

Radiation Oncology CPT Billing

What CPT to use for what you've done!?

- ## Disclaimer
- I have no financial interest in any vendor
 - I will be showing pictures and videos from various vendors such as Varian or CIVCO, but I am NOT endorsing any particular vendor
 - Opinions expressed during this talk are purely mine and are open for discussion

Biological Effects

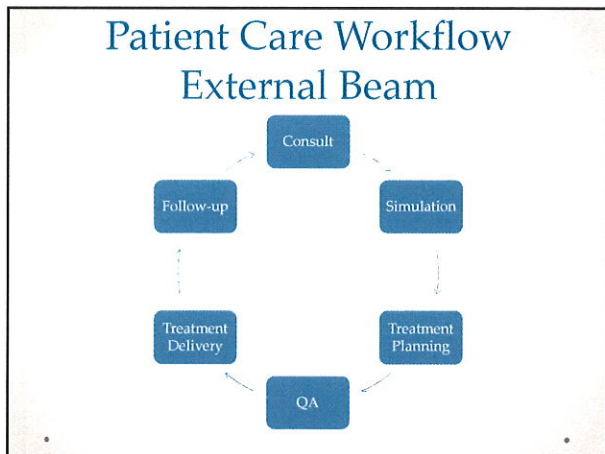
- Why it works
 - Destroys DNA

The diagram shows the sugar-phosphate backbone of DNA with four nitrogenous bases: Adenine, Thymine, Guanine, and Cytosine. To the right is a cell cycle diagram with stages G1, S, G2, and M. A legend indicates that proliferating epithelial cells are most radiosensitive (red) and established epithelial cells are most radioresistant (blue).

Biological Effects

- Importance of daily treatments
 - Sync's cells to similar cycle, increases effectiveness
- Side effects due to damage to normal tissue
 - Margin reduction

The diagram shows a cell cycle with stages G1, S, G2, and M. A legend indicates that proliferating epithelial cells are most radiosensitive (red) and established epithelial cells are most radioresistant (blue). The diagram illustrates how daily treatments can synchronize cells in the G1 phase, making them more sensitive to radiation.



Consult

- Discussion between Physician and patient as to if Radiation Therapy is an appropriate treatment option
 - o Potential Side Effects
 - o Standard course of care, treatment techniques
 - o Expectations
 - o Alternative options
 - o Etc.

Consult

- Codes
 - o 99xxx codes
 - o Modifier
 - 25 – attached to consult CPT IF consult and simulation done on same date of service
 - 25 modifier – significant, separately identifiable E/M service by same physician or other professional on same day of the procedure or other service
 - Some payer may reimburse less for consultation code.
 - o Documentation
 - Consultation note

Simulation

- Goals
 1. Isolate the area for treatment and mimic treatment setup. Needs to be accurate and reproducible
 2. Immobilize patient or at least minimize external patient motion.
 3. Account for internal organ motion.
 4. Collect a CT data set used for treatment planning and future imaging comparison.

Simulation

1/22

Simulation

1/22

Simulation

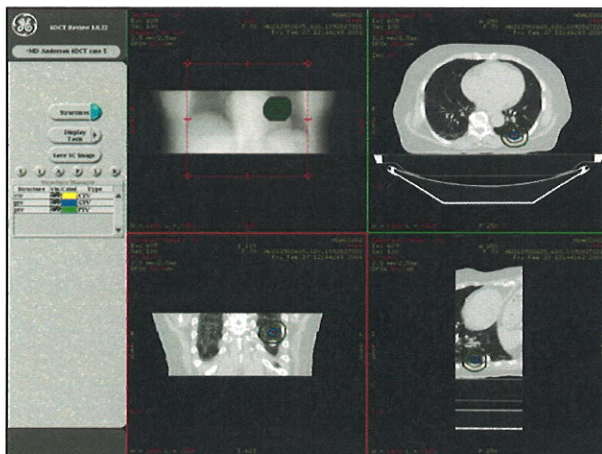
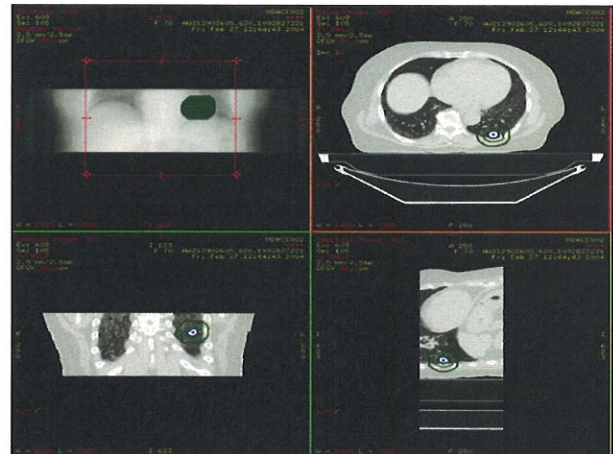


