



Billing and Coding HDR & Stereotactic Procedures *SATRO 2009* *Savannah, GA*



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CYCLE
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Seminar Objectives

- Discuss the process of care for HDR and Stereotactic procedures
- Apply coding changes & updates
- Provide examples of possible documentation
- Discuss possible payer issues “pitfalls” & policy clarifications

Guidelines

- Medicare Programs (MACs, RACs, MUEs)
- New Policies (LCDs) with Specific Guidelines



References & Basis for Decisions

Medicare Administrative Contractor (MAC)

- Interprets Medicare Policies for Each Jurisdiction
- Provides LCDs

Local Coverage Determination (LCD)

- Guidelines for procedures

Recovery Audit Contractor (RAC)

- Identifies improper payments – under & over

Medical Unlikely Edits (MUE)

- Determines quantities that are “medically unlikely” to occur

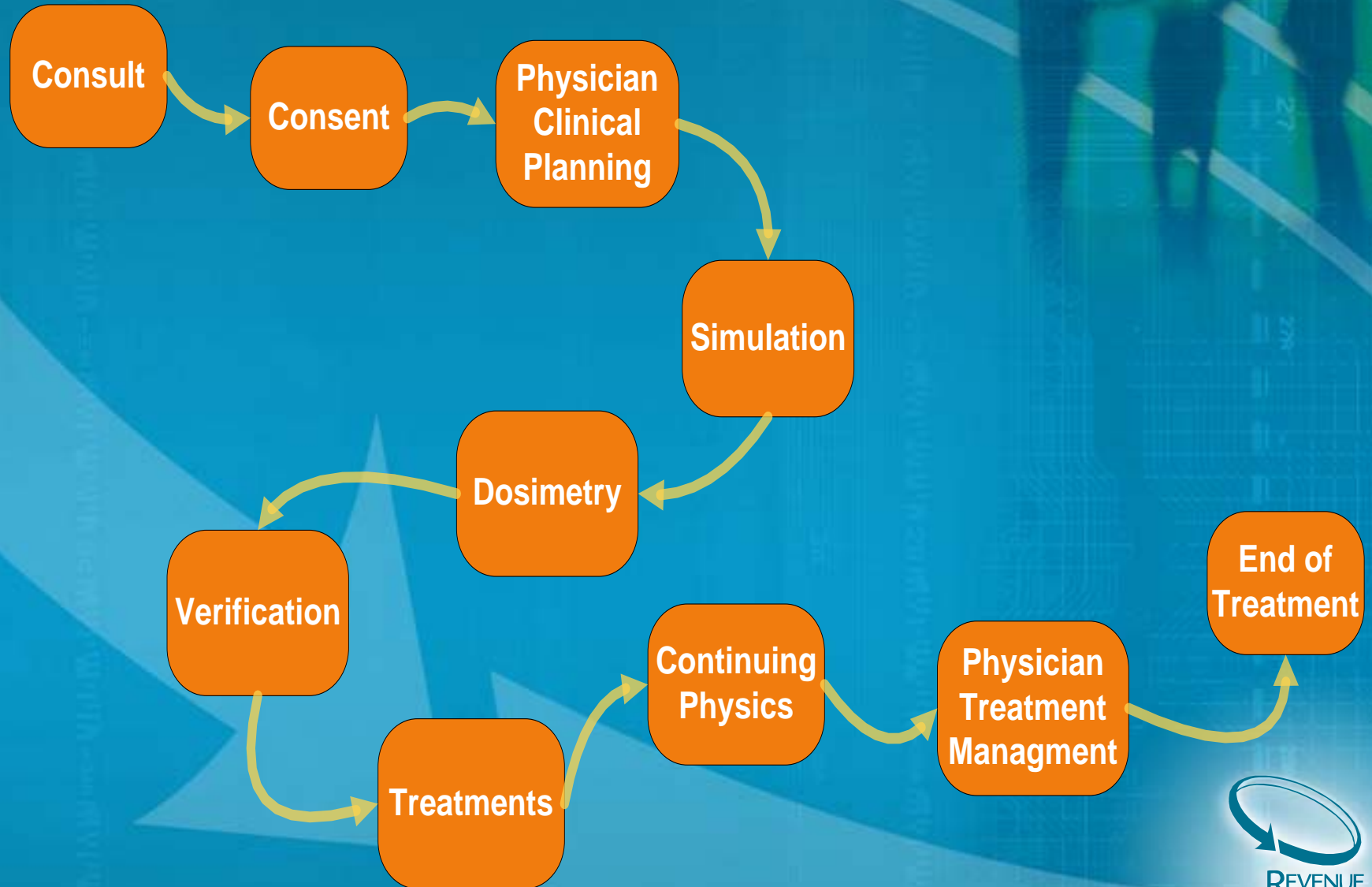


Process of Care

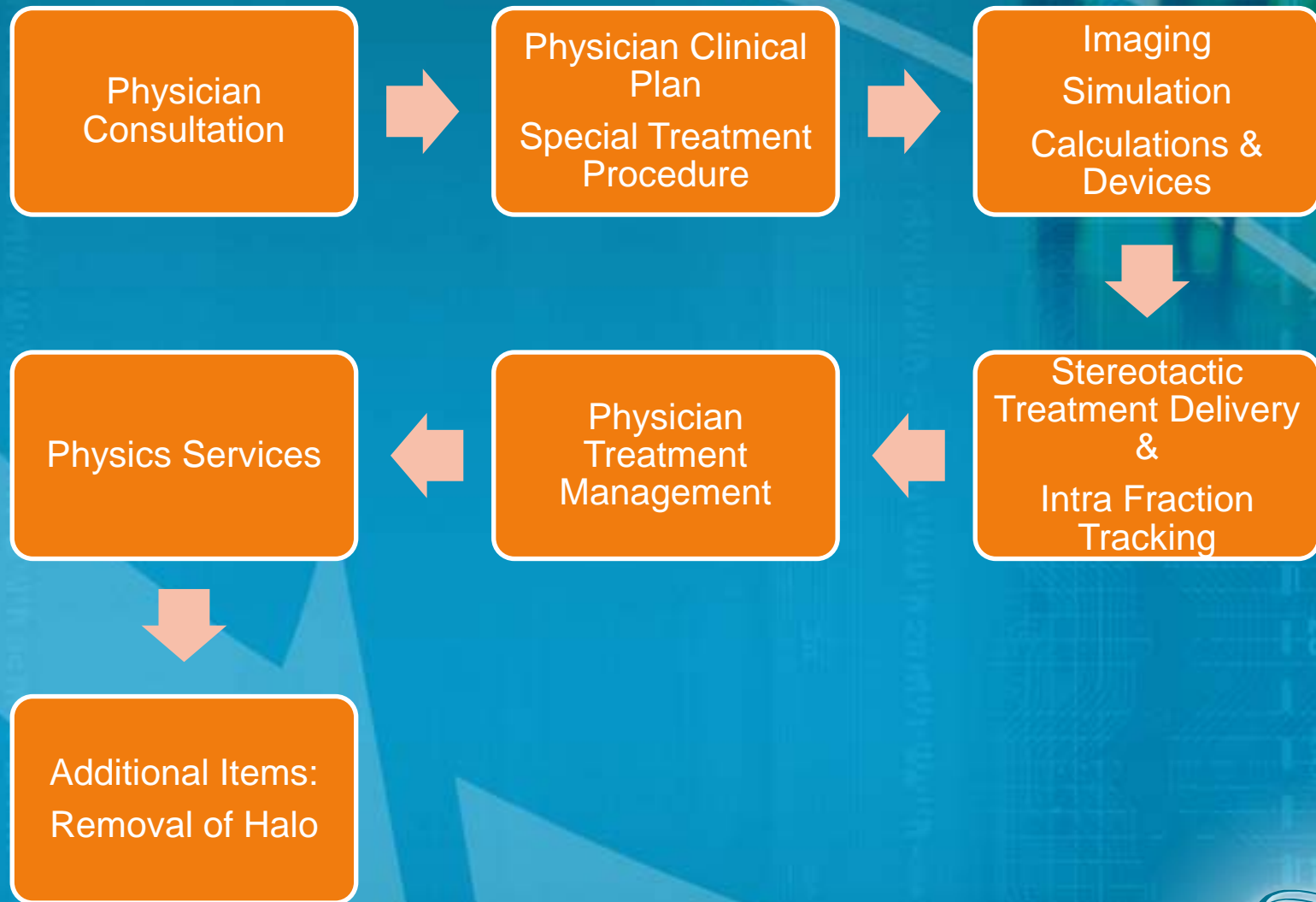
- Routine Process for Radiation Oncology
- Specific to Stereotactic
- Specific to Brachytherapy



