Overcoming 2019 Documentation and Coding Hurdles

Presented by Ron DiGiaimo, MBA
info@revenuecycleinc.com

April 9, 2019

Portland, ME

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimero

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.

CPT® codes, descriptions and other data are copyright 2017 American Medical Association (or such other date of publication of CPT®). All Rights Reserved. CPT® is a registered trademark of the American Medical Association. Code descriptions and billing scenarios are references from the AMA, CMS local and national coverage determinations (LCD/NCD), and standards nationwide.

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Disclosures

- We have no relationships with ACCME-defined commercial interests.

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

ACA Section 6401

Fraud examples include, but are not limited to:

- Billing for services or supplies that were not provided
- Deliberately submitting duplicate bills
- Billing noncovered services as if they were covered services
- Misrepresenting services rendered or the diagnosis to justify the services or equipment furnished
- Altering a claim form to obtain a higher amount paid
- Soliciting, offering, or receiving a kickback, bribe, or rebate
- Employing an individual that has been excluded from the Medicare program and billing Medicare for services provided by the excluded individual

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Penalties

"Defrauding the Federal Government and its programs is **illegal**. Committing Medicare fraud exposes individuals or entities to potential criminal and civil liability, and may lead to imprisonment, fines, and penalties."

Medicare Fraud & Abuse: Prevention, Detection, and Reporting

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Abuse

Abuse describes incidents or practices of providers that are inconsistent with accepted sound medical practices, directly or indirectly resulting in unnecessary costs to the program, improper payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary.

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Forms of Abuse

- Unbundled charges
- Excessive charges
- Medically unnecessary services
- Improper billing practices
- Upcoding

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

HDR APBI
Multi-channel

Patient Agrees to XRT

Physician Clinical Treatment Planning:
- detail the "Planned Course" of therapy
- provide specific orders for services
- medical necessity statements

Charge Capture:
Clinical Planning 77261, 77262 or 77263 (P)

Applicator Insertion

Simulation and CT

Simulation & CT:
Imaging of applicator and placement for planning purposes. Documented within procedure note

Charge Capture:
Complex Simulation 77290 (P/TC)

Planning

Brachytherapy Isodose Plan:
Utilizing CT scan, isodose plan is completed and documented.

Charge Capture:
Brachytherapy Isodose Plan 77317 (P/TC)

- If volume of interest and critical structure(s) are used for planning a 3D plan, 77295, may be billable instead of the 77317.
- If 77295, NCCI edits will apply to the simulation.
- If planning and treatment completed on same date, additional NCCI edits will apply.

AM Fractions 1-10 PM

Charge Capture:
Simple Simulation 77280 (P/TC)

Imaging and Verification Simulation:
Catheter is imaged and measurements and catheter parameters are verified and documented

Charge Capture:
Simple Simulation 77280 (P/TC)

Charge Capture:
HDR Treatment Delivery 77771 (P/TC)
HDR Iridium 192 source C1717 (TC)

HDR Treatment Delivery and Source:
Treatment is delivered and documented by HDR unit documentation and procedure note by the MD

Charge Capture:
HDR Treatment Delivery 77771 (P/TC)
HDR Iridium 192 source C1717 (TC)

Source is not billable in freestanding facility.

Additional Codes

Continuing Physics

Continuing Physics:
Treatment, planning, dosing, etc. is checked and documented by physics

Charge Capture:
Continuing Physics 77336 (TC) fx 1-5
Continuing Physics 77336 (TC) fx 6-10

