

Radiation Oncology Coding Basics

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RADIATION ONCOLOGY CPT CODES BY PROCESS OF CARE

Consultation	Office or other outpatient visits, new patient	99201-99205	Radiation Treatment Delivery	Radiation treatment delivery	77401-77416
	Office or other outpatient visits, established patient	99211-99215		IMRT treatment delivery	77418, 0073T
	Office or other outpatient consultations, new or established patient*	99241-99245		Port films	77417
	Inpatient consultations, new or established patient*	99251-99255		IGRT	76950, 77014, 77421, 00197T
	Initial hospital care	99221-99223		Proton treatment delivery	77520-77525
	Subsequent hospital care	99231-99233		Neutron beam treatment delivery	77422, 77423
Preparing for Treatment	Clinical treatment planning	77261-77263		SRS treatment delivery (freestanding)	77371-77372 G0339, G0340
	Simulation	77280-77290		SBRT treatment delivery (freestanding)	77373 G0339, G0340
	Respiratory management simulation	+77293			
Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services	3-Dimensional radiotherapy plan, including dose volume	77295		SBRT treatment delivery (hospital outpatient)	G0251, G0339, G0340
	Basic dosimetry	77300		SRS treatment delivery (hospital outpatient)	77371, G0173, G0251, G0339, G0340
	IMRT dose planning	77301		Hyperthermia	77600-77620
	Special dosimetry	77331		LDR Brachytherapy	77261-77263, 77776-77778
	Special teletherapy port plan	77321		HDR Brachytherapy	77785-77787
	Isodose plans	77305-77315		Electronic Brachytherapy	0182T
	Isodose plan for LDR (brachytherapy)	77326-77328		IORT	77424, 77425
	Treatment devices	77332-77334	Supervision and handling, loading of radiation source	77790	
	Design MLC device for IMRT	77338	Surgical procedures related to brachytherapy	19296-19298, 31627, 32553, 49411, 57155, 57156, 55875, 58346	
	Medical radiation physics	77336 and 77370			
	* As of January 2010, Medicare does not accept consultation codes (99241-99245 and 99251-99255)			Radiation Treatment Management	Radiation treatment management
				Special radiation treatment	77470

Table 1: NEW PATIENT (not seen by practice for 3 years) & CONSULTATION (no time limits).

Minimum Documentation Requirements

Key Components: History, Exam, Medical Decision Making

All 3 key components must be met (or exceeded) to qualify for a particular level code.

Code is determined by the lowest of the 3 components. (**left-most column**).

Time is a stand alone contributing component in specific circumstances described below.

History	Focused	Expanded	Detailed	Comprehensive	Comprehensive
Chief Complaint	1	1	1	1	1
History of Present Illness Location, Quality, Severity, Timing, Duration, Context, Modifying Factors, Associated Symptoms.	1	1	4	4	4
Review of Systems (14 systems) <i>Symptoms NOT Diseases</i>		1	2	10	10
Past, Family, and Social History 3 areas: Past (illness, injury, meds, surgery, allergy) / Family/ Social			1	3	3

Exam	Focused	Expanded	Detailed	Comprehensive	Comprehensive
Bullets (see bullet counter)	1	6	12	30	30

Medical Decision Making (2 out of 3 Data, Diagnosis, Risk)	Straight Forward	Straight Forward	Low	Moderate	High
Data add points (# points) (2) Interpret Imaging (2) Review/Summary record and/or curb-Side and/or Translator and/or History from other (1) Order imaging or review report (1) Order lab or review report (1) order tests (EMG, Vasc. Lab, PFT's etc.) or review report (1) Review with performing MD (1) Order old records	1	1	2	3	4
Diagnosis add points (# points) (1) Minor Problem (max of 2) (1) Established Problem—stable or better (each) (2) Estab. Prob.—worse (each) (3) New prob. no work up planned (max of 1) (4) New prob. work up planned (each)	1	1	2	3	4
Risk Management options selected, Diagnostic procedure ordered, Presenting problem	Rest Ace Wrap Lab Test Minor (bug bite, cold)	Rest Ace Wrap Lab Test Minor (bug bite, cold)	OTC PT X-ray Arterial punt. Biopsy (superficial) 1 problem	Prescription Med Injection (script) Aspiration Surgery Fracture/Dislocation (no manipulation) Biopsy (deep) MRI, CT, BS X-ray 2 area exacerbation 2 chronic probs	Surgery with risk Emergency Surgery Fracture/Dislocation (with manipulation) Neuro Loss Discography Myelography Arthrogram Toxic Rx monitoring Life or limb