Radiation Oncology Flow




Stereotactic Process of Care



Brachytherapy Process of Care

Most Brachytherapy Patients will follow a similar process

- 
- Consult
 - Physician Clinical Plan
 - Insertion of Device
 - Imaging
 - Dosimetry
 - Treatment Delivery
 - Device Removal

Some Processes Will Not Vary

- Consultation (or appropriate E&M visit)
- Physician's Clinical Treatment Planning
- Special Treatment Procedure



Evaluation and Management

- *Codes for Consultation:* 99241 to 99245
- *Inpatient Consults:* 99251 to 99255
- *Codes for New Patients:* 99201 to 99205
- *Codes for Established Pts:* 99211 to 99215

Key Points:

- If Consultation occurred previously i.e. at time of EBRT, no new consult @ time of SRS boost or Brachy boost
- Recommend Consultation occur by Radiation Oncologist
- Process of care may require an additional visit occur prior to procedure. An establish patient visit may be supported
- It is not possible to appropriately “consent” a sedated patient



Clinical Treatment Planning

77261, 77262 & 77263

The cognitive thought process of the physician in the determination of his/her “plan” of care for each individual patient.

Documentation

- Clinical Treatment Planning Note
- Provided by the physician detailing his/her “planned course” of therapy for each patient.
- The documented plan will:
 - Support level of planning billed
 - Document Medical Necessity for “plan of care”
 - Provide Clear Orders for Services Necessary to Fulfill “plan of care” i.e. special physics, consult, brachytherapy, stereotactic, etc
 - Indicate Qualifying Factors for Special Treatment Procedure



LCD Quotes

“Documentation supporting medical necessity should be legible, maintained in the patient’s medical record and made available to Medicare upon request.”

Noridian

“When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1) of the Social Security Act.”



Special Treatment Procedure-77470

- Professional & Technical
- Represents the extra work required by the physician & staff for special procedures
- Brachytherapy and Stereotactic procedures typically qualify for special and/or time consuming
- Should be applied when “above & beyond standard of care”
- *The use of this code MUST be accompanied with medical necessity justification and documented support*

LCD Quote:

77470 Documentation Requirements:

“A brief written documentation is appropriate for this code”



Next Steps Will Be Very Specific

- Treatment Modality
- Physician Specific Processes
- Patient Specific Processes



Both Stereotactic & Brachytherapy

- Simulation
- Imaging
- Dosimetry
- Treatment Delivery
- Possible Physics Charges

Difference:

- Physician Management



Simulation: 77280 77285 77290

- Initial “Set-up” of the Patient
- Level determined by immobilization utilized/fabricated &/or utilization of contrast
- Documentation of Simulation is required

Imaging

- CT Guidance – 77014TC (typically)
- Other modalities possible based on practice patterns: U/S, MRI, PET, fusion of multiple



Dosimetry

Stereotactic:

- 3D Simulation – 77295
- Documentation = Isodose, DVH & 3D BEV Rendering
- Ideally a 3D Simulation Note would also be completed

Brachytherapy (more possibilities):

- 3D Simulation = 77295
- Brachy Isodose Plans = 77326, 77327 or 77328



Brachytherapy Treatment Planning

3 Different Levels separated by number of Sources &/or ribbons:

77326 – Brachytx isodose simple; 1-4source/ribbons; 1-8 hdr

77327 – Brachytx isodose interm; 5-10 sources/ribbons; 9-12 hdr

77328 – Brachytx isodose cmplx; >10 sources/ribbons; >12 hdr

- *Required to document the isodose plan in the patient's chart*
- As quoted in Trailblazer LCD
“For brachytherapy, code 77300 may be reported when an independent calculation is performed exclusive of the isodose plan.”