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Radiation Oncology

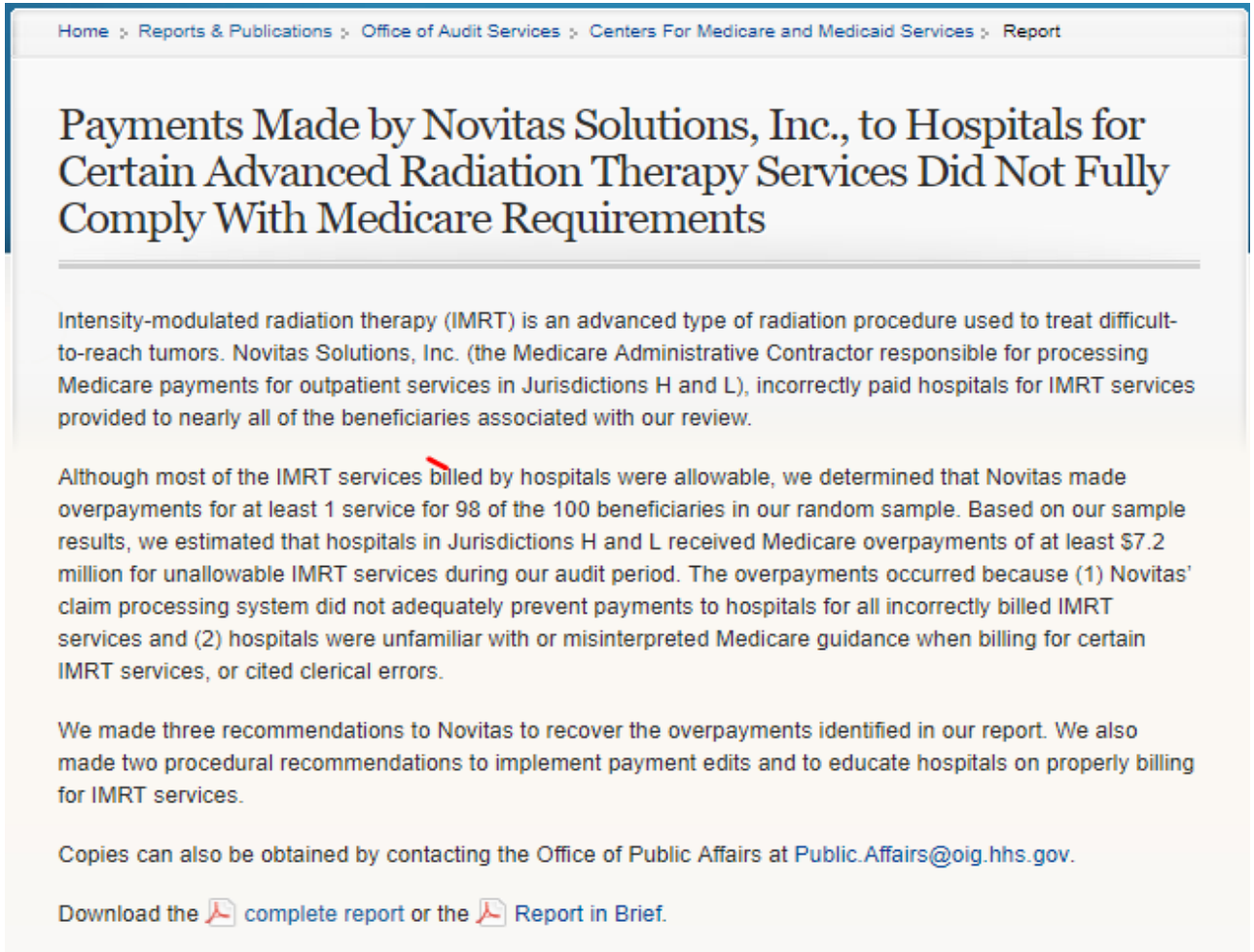
Review of Outpatient 3-Dimensional Conformal Radiation Therapy Planning Services

3-Dimensional Conformal Radiation Therapy (3D-CRT) is a radiation therapy technique that allows doctors to sculpt radiation beams to the shape of a patient's tumor. 3D-CRT is provided in two treatment phases: planning and delivery. Hospitals bill Medicare for developing a 3D-CRT treatment plan using Current Procedural Terminology code 77295. Automated prepayment edits prevent additional payments for separately billed radiation planning services if they are billed on the same date of service as the 3D-CRT treatment plan. However, Medicare allows additional payments if they are billed on a different date of service (e.g., 1 day before). For a form of radiation similar to 3D-CRT, Medicare requirements prohibit payments for separately billed radiation planning services when they are billed on a different date of service. We will determine the extent of potential savings to Medicare if it had implemented the same requirements for 3D-CRT planning services.