O-MAR and iDose⁴ on

Simulation

a) b) c) d)


Simulation

- Goals
 1. Immobilize patient or at least minimize external patient motion.



Simulation

- Documentation
 1. CT Simulation Order
 2. Physician CT Simulation Note
 3. Therapist documentation
 1. pictures



Simulation

- Documentation
 - CT Simulation Order

Simulation

- Documentation
 - Physician CT Sim Note

Physician CT Simulation Note

Patient: <Last Name> -<First Name>
 CMRSN#: <Patient Id #>
 Date of Service: <Date of Service>
 Birthdate: <Date of Birth>

Diagnosis: All Diagnoses - With Staging Info (Default)

The patient was identified and brought to CT Simulation for the purpose of simulating the _____ The patient was placed in the supine position and a custom vacuum bag was constructed for the head, neck and arms in order to minimize daily setup error and aid in immobilization. I then placed marker wires on the lumpectomy site scar as well as the borders of the breast tissue and set the scanning parameters with the simulation therapist. A planning CT scan was performed with 2.0 mm slice thickness through the low neck and chest. I personally review ed these images and found them appropriate for treatment planning. The images transferred to the treatment planning workstation where I verified that the located and complex blocking will be designed to minimize dose to the normal surrounding structures. The patient was escorted from simulation to the waiting room by the simulation therapist.

The treatment will commence upon completion of doimetry planning in the next week.

Approved by: <Approved By> -<Approved date time>

Simulation

- Documentation
 - Therapist document

Simulation

What to charge?

77280 – if no complex blocking is to be used or no contrast or 1 site

77290 – if contrast used or complex blocking used or multiple sites

Can no longer charge for the actual CT scan 77014

*** If the treatment will be IMRT – then CANNOT charge for any simulation (77280 or 77290)

*** Used to be able to bill 77290 if immobilization devices used – no longer the case

Simulation

What to charge?

Devices – all these are complex – 77334 EXCEPT Breast Board which is intermediate 77333

Simulation

What to charge?

Summary

77280 OR 77290 – depending on number of Sites, Contrast or complex blocking

77334 – for most immobilization devices – can have multiple quantities – but cannot have multiple complexities – complex device trumps all devices

IF IMRT Treatment then:
Only charge for devices - 77334

Clinical Treatment Planning

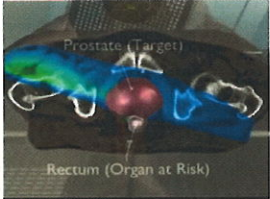
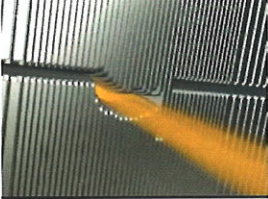
- Frequently confused with Dosimetry treatment planning
- Typically bill same date as CT Simulation
- Used to denote physician's cognitive process of how they got from consult to treatment
- Codes
 - o 77261
 - o 77262
 - o 77263

Clinical Treatment Planning

- From ASTRO Coding Resource Guide

Code	Description	ENTRUST FOR LEVEL
77261	Treatment planning for radiotherapy, including simulation	Intermediate
77262	Treatment planning for radiotherapy, including simulation, with complex blocking	Complex
77263	Treatment planning for radiotherapy, including simulation, with complex blocking and IMRT	Complex

Dosimetry Treatment Planning

Dosimetry Treatment Planning

- Documentation
 - Physician Order

Number of Orders: 1
Physician Order: [Name]

Target Summary Table:

Target	Volume (cc)	Prescription
Prostate	113	70 Gy in 35 fractions
Rectum	113	45 Gy in 22.5 fractions

Summary Table:

Sequence	Type	Target	Volume (cc)	Comments
1	RT	Prostate	113	70 Gy in 35 fractions
2	RT	Rectum	113	45 Gy in 22.5 fractions

Dosimetry Treatment Planning

- Documentation Dosimetry Plan

Plan Summary Sheet

Beam Setup

Beam	Machine	Energy	Modality	Technique	Beam Size	SSD	SSD Error	MLI Per Fraction
1	Elekta	6 MV	IMRT	3D CR	10x10	100	0	113
2	Elekta	6 MV	IMRT	3D CR	10x10	100	0	113

Prescription

L-R Breast

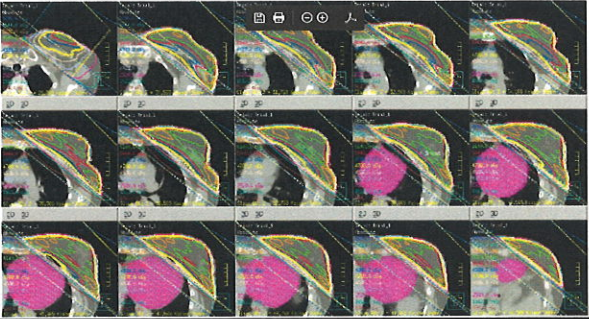
Prescription: 50 Gy in 25 fractions over 5 weeks, Monday-Friday, for 25 fractions.
 50 Gy in 25 fractions over 5 weeks, Monday-Friday, for 25 fractions.
 50 Gy in 25 fractions over 5 weeks, Monday-Friday, for 25 fractions.

Isaxeter

Isaxeter: 50 Gy in 25 fractions over 5 weeks, Monday-Friday, for 25 fractions.
 50 Gy in 25 fractions over 5 weeks, Monday-Friday, for 25 fractions.
 50 Gy in 25 fractions over 5 weeks, Monday-Friday, for 25 fractions.

Dosimetry Treatment Planning

- Documentation



Dosimetry Treatment Planning

- Documentation

Dosimetry Treatment Planning

- Documentation

Org	RP	TD 50	TD 50	TD 50	TD 50	TD 50	TD 50	TD 50	TD 50
Spinal Cord	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000
Small Intestine	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000
Bladder	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000
Rectum	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000
Stomach	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000

Dosimetry Treatment Planning

- Documentation

Org	RP	TD 50	TD 50	TD 50	TD 50	TD 50	TD 50	TD 50	TD 50
Spinal Cord	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000
Small Intestine	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000
Bladder	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000
Rectum	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000
Stomach	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000	5.0	1.0000

Dosimetry Treatment Planning

- Documentation
- 3D Plan
- IMRT Plan

Dosimetry Treatment Planning

- Documentation 3D IMRT

Dosimetry Treatment Planning

- Documentation – Independent MU Calculation


Dosimetry Treatment Planning

- CPT Codes
 - 3D Plan
 - 77295 x 1 per course
 - Cannot bill if charged on same DOS or CT Simulation
 - 77334 – 1 per field – for MLC treatment device
 - 77300 – per field – reinstated July of 2015 – can back bill to Jan. 2015
 - If do boost plan, can charge boost as 77307 – along with 77334 and 77300
 - IMRT Plan
 - 77301 x 1 per course
 - 77338 – 1 per course
 - 77300 – per field – of Arc
 - Cannot charge for boost
 - Cannot down code to 77295 if doing an IMRT boost plan
 - Can only bill second 77301 if new CT dataset was obtained and medically necessary
 - 2D Plan
 - 77306 or 77307 – depending on complexity
 - 77334 – 1 per field – for MLC treatment device
 - 77300 – Not allowed
 - Electron Plan
 - 77321 x 1 per course
 - 77334 – 1 per field – for cerrobend cutout treatment device
 - 77300 – not allowed

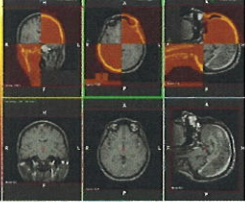
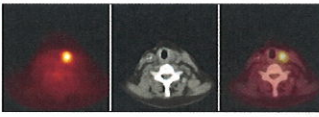
Dosimetry Treatment Planning

- CPT Codes
- Respiratory Motion management
 - Code 77293
 - Add on code
 - Must be billed with 77301 or 77295


