherapy requires the use of either natural or man-made radioelements applied into or around a treatment field of interest. The supervision of radioelements and dose interpretation are performed solely by the therapeutic radiologist.”
For All Brachytherapy Procedures:

- Practice patterns differ from physician to physician
- Process of care differs for each treatment site
- Billing Templates are NOT recommended
- Bill Only Work Performed & Documented
- Codes Vary from HDR & LDR
- A "Procedure Note" or an "Operative Note" is necessary for all brachytherapy procedures
Brachytherapy LCD Verbiage Example

As stated in Palmetto, Wisconsin Physicians Services & Noridian Medicare Policies (policies are identical):

• “Given the multiplicity of services that are inherent in brachytherapy, it is essential that the medical records reflect each service in a clear, linear and temporally logical form. Flow charts, where helpful, are recommended. All procedures must be documented with a procedural note.”
# Placement Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>19296</td>
<td>Placement of radiotherapy after loading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes image guidance; on date separate from partial mastectomy</td>
</tr>
<tr>
<td>19297</td>
<td>concurrent with partial mastectomy</td>
</tr>
<tr>
<td>19298</td>
<td>Placement of radiotherapy after loading brachytherapy catheters (multiple tube &amp; button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes image guidance</td>
</tr>
<tr>
<td>20555</td>
<td>Placement of needles or catheters into muscle &amp;/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)</td>
</tr>
<tr>
<td>31643</td>
<td>Bronchoscopy with placement of catheter(s) for intracavitary radioelement application</td>
</tr>
<tr>
<td>41019</td>
<td>Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application</td>
</tr>
<tr>
<td>43241</td>
<td>Endoscopy with transendoscopic intraluminal tube or catheter placement</td>
</tr>
</tbody>
</table>
## Placement Codes Cont.

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>55875</td>
<td>Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy</td>
</tr>
<tr>
<td>55920</td>
<td>Placement of needles or catheters into pelvic organs &amp;/or genitalia (except prostate) for subsequent interstitial radioelement application</td>
</tr>
<tr>
<td>57155</td>
<td>Insertion of uterine tandem and/or ovoids for clinical brachytherapy</td>
</tr>
<tr>
<td>57156</td>
<td>Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy</td>
</tr>
<tr>
<td>58346</td>
<td>Insertion of Heyman capsules for clinical brachytherapy</td>
</tr>
<tr>
<td>C9725</td>
<td>Placement of endorectal Intracavitary application for high intensity brachytherapy</td>
</tr>
<tr>
<td>0190T</td>
<td>Placement of intraocular source</td>
</tr>
</tbody>
</table>
Brachytherapy Simulations

• Simulations typically performed for:
  ✓ Placement of devices
  ✓ Verification of source placement

• Coding guidelines vary depending on the procedure performed
“The process of measuring the anatomy and placing marks on the skin or immobilization device to help the team direct the radiation safely and exactly to the intended location is called "simulation." For example, in code 77290, brachytherapy simulation is the complex process of making position adjustments and for performing dose calculations (code 77290). Nonradioactive "dummy" sources are used to geographically define the "eventual position" of the radioactive sources in temporary implant devices. Code 77280 is used to report the simple simulation for subsequent "check" verification simulations during the course of radiotherapy with temporary implants to confirm or correct applicator position.”
Treatment Devices

- Applicable for brachytherapy devices
- Billable once per course
- Typically billed as simple (however, there are instances where complex would be appropriate)

Noridian and Palmetto LCDs state:
“Treatment devices may include the use of certain templates, molds, or other apparatus that may be required for specific clinical circumstances. Pre-manufactured, commercially available devices are simple devices.”
Brachytherapy Isodose Plan

- **77326**
  - Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)

- **77327**
  - Intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)

- **77328**
  - Complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)
Treatment Delivery (LDR)

Intracavitary

- 77761 Intracavitary simple; 1-4 sources
- 77762 Intracavitary intermediate; 5-10 sources
- 77763 Intracavitary complex; >10 sources