Announced or Revised	Agency	Title	Component	Report Number(s)	Expected Issue Date (FY)
July 2018	Centers for Medicare & Medicaid Services	Review of Outpatient 3-Dimensional Conformal Radiation Therapy Planning Services	Office of Audit Services	W-00-18-35812	2019

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

What's New



Home › Reports & Publications › Office of Audit Services › Centers For Medicare and Medicaid Services › Report

Payments Made by Novitas Solutions, Inc., to Hospitals for Certain Advanced Radiation Therapy Services Did Not Fully Comply With Medicare Requirements

Intensity-modulated radiation therapy (IMRT) is an advanced type of radiation procedure used to treat difficult-to-reach tumors. Novitas Solutions, Inc. (the Medicare Administrative Contractor responsible for processing Medicare payments for outpatient services in Jurisdictions H and L), incorrectly paid hospitals for IMRT services provided to nearly all of the beneficiaries associated with our review.

Although most of the IMRT services billed by hospitals were allowable, we determined that Novitas made overpayments for at least 1 service for 98 of the 100 beneficiaries in our random sample. Based on our sample results, we estimated that hospitals in Jurisdictions H and L received Medicare overpayments of at least $7.2 million for unallowable IMRT services during our audit period. The overpayments occurred because (1) Novitas' claim processing system did not adequately prevent payments to hospitals for all incorrectly billed IMRT services and (2) hospitals were unfamiliar with or misinterpreted Medicare guidance when billing for certain IMRT services, or cited clerical errors.

We made three recommendations to Novitas to recover the overpayments identified in our report. We also made two procedural recommendations to implement payment edits and to educate hospitals on properly billing for IMRT services.

Copies can also be obtained by contacting the Office of Public Affairs at Public.Affairs@oig.hhs.gov.

Download the complete report or the Report in Brief.

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

November 2018

- Novitas incorrectly paid hospitals for IMRT services provided to "*nearly all of the beneficiaries*" in the review
  - Payment dates between July 2013 – December 2015
  - Most services were allowable
  - Overpayments made for a least 1 service for 98 of the 100 beneficiaries
  - 2 beneficiaries processed correctly

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Findings

- Special physics consultation without order or documentation
- Incorrect number of units billed
- Incorrect use of modifier for intermediate treatment device
- Lacking medical necessity
- Not standard of care

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Recent Item

Intensity-Modulated Radiation Therapy

Intensity-modulated radiation therapy (IMRT) is an advanced mode of high-precision radiotherapy that uses computer-controlled linear accelerators to deliver precise radiation doses to a malignant tumor or specific areas within the tumor. IMRT is provided in two treatment phases: planning and delivery. Certain services should not be billed when they are performed as part of developing an IMRT plan. Prior OIG reviews identified hospitals that incorrectly billed for IMRT services. We will review Medicare outpatient payments for IMRT to determine whether the payments were made in accordance with Federal requirements.

Announced or Revised	Agency	Title	Component	Report Number(s)	Expected Issue Date (FY)
October 2017	Centers for Medicare & Medicaid Services	Intensity-Modulated Radiation Therapy	Office of Audit Services	W-00-16-35733; various reviews	2018

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

What OIG Found

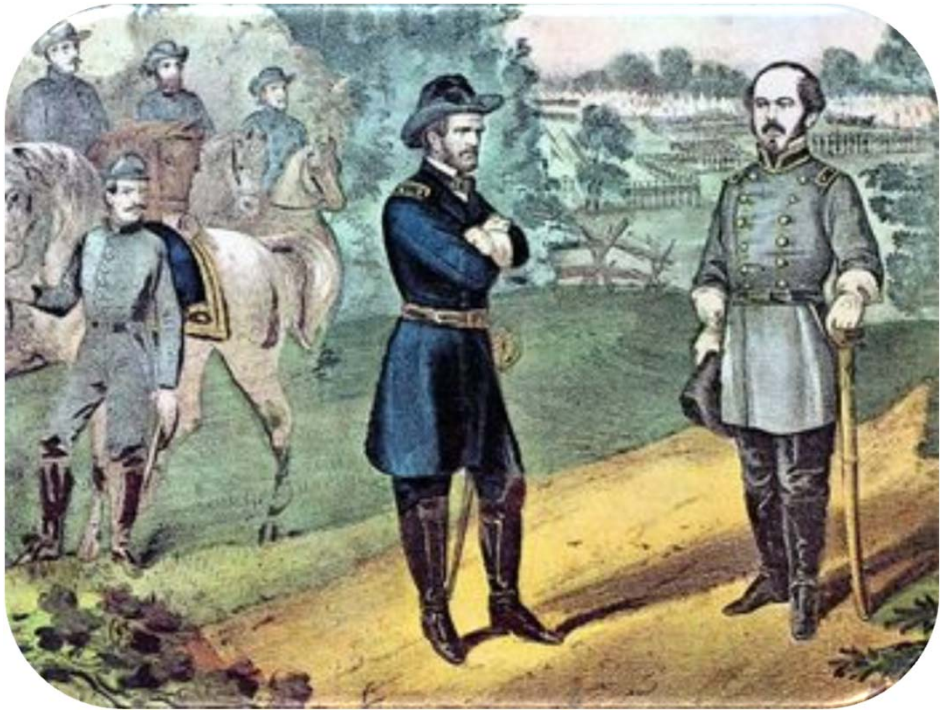
Payments for outpatient IMRT planning services did not comply with Medicare billing requirements. Specifically, for all 100 line items in our sample, the hospitals separately billed for complex simulations when they were performed as part of IMRT planning. The overpayments primarily occurred because the hospitals appeared to be unfamiliar with or misinterpreted the Centers for Medicare & Medicaid Services (CMS) guidance. In addition, the claim processing edits did not prevent the overpayments because the edits applied only to services billed on the same date of service as the billing of the procedure code for the bundled payment, and the services in our sample were billed on a different date of service.

