

ISSUES | 2022 Oncology Coding Update

By Teri Bedard, BA, RT(R)(T), CPC

The Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA) have finalized the coding updates for calendar year (CY) 2022. Overall, there are no significant coding changes impacting oncology, but it is important to be prepared and ensure coding practices and chargemasters are updated to reflect any necessary code changes. This column outlines coding changes specific to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and Current Procedural Terminology (CPT®) and the Healthcare Common Procedure Coding System (HCPCS) for services that may be provided by or related to services by oncology specialties.

Revised Guidelines for ICD-10-CM Diagnosis Coding

Many of the guidelines updated for 2022 focus on the need to code the diagnosis to the highest level of specificity. Language was added in several sections of the ICD-10-CM Official Guidelines to press this point. New in 2022, the guidelines state the following:

- **Highest level of specificity:** Code to the highest level of specificity when supported by the medical record documentation.
- **When laterality is not documented** by the patient's provider, code assignment for the affected side may be based on medical record documentation from other clinicians. If there is conflicting medical record documentation regarding the affected side, the patient's attending provider should be queried for clarification. Codes for "unspecified" side should rarely be used, such as when the documentation in the record is insufficient to determine the affected side and it is not possible to obtain clarification.
- There may be instances in which signs and symptoms need to be coded based on the reason for the encounter. When there is no specificity supported in the medical record, coders and practitioner will need to discuss documentation. **A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures.** The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation accurate coding cannot be achieved. The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated.
- The diagnosis code is not the only piece of information provided under the ICD-10-CM system. There are factors influencing health status that provide more information about the patient. These factors can be used in registries to provide additional context to the patients seen for healthcare services. For example, "History of" codes, which begin with the letter "Z," contain personal and family history. When practitioners document statements in the medical record related to the "History of," it should be coded. Language was updated to reinforce the sequence of codes listed on the claim form. The reason for the encounter, for example, screening or counseling, should be sequenced first and the appropriate personal and/or family history code(s) should be assigned as additional diagnos(es).

Revised ICD-10-CM Codes

New for 2022, codes to denote malignancy to bilateral ovaries is available, previously the codes were only specific to the right or left side:

- **C56.3:** Malignant neoplasm of bilateral ovaries

- **C79.63:** Secondary malignant neoplasm of bilateral ovaries

There are also new codes related to anaplastic large cell lymphoma for breast cancer. Added codes and guidance include the following:

- **C84.79A:** Anaplastic large cell lymphoma, ALK-negative, breast
- For breast implant associated with anaplastic large cell lymphoma (BIA-ALCL), use an additional code to identify: breast implant status (**Z98.82**) and personal history of breast implant removal (**Z98.86**)
Do not assign a complication code from chapter 19.

Evaluation and Management Revised Codes

- **99211:** Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified healthcare professional. Note: the last sentence referring to minimal presenting problems was removed from code 99211.

New Evaluation and Management Codes

Code **+99437:** Chronic care management services with the following required elements:

- Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,
- Chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline
- Comprehensive care plan established, implemented, revised, or monitored.

Each additional 30 minutes by a physician or other qualified healthcare professional, per calendar month should be listed separately in addition to the code for the primary procedure.

Code **99424:** Principal care management services, for a single high-risk disease, with the following required elements:

- One complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death
- The condition requires development, monitoring, or revision of disease-specific care plan
- The condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care.

The first 30 minutes personally provided by a physician or other qualified healthcare professional, per calendar month.

Code **+99425:** Principal care management services, for a single high-risk disease, with the following required elements:

- One complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death
- The condition requires development, monitoring, or revision of disease-specific care plan
- The condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care.

Each additional 30 minutes provided personally by a physician or other qualified healthcare professional, per calendar month should be listed separately in addition to code for primary procedure.

Code **99426**: Principal care management services, for a single high-risk disease, with the following required elements:

- One complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death
- The condition requires development, monitoring, or revision of disease-specific care plan
- The condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care.

The first 30 minutes of clinical staff time directed by physician or other qualified healthcare professional, per calendar month.

Code **99427**: Principal care management services, for a single high-risk disease, with the following required elements:

- One complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death
- The condition requires development, monitoring, or revision of disease-specific care plan
- The condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care.

Each additional 30 minutes of clinical staff time directed by a physician or other qualified healthcare professional, per calendar month should be listed separately in addition to code for primary procedure.