Reimbursement

CPT Codes	APC HOPPS	2009 APC Payment Rate	Global	-TC Tech	-26 Pro
77326	304	\$114.70	\$142.82	\$96.30	\$46.53
77327	305	\$255.69	\$203.42	\$133.81	\$69.61
77328	305	\$255.69	\$278.79	\$173.84	\$104.95

Treatment Delivery & 2009 Updates

- Reimbursement Changes
- Deletion of CPT® Codes
- Brachytherapy *HDR, Interstitial, Intracavitary*
- Stereotactic *Cobalt or Linac Based
Robotic or Non-Robotic
Hospital or Free Standing*



HOPPS Changes for 2009

- LDR treatment delivery reimbursement decreased by 20%
- Use of G codes for stereotactic treatment delivery continues for hospital departments
 - Received 3.2-10% cut in reimbursement



2009 MPFS Final Rule

- Contractor Pricing for 77371 SRS Treatment Delivery Cobalt 60
 - Commenter's stated that the PE RVU's were not adequate
 - Only 1 freestanding facility
 - CMS believes the commenter's raised sufficient questions regarding the propriety of the direct PE inputs and PE RVUs established for code to warrant contractor-pricing for CPT 77371 for CY 2009

New/Deleted CPT® Codes for HDR

4 HDR Codes were deleted in 2009:

77781, 77782, 77783 & 77784

Remote Afterloading High Intensity Brachytherapy; Source Positions or Catheters

3 HDR Codes were added:

Remote Afterloading High Dose Rate Radionuclide Brachytherapy

77785 = 1 channel

77786 = 2-12 channels

77787 = over 12 channels

Level based on # of Channels

Hospital & Physician Fees - HDR

CPT Codes	APC HOPPS	2008 APC Payment Rate	2008 Global	2008 -TC Tech	2008 -26 Pro
77781	313	\$743.81	\$564.83	\$503.51	\$61.32
77782	313	\$743.81	\$752.22	\$650.91	\$101.31
77783	313	\$743.81	\$1027.97	\$868.00	\$159.97
77784	313	\$743.81	\$1515.86	\$1265.63	\$250.23
		2009 APC	2009 Global	2009 -TC	2009 -26
77785	313	\$733.25	\$186.10	\$114.69	\$71.41
77786	313	\$733.25	\$557.95	\$397.09	\$160.86
77787	313	\$733.25	\$829.17	\$582.11	\$247.06

Stereotactic Procedure Codes



Gamma Knife

Report in Hospital or Freestanding Center

** Beginning January 1, 2009 this code is contractor priced*



77371

Rad Tx delivery; stereotactic radiosurgery (SRS) complete course of Tx of cerebral lesion(s) consisting of 1 session; multi-source Cobalt 60 based (Gamma Knife)

Freestanding Stereotactic Procedure Codes

77372

Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral 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 of treatment not to exceed 5 fractions

These Codes are Intended for Free-standing Centers,
Do Not Report in a Hospital

Stereotactic G-Codes

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

G0339 & G0340 are on the physician fee schedule, however they are Carrier Priced

Reimbursement

CPT Codes	APC HOPPS	2009 APC Payment Rate	Global	-TC Tech	-26 Pro
77371	0127	\$7,641.69	N/A	-	N/A
77372	N/A	\$0.00	N/A	\$808.97	N/A
77373	N/A	\$0.00	N/A	\$1,497.12	N/A
G0173	0067	\$3,803.23	N/A	N/A	N/A
G0251	0065	\$952.38	N/A	N/A	N/A
G0339	0067	\$3,803.23	N/A	N/A	N/A
G0340	0066	\$2579.82	N/A	N/A	N/A

2009 MPFS Final Rule

CPT® 61793
Deleted

Stereotactic radiosurgery
(particle beam, gamma
ray or linear accelerator),
one or more sessions