On the basis of our sample results, we estimated that Medicare overpaid hospitals nation-wide as much as $21.5 million for complex simulations billed during our audit period. In addition, we identified $4.2 million in potential overpayments for other IMRT planning services that were not included in our sample. In total, Medicare overpaid hospitals as much as $25.8 million during our audit period.

For IMRT planning services billed in the 2 years after our audit period (for CYs 2016 and 2017), we identified an additional $3.7 million in potential overpayments for complex simulations and $1.7 million for other IMRT planning services. In total, Medicare overpaid hospitals as much as $5.4 million after our audit period.

Trivia - False Claims Act

Originally set up to fine those who billed the government for horses, but delivered donkeys during the Civil War.



Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Example 1

- Physician is coding incorrectly, but advises the biller that he will make the decisions to ensure maximum reimbursement. Biller agrees, to save her job.
- 18 USC 2 states:
  - Whoever commits an offense against the United States or aids, abets, counsels, commands, induces, or procures its commission, is punishable as a principal.

    The “helper” is as guilty as the mastermind.

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Example 2

- What if you don't know about the illegal billing at the time it occurred, but learn about it after the fact and help conceal it?
- 18 USC 3 states:
  - Whoever, knowing that an offense against the United States has been committed, receives, relieves, comforts, or assists the offender in order to hinder or prevent his apprehension, trial or punishment, is an accessory after the fact.

Hiding evidence of incorrect billing can be obstruction of justice.

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Radiation Oncology Example 1

Insufficient Documentation – Missing Signatures

A radiation oncologist billed for HCPCS 77301 and 77300, and for multi-leaf collimator devices for IMRT, therapeutic radiology simulation-aided field setting, therapeutic radiology treatment planning (complex), and IMRT treatment delivery for three dates of service. The submitted documentation included notes for three dates of service different from those billed, an unsigned and undated treatment plan, an undated histogram, a Computed Tomography (CT) scan report, an unsigned fine needle aspiration report, an unsigned operative report, and a breast Magnetic Resonance Imaging (MRI) report. There was no documentation of complex treatment devices (irregular blocks, special shields, compensators, wedges, molds, or cast), and there was no verification of treatment setup and delivery. No signature attestation statement was received from either the radiation oncologist or the radiation physicist and no other medical records were submitted despite a request for additional documentation. This claim was scored as an insufficient documentation error.

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Radiation Oncology Example 2

Insufficient Documentation – Missing Order, Intent to Order, and Dosimetry Calculation

A radiation oncologist billed for HCPCS 77301; the documentation received included CT images, a cumulative dose volume histogram, a treatment plan report, and an unsigned IMRT plan summary/calculation for the date of service billed. The billing provider did not submit an authenticated copy of the treating physician's progress notes to document the order/intent to order radiation therapy prior to billed date of service, nor did the billing provider submit an authenticated copy of the dosimetry calculation for date of service. No other medical records were submitted despite a request for additional documentation. This claim was scored as an insufficient documentation error.