Dosimetry Treatment Planning



- CPT Codes
- Image Fusion
 - No specific code – but some charge 77399 – which is an unlisted procedure

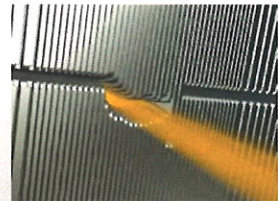




Dosimetry Treatment Planning



- CPT Codes
- Multi-Leaf Collimator
 - Code 77334 – 2D or 3D plans
 - Code 77338 – IMRT plans

Bolus – tissue equivalent
 Code 77334 – if custom cut and not reusable
 Code 77332 – if not cut and reusable

Dosimetry Treatment Planning



- Other Items for 77334
- Wedges




Custom Bite Blocks




Eye Shields



Custom Compensators

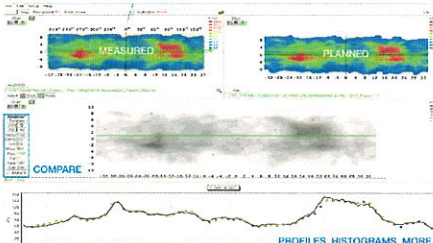
QA



- Daily
- Monthly
- Annual
- Patient

QA


- Patient QA – required for IMRT Plans
 - Takes predictions from planning system and compares it to an actual treatment delivery



MEASURED vs PLANNED dose distribution and dose profile graph.

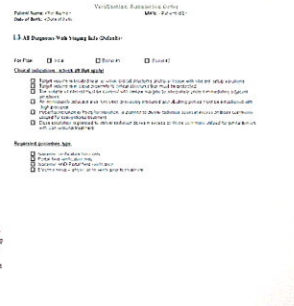
QA

- Daily
 - Done both on Linear Accelerator & CT
 - Checks machine output.
 - Are we delivering what we think we are.
- Monthly
 - More refined QA checking output, physical geometry, etc.
- Annual
 - Extensive data collection



Treatment

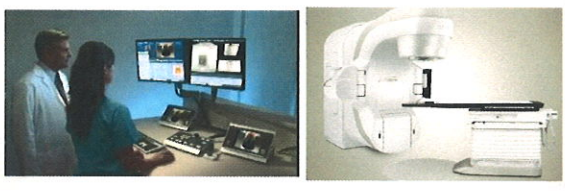
- Verification Simulation
 - Requires Physician Order
 - Physician Note
 - Code 77280
 - Cannot bill if IMRT tx
 - Do not bill with IGRT codes
 - Either IGRT or V-Sim



Verification Simulation interface showing patient information and simulation details.

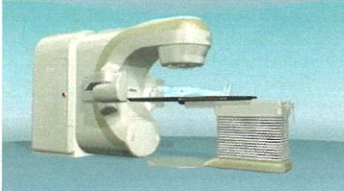

Treatment

- Linear Accelerator: Machine that actually delivers Therapeutic Radiation



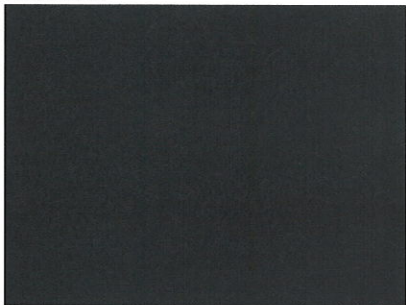

Treatment

- Image Guidance Radiation Therapy
 - IGRT

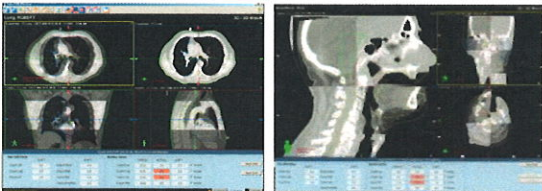

Treatment

- The process video

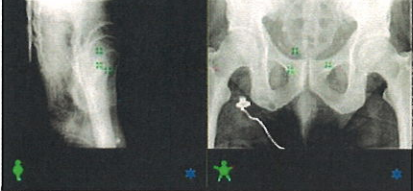

Treatment IGRT

- IGRT prior to Tx
- Cone Beam CT
 - Hospital bills 77387 –
 - Free Standing bills 77014
 - If done with IMRT tx – then only bill professional portion
 - If done with 3D tx – then bill both professional and technical

Treatment IGRT

- IGRT prior to Tx
- KV or MV images with Fiducial Markers
- Stereoscopic X-Ray Guidance
 - Hospital bills 77387 –
 - Free Standing bills G6002
 - If done with IMRT tx – then only bill professional portion
 - If done with 3D tx – then bill both professional and technical

Treatment

- Physician Supervision

Medicine Code Order: "provide assistance and direction" or
The supervising physician or non-physician practitioner must provide assistance and direction for the procedure. The supervising physician or non-physician practitioner should have the training and knowledge to supervise patient care as provided in this order.