New Stereotactic Codes for Surgeons

CY 2009 HCPCS Codes	CY 2009 Long Descriptor
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
61797	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); each additional cranial lesion, simple
61798	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); 1 complex cranial lesion
61799	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); each additional cranial lesion, complex
61800	Application of stereotactic headframe for stereotactic radiosurgery
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion

Documentation

- Medical Necessity
- Procedure Notes
- Physician Presence / Supervision



Documentation

- Medical necessity, physician orders and indication of the need for increased dose per fraction is a required component of physician documentation efforts
- A “**Procedure Note**” provided by the physician is required for all SRS &/or SBRT procedures
- Often found that physics provides a great note, however, there is a separate requirement for physician involvement which is easily proven with procedure note.
- A separate “**Procedure Note**” supplied by the Surgeon would be expected by payers

As Stated in Palmetto LCD

- “Radiation oncologists and neurosurgeons have separate CPT billing codes for SRS. The comprehensive CPT codes 61796, 61797, 61798, 61799, 61800, 63620 and 63921 may be billed by the neurosurgeon, as one member of the team, when and only when this physician is (a) present, (b) medically necessary and (c) fully participating, during the complete course of the procedure. It is not appropriate to bill for this code for any other circumstance. The medical record must clearly indicate the critical nature of the anatomy or other circumstances necessitating the services encompassed by this code.

A radiation oncologist may bill the SRS management code 77432 for single fraction SRS (and only once per treatment course) when and only when fully participating in the management of the procedure. When SRS is administered in more than one but not more than 5 fractions, the radiation oncologist may instead bill the Stereotactic Body Radiation Therapy (SBRT) code 77435 to cover patient management during that course of therapy; the radiation oncologist may not bill 77432 and 77435 for the same course of therapy. In addition, a radiation oncologist may bill other appropriate radiation oncology (77xxx) codes when full participation in the coded procedure(s) is appropriately documented, as directed in Medicare policies.

The physician may bill one of the primary surgery codes (61796, 61798 and 63620) but not in conjunction with the radiation (77 xxx) series codes. “

Note: The underlined items are inherent in LCD & were not added by RCI.

Procedure Note Sample

- DIAGNOSIS: Metastatic lung cancer
- On 1/29/08, Mr. XXX was brought to the preparation area for Rotating Gamma system. Dr. xxx placed an intravenous line for medication delivery and contrast medium injection for CT scanning. In a sitting position, the Leksell G type stereotactic frame was held in optimal position and pin sites were marked. Anesthesia was obtained locally with 0.5% Sensorcaine at the pin sites. The frame was firmly attached and using a CT localizer, optimizing of the position was done and patient was brought to the CT scan area subsequently.
- In the CT room, the patient was placed in the supine position on the scanner couch and using a table adaptor, the head was attached using the lasers for alignment. Dr. XXX injected 150 cc of non-ionic contrast intravenously. A whole brain scan was obtained with special thin cut images. These images were downloaded and stereotactic localization was done with a special software program. Three-dimensional reconstruction was performed. Five lesions were seen in the right cerebellar, left posterior cerebellar, right anterior superior cerebellar, right superior medical parietal and left superior medical parietal areas. Dose volume histograms were created and reviewed. The patient was then brought into the treatment room, place on the treatment table and the head was attached to the table. The lesions were treated as follows: 1400CGy was given to the right cerebellar lesion with one isocenter and the dose was prescribed to the 80% isodose line. The left posterior cerebellar lesion was treated to 1400cGy using one isocenter and the dose was prescribed to the 85% isodose line. The right anterior superior cerebellar lesion was treated with one isocenter to a dose of 1400 cGy, prescribed to the 55% isodose line. The right superior medical parietal lesion was treated with one isocenter to a dose of 1400 cGy, prescribed to the 75% isodose line. For the left superior medical parietal lesion, nine isocenters were utilized and a dose of 1400 CGy was given, prescribed to the 50% isodose line. A total of two collimators were used.
- Overall the patient tolerated the procedure very well.