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Radiation Oncology Example 3

"Radiation Therapy listed among the top 10 errors by type of service, with a projected error rate of 42.7%."

Case #3: Treatment Records, Treatment Plans, and Orders

Submitted CPT code:

- 77427- Radiation treatment management x5.

Records submitted:

- Chemotherapy records
- Lab results
- Physician's note (not signed)
- Discharge instructions
- Upon second request, the following additional records were submitted: follow-up note; end of treatment summary; consultation note; multiple CT results; pathology results; colonoscopy results; and EGD results.

https://www.cgsmedicare.com/partb/pubs/news/2014/0314/cope24874.html

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Financial Impact

- 2015 improper payment rate for radiation oncology – 9.6%
  - 0.3 % of overall Medicare FFS improper payment rate
  - $137 million projected improper payment for radiation oncology for 2015

Source: Medicare Quarterly Provider Compliance Newsletter January 2017

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Lookback Period

Overpayments must be reported and returned only if a person identifies the overpayment within 6 years of the date the overpayment was received.

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

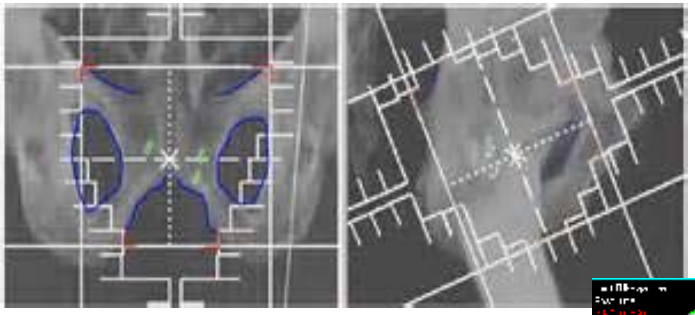
“Magic Words” – Use Caution

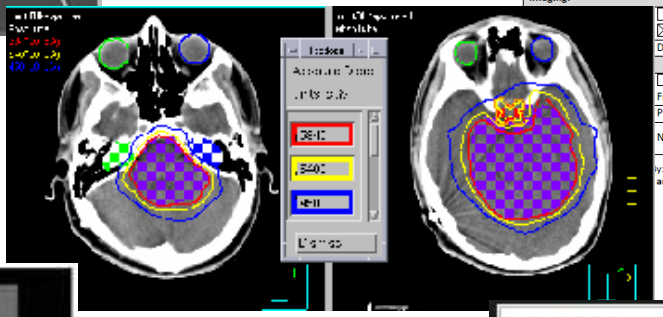
"Instead of teaching physicians to use "magic words," train them to:

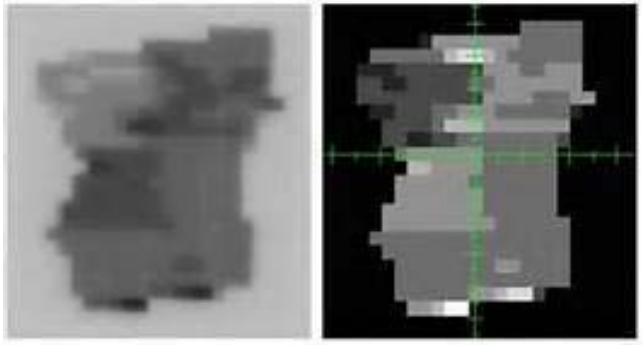
- Document what was known at the time of the encounter - specifically
- Document the "decision points" of code selection
- Document the sequence of events

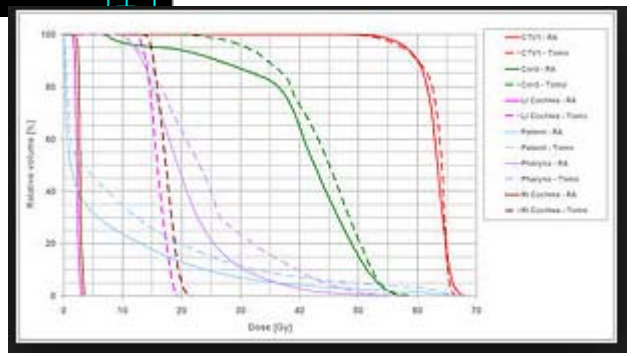
Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Documentation









ABC Cancer Center

Patient Name: Doe, John
MR #: 123456
DOB: 5/6/1942
Procedure Date: May 2, 2018
Attending Physician: Dr. J. White

Physician Clinical Treatment Planning Note

John Doe has agreed to proceed with Radiation Therapy. The following information represents the intent for the treatment course. The final prescription reflecting the treatment parameters i.e. fractionation, energy, beam arrangement and total dose will be provided in the electronic medical record upon completion and my evaluation of the requested dosimetry planning.