Interstitial

- 77776 Interstitial simple; 1-4 sources
- 77777 Interstitial intermediate; 5-10 sources
- 77778 Interstitial complex; >10 sources
Handling & Loading

- **77790** Supervision, handling, loading of radiation source

Utilization Guidelines:
- LDR only
- No APC for this CPT® code but should be billed anyway with $0.00 for tracking purposes.
- Documentation of this services is typically found in the “Procedure Note” or “Operative Note”
Treatment Delivery (HDR)

- **77785** Remote afterloading high dose rate radionuclide brachytherapy; **1 channel**
- **77786** Remote afterloading high dose rate radionuclide brachytherapy; **2-12 channels**
- **77787** Remote afterloading high dose rate radionuclide brachytherapy; **over 12 channels**

Electronic HDR

- **0182T** High dose rate electronic brachytherapy, per fraction
  - No professional fees established
  - Do not report with other brachytherapy treatment delivery codes
<table>
<thead>
<tr>
<th>Code</th>
<th>Brachytherapy Source (or Radiopharmaceutical)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1716</td>
<td>Gold 198, per source</td>
</tr>
<tr>
<td>C1717</td>
<td>High dose rate iridium 192, per source</td>
</tr>
<tr>
<td>C1719</td>
<td>Non-high dose rate iridium 192, per source</td>
</tr>
<tr>
<td>C2616</td>
<td>Non-stranded, Yttrium-90, per source</td>
</tr>
<tr>
<td>C2634</td>
<td>Non-stranded, high activity, Iodine 125, &gt;1.01 mCi, per source</td>
</tr>
<tr>
<td>C2635</td>
<td>Non-stranded, high activity, palladium-103, &gt;2.2 mCi, per source</td>
</tr>
<tr>
<td>C2636</td>
<td>Linear source, non-stranded, palladium-103, per 1mm</td>
</tr>
<tr>
<td>C2637</td>
<td>Non-stranded, ytterbium-169, per source</td>
</tr>
<tr>
<td>C2638</td>
<td>Stranded, Iodine-125, per source</td>
</tr>
<tr>
<td>C2639</td>
<td>Non-stranded, Iodine-125, per source</td>
</tr>
<tr>
<td>C2640</td>
<td>Stranded, palladium-103, per source</td>
</tr>
<tr>
<td>C2641</td>
<td>Non-stranded, palladium-103, per source</td>
</tr>
<tr>
<td>C2642</td>
<td>Stranded, Cesium-131, per source</td>
</tr>
<tr>
<td>C2643</td>
<td>Non-stranded, Cesium-131, per source</td>
</tr>
<tr>
<td>C2698</td>
<td>Brachytherapy source, stranded, not otherwise specified, per source</td>
</tr>
<tr>
<td>C2699</td>
<td>Brachytherapy src, non-stranded, not otherwise specified, per src</td>
</tr>
<tr>
<td>Q3001</td>
<td>Radioelement for brachytherapy, any type, each</td>
</tr>
</tbody>
</table>
## More Brachytherapy & Misc.

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1715</td>
<td>Brachytherapy needle</td>
</tr>
<tr>
<td>C1728</td>
<td>Catheter, brachytherapy seed administration</td>
</tr>
<tr>
<td>19499</td>
<td>Unlisted procedure, breast</td>
</tr>
<tr>
<td>53899</td>
<td>Unlisted procedure, urinary system</td>
</tr>
<tr>
<td>55899</td>
<td>Unlisted procedure, male genital system</td>
</tr>
<tr>
<td>58999</td>
<td>Unlisted procedure, female genital system (non-obstetrical)</td>
</tr>
<tr>
<td>77799</td>
<td>Unlisted procedure, clinical brachytherapy</td>
</tr>
</tbody>
</table>
Orders & Medical Necessity

- Physician Clinical Plan
- Special Treatment Procedure

Fraction 1

- Insertion
- Device
- Simulation & Imaging
- Dosimetry
- Source Activity
- Treatment Delivery
- Source

Subsequent Fractions

- Insertion
- Simulation & Imaging
- Source Activity
- Treatment Delivery
- Source

Other possible charges include:

- Special Physics Consult
Prostate Seed Implant (PSI) Sample Process

Orders, Medical Necessity & Preplanning

- Physician Clinical Plan
- Special Treatment Procedure
- Volume Study
- Pubic Arch
- Dosimetry Plan
- Seed Assay

Implant

- US imaging
- Device
- Needle Insertion
- Treatment Delivery
- Handling & Loading
- Verification Simulation
- Sources & Needles

Post Planning

- CT Guidance
- Dosimetry Plan

Other possible charges include:
- Special Physics Consult
Breast HDR Sample Process

Orders & Medical Necessity
- Physician Clinical Plan
- Special Treatment Procedure

Simulation & Planning
- Insertion of guide wire
- Imaging
- Dosimetry

AM Fraction(s)
- Simulation & Imaging
- Source Activity
- Treatment Delivery
- Source

PM Fraction(s)
- Simulation & Imaging
- Source Activity
- Treatment Delivery
- Source

Other possible charges include:
- Special Physics Consult

Note: The source activity i.e. calculation of time prior to each fraction is only billable if the work is performed and documented.
Intraoperative radiation therapy (IORT) is a technique of delivering high doses of radiation during surgical procedures while the surrounding sensitive organs are moved or shielded from the treatment field.

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Short Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>77424</td>
<td>Io rad tx delivery by x-ray</td>
</tr>
<tr>
<td>77425</td>
<td>Io rad tx deliver by elctrns</td>
</tr>
<tr>
<td>77469</td>
<td>Io radiation tx management</td>
</tr>
</tbody>
</table>
IORT

CPT® codes 77424 and 77425 assignment to APC 0065

Individual review of the APC assignment of 77424 and 77425 will occur once OPPS hospital claims data is available. Cost data from the claims will be presented to the Panel.

Special Treatment Procedure (77470)

• For 2012, the phrase “intraoperative cone” was removed from the definition

Simulations (77280-77290)

• Per the AMA, “IORT services are intended to include simulations necessary for radiation treatment delivery…”
Treatment Devices for IORT

- Conflicting information between AMA and ASTRO/ACR
  - AMA does not address treatment devices within their coding guidelines
  - ASTRO/ACR includes verbiage stating the management of the patient (77469) includes the work of treatment device design
- Currently, there are no NCCI edits present to indicate a treatment device would be bundled into the IORT procedure
Example Coding for IORT Course

• 99201-99215-Physician/facility E&M service
• 77261-77263-Physician clinical treatment plan
• 77300-Calculation
• 77424 or 77425-IORT Treatment
• 77336-Continuing physics
• 77331-Special dosimetry (if ordered and documented)
• 77469-Treatment management
• 77332-Simple treatment device

A detailed operative note is also required and supporting documentation for each service.
Sample Coding

Quadramet® Samarium 153

A radiopharmaceutical for the treatment of pain in patients whose cancer has spread to bone.

Typical Coding:

- **A9604** Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries
- **77261** Physician’s Clinical Treatment Plan
- **77300** Basic Dosimetry Calculation
- **77790** Handling and Loading
- **77750** Infusion of radioelement solution

(or 79101 – Radiopharmaceutical Therapy)
Microsphere Therapy Process

Yttrium-90 Example

Orders & Medical Necessity

- Physician Clinical Plan
- Includes meeting w/Interventional Radiologist on patient selection and scheduling
- Provide written directive
- CPT® 77263

Treatment Volumes & Dosimetry

- Determine volumes
- Contouring using TPS
- Calculation
- CPT® 77399 & 77300 x 1

Administration of Microsphere Therapy

- Radiopharmaceutical therapy, by intra-arterial particulate administration
- Handling & Loading
- Radioactive Source
- CPT® 79445 & 77790 & C2616 x 1

Other possible codes:
Special Physics Consult CPT® 77370
No Physician Present

Unable to provide services?

Business as usual?
Remote Approvals

Right?

Wrong?
No Physician Signature

Big problem?

No problem?
Based on MUEs:

Bill for what you did?

Bill for what you know will get paid?