Quote from Brachytherapy LCD

As stated in Trailblazer, 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.”

Physician Management Codes

- Specific for Fractionated EBRT
- Specific for Stereotactic
- Appropriate for Brachytherapy?

Physician Tx Management – 77427 77431

- Professional Only

77427 – Radiation Treatment Management, 5 treatments

77431 – Radiation Therapy Management when the entire course consists of one or two fractions **ONLY**

- Supporting documentation is a note by the physician indicating that any of the 4 components that have taken place for the corresponding fractions
- Each management note should be unique to the patient visit and the circumstances pertaining to that patient

Very payer dependent when applying these CPT® codes for HDR

- Some policies give very clear instruction on billing the mgmt codes with brachy
- Currently seeing denials



Physician Tx Management - 77432 77435

- Professional Only
- Documentation is required in the form of a note

77432 - Stereotactic radiation treatment management of cerebral lesion(s) (complete course of treatment consisting of one session)

77435 - Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course of treatment not to exceed 5 fractions

This will apply to all extra cranial SBRT up to a maximum of 5 fractions & all fractionated CRANIAL SRS up to a maximum of 5 fractions.

Reference is ASTRO/ACR Coding Guide



Physics Codes

- Continuing Physics
- Special Physics Consult

Continuing Physics - 77336

- Technical

Continuing physics includes chart check, machine QA, diode QA, review of treatments, dosimetry & associated documentation.

- Reported once per each 5 fractions
- Billing date = Date supported by documentation
- Documentation **IS** necessary whether EMR or paper



Special Physics Consult - 77370

- Technical Only

Used when the radiation oncologist makes a direct request to the medical physicist for a special consultative report for a particular problem or circumstance for a patient

Required for this code:

Request by Physician

Report by Physicist custom to the specific request

Review of Report by Physician



Coding Examples

- Stereotactic Example
- HDR Example

Coding

Disclaimer:

- *Content is not intended to dictate treatment patterns; only to aid in coding*
- *Billing and coding should match actual procedures performed & documented at each individual practice*
- *Never manipulate dates for reimbursement*
- *Follow the rules; do not attempt to get around them.*
- *Understand the process of care*
- *Documentation **MUST** clearly illustrate and support services provided & billed and should not need further explanation from a staff member*



Stereotactic Coding Example

Physician Consultation

- 99241-99245

Physician Clinical Plan Special Treatment Procedure

- 77261-77263 = "Plan of Care", Medical Necessity, Specific Orders, etc.
- 77470 = Note justifying the use of this code

Imaging Simulation Calculations & Devices

- 77014-TC for obtaining CT Images
- 77295 = 3D Simulation (document appropriately)
- 77300 x # (quantity supported by documentation)
- 77334 x # (quantity supported by documentation)

Stereotactic Treatment Delivery & Intra Fraction Tracking

- Specific CPT® code dependant on method & location of treatments (refer to previous slides)
- Intra Fraction Tracking (0197T) if ordered, performed and documented

Physician Treatment Management

- 77432 or 77435
- Documentation must include a "management note"

Physics Services

- Special Physics Consult (77370) If ordered, performed & documented
- Continuing Physics (77336) If performed & documented

Additional Items: Removal of Halo Complete Documentation

- 20665 If removal is performed by a separate physician from the one whom placed the halo
- A procedure note must accompany this service
- A detailed procedure note is **REQUIRED** to be performed by the Radiation Oncologist detailing the entire SRS or SBRT procedure

Devices for SRS



How many
can you bill?

What is the
documentation
for each?