Clinical Evaluation:

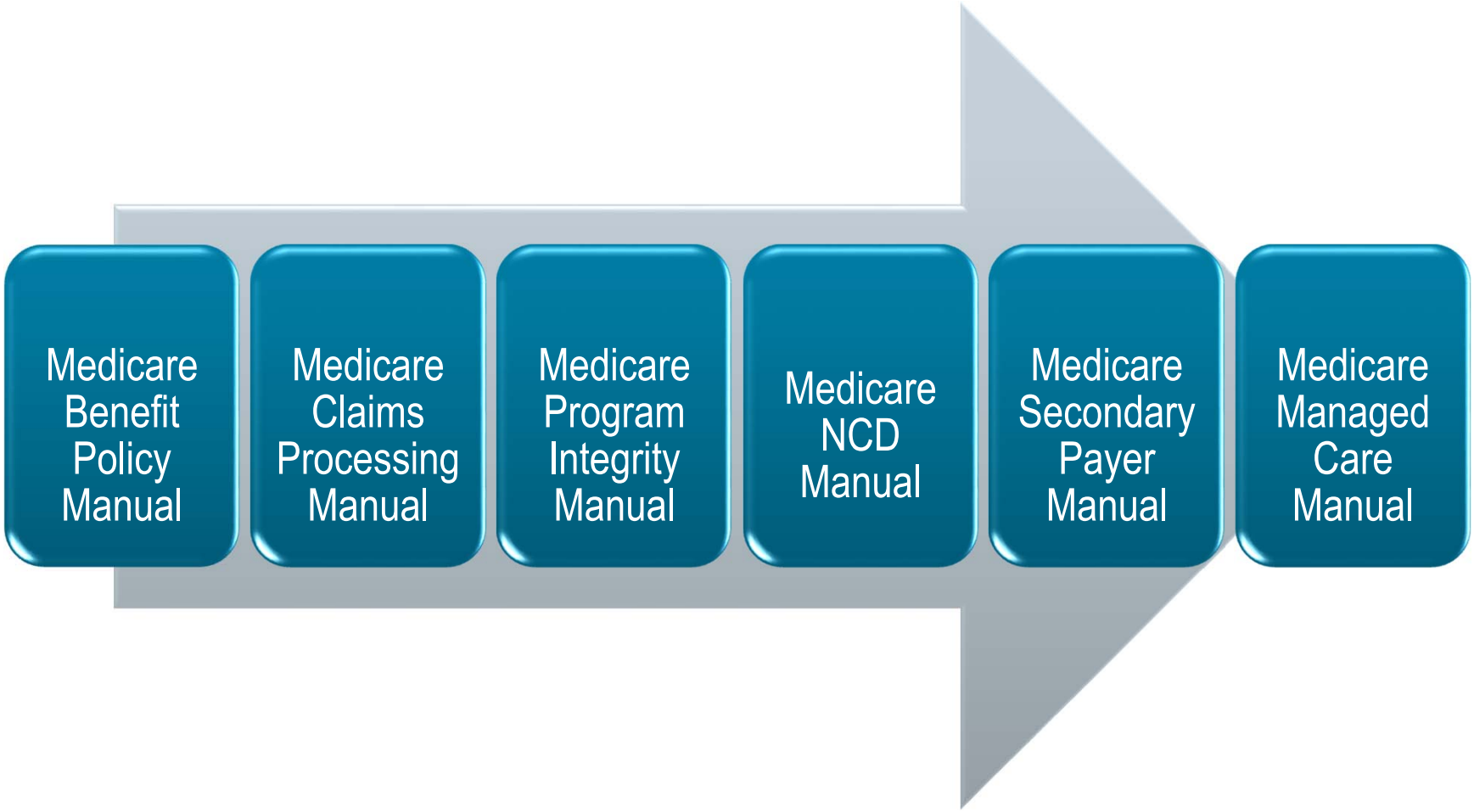
Treatment Site: Prostate | Treatment Intent: curative | Therapeutic Modalities: Radiation Therapy Only
Requested Technique: IMRT | Karnofsky Score: 90 | Previous Treatment: No
Medical Necessity: Due to higher curative dose required for the prostate gland, IMRT is necessary to reduce toxicities to the surrounding normal tissues including rectum, bladder and femoral heads.