More comments from Medicare on Physician Supervision
Because in the 2013 final rule CMS assumed that the new rules would be applied to all procedures, CMS is providing additional guidance on physician supervision. CMS is providing this in the Medicare Benefit Policy Manual, Part 418, Chapter 2.

Medicare Physician Supervision Requirements
Update May 2011

Note 21324: "The supervising physician or non-physician practitioner must have, within the scope of their practice, the knowledge, skills, and ability, and professional judgment to address or assist in... the appropriate responsibility to supervise the procedure in an emergency."

Treatment

- Physician Supervision

JSTPH Health Policy Coding Guidance

CORRECT CODING AND PHYSICIAN SUPERVISION REQUIREMENTS
The following CPT codes are associated with off-site radiation oncology therapy treatment. The current CPT codes for Medicare and Medicaid Services (CMS) physician supervision requirements for these codes are provided as well.

CPT Code	Service/Procedure	Supervision Requirement
7000	Simulated guidance for placement of fiducial therapy fields	General Supervision
7001	Simulated guidance for external beam treatment application	Personal Supervision
7004	Computed tomography guidance for placement of radiation therapy fields	Direct Supervision
7005	Simulated CT-guidance for localization of target volume for the delivery of radiation therapy	Direct Supervision

Where Direct Supervision is defined as:
Direct Supervision: The physician must be present and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.


Other codes

- Weekly Physics Chart Checks – 77336
- Special Physics Consult – 77370
- Special Treatment Procedure – 77470
- Special Dosimetry - 77331
- Physician weekly management – 77427
 - 77431 – 1 – 2 treatments
 - 77432 – SRS
 - 77435 - SBRT

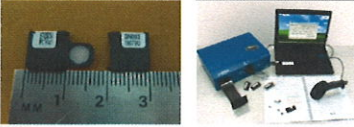
Other codes

- Weekly Physics Chart Checks – 77336
 - Used to describe the ongoing medical physics assessment by the physicist of each patient under treatment
 - Need physician order
 - Need policy in place that details what is checked by physics
 - Need to document physics review
 - Bill 1 for every 5 treatments – if 3 or more at end of treatment regimen – can bill for additional
 - i.e. 25 – 27tx = 5 charges
 - 28 – 30 tx = 6 charges
- Special Physics Consult – 77370
 - Requires order by physician detailing specific question to be addressed
 - Requires detailed report by physicist answering physician order
 - Must be signed by both physicist and physician


Other codes



- Special Treatment Procedure – 77470
 - Not routinely used
 - Reported in situations where significant additional physician and facility work are required to treat the patient
 - Requires detailed note by physician detailing additional work
 - i.e. patient with pacemaker or ICD
 - Highly audited
- Special Dosimetry - 77331
 - Requires order by physician and report by physicist




Other codes



- Physician weekly management – 77427
 - 77431 – 1 – 2 treatments
 - 77432 – SRS
 - 77435 – SBRT
 - 77427
 - Requires note from physician
 - Bill 1 for every 5 treatments – if 3 or more at end of treatment regimen – can bill for additional
 - i.e. 25 - 27tx = 5 charges
 - 28 - 30 tx = 6 charges

Follow-Up



- Radiation Therapy treatments can continue to work on the body even after treatments are finished.
- Follow up visits provide an opportunity for physicians and patients to monitor and manage side effects. The duration and frequency of follow ups is on a per case basis.
- Follow up tests such as Imaging or labs maybe ordered to evaluate the effectiveness of care.
- CPT Codes:
 - 99xxx – level depends on complexity

Takeaways

- Radiation Therapy can offer some complex billing scenarios
- Having a good relationship between the Billing/Coding departments and Radiation Oncology is essential to accurate billing
- Having processes in place for documentation and billing is essential for accurate billing