Time (minimum in minutes) Must document that face to face and > 50% counseling, and summarize the counseling provided.	N 10 C 15	N 25 C 30	N 30 C 40	N 45 C 60	N 60 C 80
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Code Need 3/3 key components for Dictation. Lowest component determines code.(or Time)	N 99201 C 99241	N 99202 C 99242	N 99203 C 99243	N 99204 C 99244	N 99205 C 99245
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Evaluation and Management (E/M) codes

CODE	Rates being paid to Primary Care Physicians through 12/31/14	
	Hospital Based	Non Hospital Based
99211	\$ 9.10	\$ 19.15
99212	\$ 24.73	\$ 41.82
99213	\$ 50.24	\$ 70.34
99214	\$ 77.18	\$ 103.98
99215	\$ 108.68	\$ 139.51

Complex Clinical Treatment Plan 77263 (RVU~ 3.14)

- Professional only
- The comprehensive cognitive effort performed by the Radiation Oncologist in the development of the treatment plan.
- Documentation must be completed and separate for this charge.
- Example of documentation: For Mr. Smith I reviewed the pathology of the patients TRUS and took into consideration the volume of disease and number of cores positive. I took into account the patients age and co-morbidities. I took into account the patients AUA score and recent colonoscopy results. I discussed the case with the referring physician. I reviewed the patients options including surgery, EBRT with IMRT, SBRT, and brachytherapy. I considered the efficacy of each option as well as the risk factors. I considered the patients wish to continue with an active lifestyle. After complete assessment I have recommended SBRT going to a dose of 3500 cGy in 5 fractions delivered every other day using the cyberknife.

Complex Simulation 77290 (Professional RVU~ 1.56)

- Professional and Technical charge
- A clinical treatment process to establish the radiation treatment portals. Often this is involved a CT scan with the patient in the treatment position but can take place in the clinic. For example, creating the portal size and shape for dupuytren's or skin cancer.
- A simulation order and signed documentation must be completed for this charge.
- Example of documentation: At my facility a simulation note is created by the therapist which is signed by the physician.

3D-Radiotherapy Plan 77295 (Professional RVU~ 4.56)

- Professional and Technical charge
- A computer generated three dimensional reconstruction of the tumor volume and surrounding critical normal tissue structures from direct CT scans, PET, or MRI data.
- A plan showing 3D volume reconstruction and dose distribution is required. Also required is a DVH with a minimum of 2 structures besides the target. For example, a breast plan would have lung and heart dose on the DVH.
- Documentation is the physicians signing of a plan with the above criteria.

IMRT Plan 77301 (Professional RVU~ 7.99)

- Professional and Technical charge
- A radiotherapy dose plan that is optimized using inverse planning technique for modulated beam delivery.
- Although CMS has specified multiple ICD:9 codes which it allows coverage (see below website) you must have a minimum of 3 critical structures on the DVH and must require IMRT to adequately spare these tissues.
 - https://www.astro.org/uploadedFiles/Main_Site/Practice_Management/Reimbursement/IMRT%20MP.pdf
- Documentation requires a separate note documenting the special need for performing IMRT. The Comprehensive Error Rate Testing (CERT) program implemented by the CMS noted that this was one of the most common deficiencies for improper payment.

IGRT 77387 or G6002 (Professional RVU~ 0.40)

- Professional and Technical charge
- The use of image guidance to align treatment to that planned comparing images obtained from the planning CT. This can be stereoscopic (eg. Lateral and PA MV or KV films, ultrasound or CT based guidance. NOT CBCT
- This code can be daily but physician must have reviewed prior to next treatment.
stereoscopic

CBCT 77014 (Professional RVU~ 0.85)

- Professional Only
- A cone beam image is compared to the planning CT scan for the alignment of treatment fields.
- This code can be billed daily and requires the direct supervision of the physician (in the department) and reviewed prior to next treatment.

CBCT 77014 (Professional RVU~ 0.85)

- Professional Only
- A cone beam image is compared to the planning CT scan for the alignment of treatment fields.
- This code can be billed daily and requires the direct supervision of the physician (in the department) and reviewed prior to next treatment.

Weekly management (non SBRT) 77427 (Professional RVU~ 3.37)

- Professional Only
- This code/charge is payment for the total care of the patient including the daily evaluation and management of treatment related side effects, review of daily treatment, the evaluation of daily treatment including review of set up and response to treatment. The consideration and re-evaluation of the initial treatment plan. This charge takes into account the weekly hands on, face to face, care to ensure the efficacy and safety in the use of ionization radiation.
- The code and be billed every 5 fractions and must be accompanied by a note which includes review of chart and dosimetry including where in treatment the patient is, treatment set up and position evaluation, set up imaging reviewed, interview and exam, and recommendations.