Physician Orders

Simulation:	
Type:	☒ CT Simulation ☐ Clinical Simulation: Electron
Imaging:	☒ CT Guidance ☐ 4D CT ☐ Re-evaluation scan: Scan Area: pelvis Scan Direction: Head First Slice Thickness: 3mm Contrast: No Type:
Special Instructions:	☒ Full Bladder ☐ Vaginal Marker ☐ Anal Marker ☐ Wire Scar
Immobilization Devices:	☐ Aquaplast Mask ☐ Custom Accuform Sponge ☐ Bite Block ☐ Breast Board: Supine ☒ Vac-Lok ☐ Shoulder Retractors ☐ Belly Board
Dosimetry Planning:	☒ Photon ☐ Electron ☐ Brachytherapy
Image Fusion:	☐ CT ☒ MRI ☐ PET ☐ Other:
Type:	☐ Isodose Planning ☐ 3D Conformal ☒ IMRT ☐ Brachytherapy Isodose
Additional Instructions:	☒ Beam modification devices as necessary per planning ☒ Monitor unit calculation per treatment port ☐ Respiratory Motion Management ☐ Boost planning:
Imaging:	
	☐ Verification Simulation to confirm set up and beam parameters prior to treatment ☒ IGRT : Frequency Daily Type: CBCT ☐ Weekly Port Films
	Daily CBCT imaging is necessary to account for movement of the target volume
	☐ Diode ☐ Mosfet ☐ Electron Output
	Frequency:
	Physician request:
	Not applicable

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

IOMs = Internet-Only Manuals



Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Code of Federal Regulations Title 21

PART 11 -- ELECTRONIC RECORDS; ELECTRONIC SIGNATURES

Subpart B--Electronic Records

Sec. 11.50 Signature manifestations.

(a) Signed electronic records shall contain information associated with the signing that clearly indicates all of the following:

(1) The printed name of the signer;

(2) The date and time when the signature was executed; and

(3) The meaning (such as review, approval, responsibility, or authorship) associated with the signature.

(b) The items identified in paragraphs (a)(1), (a)(2), and (a)(3) of this section shall be subject to the same controls as for electronic records and shall be included as part of any human readable form of the electronic record (such as electronic display or printout).

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Program Integrity Manual

3.3.2.4 Signature Requirements

(Rev. 751; Issued: 10-20-17; Effective: 11-20-17; Implementation: 11-20-17)

Providers should not add late signatures to the medical record, (beyond the short delay that occurs during the transcription process) but instead should make use of the signature authentication process. The signature authentication process described below should also be used for illegible signatures.

- If the signature is illegible, MACs, ZPICs and CERT shall consider evidence in a signature log or attestation statement to determine the identity of the author of a medical record entry.
- If the signature is missing from an order, MACs and CERT **shall disregard the order** during the review of the claim (e.g., the reviewer will proceed as if the order was not received).
- If the signature is missing from any other medical documentation (other than an order), MACs and CERT shall accept a signature attestation from the author of the medical record entry.

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Signature Attestation Statement

Providers will sometimes include an attestation statement in the documentation they submit. In order to be considered valid for Medicare medical review purposes, an attestation statement must be signed and dated by the author of the medical record entry and must contain sufficient information to identify the beneficiary.