New Codes for Remote Therapeutic Monitoring

- **98975**: Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment.
- **98976**: Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days.
- **98977**: Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days.
- **98980**: Remote therapeutic monitoring treatment management services, physician or other qualified healthcare professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes.
- **+98981**: Remote therapeutic monitoring treatment management services, physician or other qualified healthcare professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes. List separately in addition to code for primary procedure.

- **99072:** Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease

Category III Codes

Two codes were created for mechanical scalp cooling systems, not the manual placement of cold or ice packs, which is used to reduce the potential side effect of chemotherapy-induced hair loss from certain cytotoxic drugs. These codes were created by the American Medical Association (AMA) CPT® Editorial Panel for utilization July 1, 2021 but are part of the official release of codes in the 2022 CPT® manual. The initial code is to be billed once per course of chemotherapy and the other is an add-on code for the placement, monitoring and removal of the cap at the time of chemotherapy treatment.

0662T - Scalp cooling, mechanical; initial measurement and calibration of cap

+0663T - Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)

HCPCS Added Modifiers

- **FQ:** The service was furnished using audio-only communication technology.
- **FR:** The supervising practitioner was present through two-way, audio/video communication technology.
- **FS:** Split (or shared) evaluation and management visit.
- **FT:** Unrelated evaluation and management (E/M) visit during a postoperative period, or on the same day as a procedure or another e/m visit. Report when an E/M visit is furnished within the global period but is unrelated, or when one or more additional E/M visits furnished on the same day are unrelated

HCPCS Codes Added for Radiation Oncology (RO) Model

- **M1072:** Radiation therapy for anal cancer under the RO Model, 90-day episode, professional component.
- **M1073:** Radiation therapy for anal cancer under the RO Model, 90-day episode, technical component.
- **M1074:** Radiation therapy for bladder cancer under the RO Model, 90-day episode, professional component.
- **M1075:** Radiation therapy for bladder cancer under the RO Model, 90-day episode, technical component.
- **M1076:** Radiation therapy for bone metastases under the RO Model, 90-day episode, professional component.
- **M1077:** Radiation therapy for bone metastases under the RO Model, 90-day episode, technical component.
- **M1078:** Radiation therapy for brain metastases under the RO Model, 90-day episode, professional component.
- **M1079:** Radiation therapy for brain metastases under the radiation oncology model, 90-day episode, technical component.
- **M1080:** Radiation therapy for breast cancer under the RO Model, 90-day episode, professional component

- **M1081**: Radiation therapy for breast cancer under the RO Model, 90-day episode, technical component.
- **M1082** - Radiation therapy for cervical cancer under the RO Model, 90-day episode, professional component.
- **M1083** - Radiation therapy for cervical cancer under the RO Model, 90-day episode, technical component
- **M1084** - Radiation therapy for CNS (central nervous system) tumors under the RO Model, 90-day episode, professional component.
- **M1085** - Radiation therapy for CNS tumors under the RO Model, 90-day episode, technical component.
- **M1086** - Radiation therapy for colorectal cancer under the RO Model, 90-day episode, professional component.
- **M1087** - Radiation therapy for colorectal cancer under the RO Model, 90-day episode, technical component.
- **M1088** - Radiation therapy for head and neck cancer under the RO Model, 90-day episode, professional component.
- **M1089** - Radiation therapy for head and neck cancer under the RO Model, 90-day episode, technical component.
- **M1094** - Radiation therapy for lung cancer under the RO Model, 90-day episode, professional component.
- **M1095** - Radiation therapy for lung cancer under the RO Model, 90-day episode, technical component.
- **M1096** - Radiation therapy for lymphoma under the RO Model, 90-day episode, professional component.
- **M1097** - Radiation therapy for lymphoma under the RO Model, 90-day episode, technical component.
- **M1098** - Radiation therapy for pancreatic cancer under the RO Model, 90-day episode, professional component.
- **M1099** - Radiation therapy for pancreatic cancer under the RO Model, 90-day episode, technical component.
- **M1100** - Radiation therapy for prostate cancer under the RO Model, 90-day episode, professional component.
- **M1101** - Radiation therapy for prostate cancer under the RO Model, 90-day episode, technical component.
- **M1102** - Radiation therapy for upper GI (gastrointestinal) cancer under the RO Model, 90-day episode, professional component.
- **M1103** - Radiation therapy for upper GI cancer under the RO Model, 90-day episode, technical component.
- **M1104** - Radiation therapy for uterine cancer under the RO Model, 90-day episode, professional component.
- **M1105** - Radiation therapy for uterine cancer under the RO Model, 90-day episode, technical component.

Teri Bedard, BA, RT(R)(T), CPC, Executive Director, Client & Corporate Resources, Revenue Cycle Coding Strategies.

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