HDR

Typical Process of Care:

- Consult
- Physician Clinical Plan & Sp Tx Proc
- Insertion of Device
- Device
- Imaging
- Dosimetry
- Treatment Delivery
- Device Removal
- Physics Review
- Source



Sample Coding

If not already billed with EBRT:

99241 – 99245

Consult

77263

Physician Clinical Plan (Planning Note Necessary)

77470

Special Treatment Procedure

57155, 55920 or S2270

Insertion of Device (includes Removal)

77332

Device (if fractionated, this is billed only one time)

77014

Imaging (typically CT)

77290

Verification of placement of dummy sources

77326-77328

Dosimetry (or 77295 if 3D Requirements are met)

77300

Activity of Source

77785-77787

Treatment Delivery

77336

Physics Review

77370

Special Physics Consult (if ordered & performed)

C1717

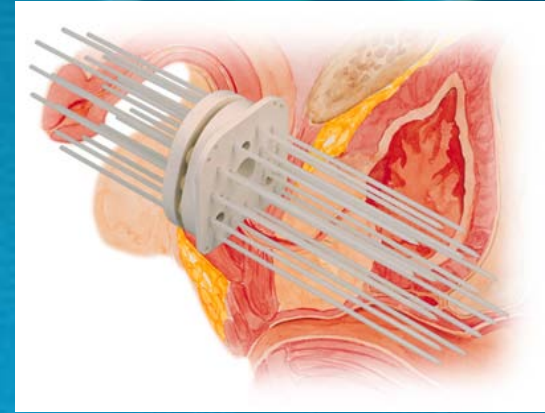
HDR Ir-192 Source



Prostate HDR Sample Coding

Prior to Treatment

99241-99245	Consult
77263	Physician Clinical Plan
77470	Special Tx Procedure
77332	Simple Device (Template)
76965	Ultrasound Guidance
55875	Plcmt Rad Onc or Urologist
77014	Imaging (CT Guidance)
77328	Dosimetry (> 10 source/ribbons)



Day of Treatment A.M.

77300	Source Activity
77786-77787	HDR Treatment (2-12 channels or >12 channels)
C1717	HDR Source Ir-192

Day of Treatment P.M.

77300	Source Activity
77786-77787(58)	HDR Treatment (2-12 channels or >12 channels)
C1717	HDR Source Ir-192

Other Charges

77336	Continuing Physics
77370	Special Physics Consult



Brachytherapy Placement Codes

20555 Placement of needles or catheters into muscle &/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)

41019 Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application

55875 Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy

55920 Placement of needles or catheters into pelvic organs &/or genitalia (except prostate) for subsequent interstitial radioelement application

57155 Insertion of uterine tandem and/or ovoids for clinical brachytherapy

S2270 Insertion of vaginal cylinder of application if radiation source or clinical brachytherapy (not payable)

C9725 Placement of endorectal Intracavitary application for high intensity brachytherapy

Placement Codes: Breast

19296 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

19297 concurrent with partial mastectomy

19298 Placement of radiotherapy after loading brachytherapy catheters (multiple tube & button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes image guidance

Brachytherapy Unlisted Codes

19499 – Unlisted procedure, breast

53899 – Unlisted procedure, urinary system

55899 – Unlisted procedure, male genital system

58999 – Unlisted procedure, female genital system
(non-obstetrical)

77799 – Unlisted procedure, clinical brachytherapy



Brachytherapy Source Codes

C1716 – gold 198, per source

C1717 – high dose rate iridium 192, per source

C1719 – non-high dose rate iridium 192, per source

C2616 – non-stranded, Yttrium-90, per source

C2634 – non-stranded, high activity, Iodine 125, greater than 1.01 mCi, per source

C2635 – non-stranded, high activity, palladium-103, greater than 2.2 mCi, per source

C2636 – linear source, non-stranded, palladium-103, per 1mm

C2637 – non-stranded, ytterbium-169, per source

C2638 – stranded, Iodine-125, per source

C2639 – non-stranded, Iodine-125, per source

C2640 – stranded, palladium-103, per source

C2641 – non-stranded, palladium-103, per source

C2642 – stranded, Cesium-131, per source

C2643 – non-stranded, Cesium-131, per source

C2698 – Brachytherapy source, stranded, not otherwise specified, per source

C2699 – Brachytherapy src, non-stranded, not otherwise specified, per src



More Brachytherapy & Misc.

77750 - Infusion of a Radioelement

C1715 – Brachytherapy needle

C1728 – Catheter, brachytherapy seed administration

Q3001 – Radioelement for brachytherapy; any type, each





Questions?





Acknowledgements