Should a provider choose to submit an attestation statement, they may choose to use the following statement:

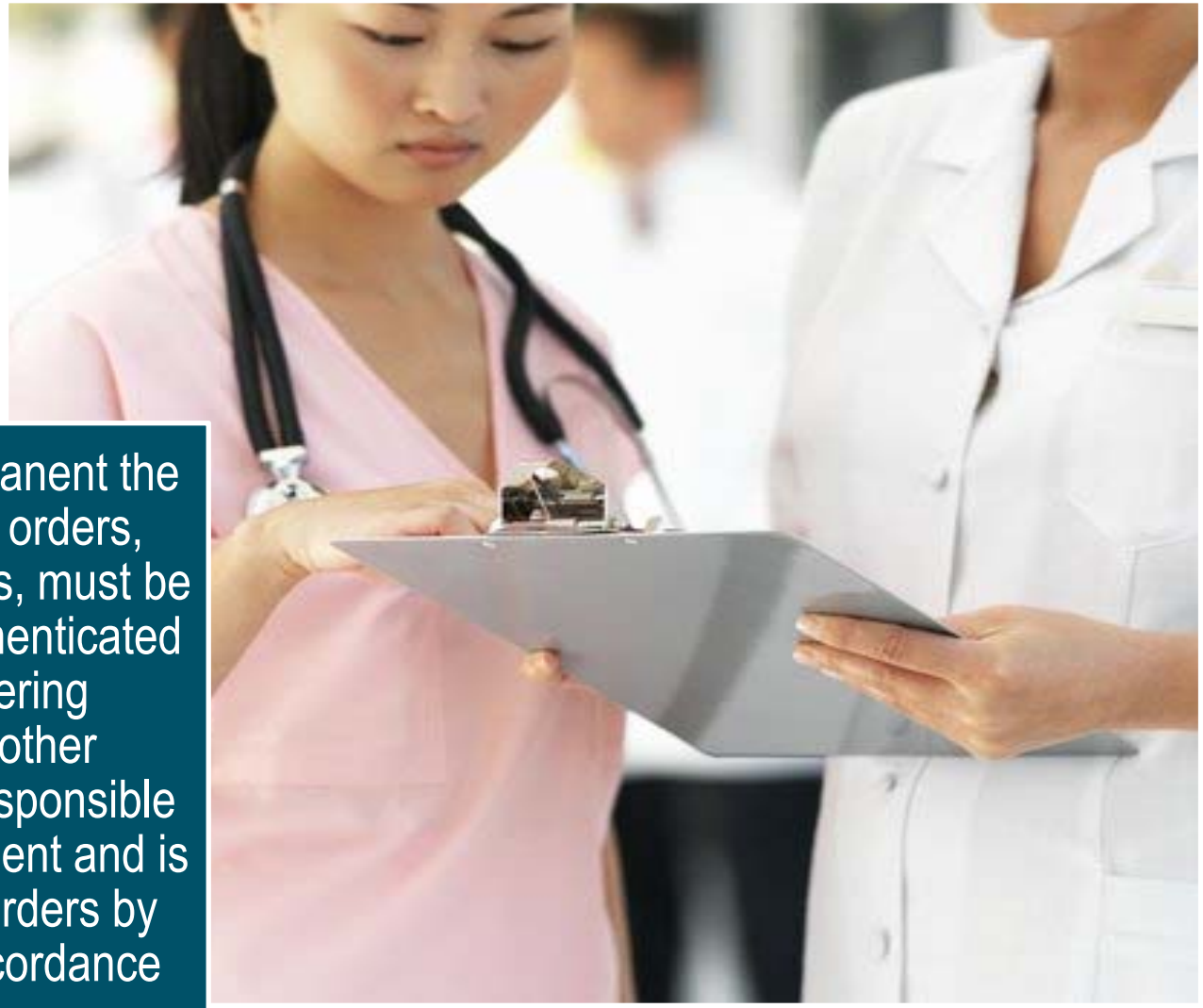
"I, _____[print full name of the physician/practitioner]___, hereby attest that the medical record entry for _____[date of service]___ accurately reflects signatures/notations that I made in my capacity as _____[insert provider credentials, e.g., M.D.]__when I treated/diagnosed the above listed Medicare beneficiary. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability."

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Reminder

Note: The MACs and CERT shall NOT consider attestation statements where there is no associated medical record entry. Reviewers shall NOT consider attestation statements from someone other than the author of the medical record entry in question (even in cases where two individuals are in the same group, one should not sign for the other in medical record entries or attestation statements). Reviewers shall consider all attestations that meet the above requirements regardless of the date the attestation was created, except in those cases where the regulations or policy indicate that a signature must be in place prior to a given event or a given date. For example, if a policy states the physician must sign the plan of care before therapy begins, an attestation can be used to clarify the identity associated with an illegible signature. However, such attestation cannot be used to "backdate" the plan of care.

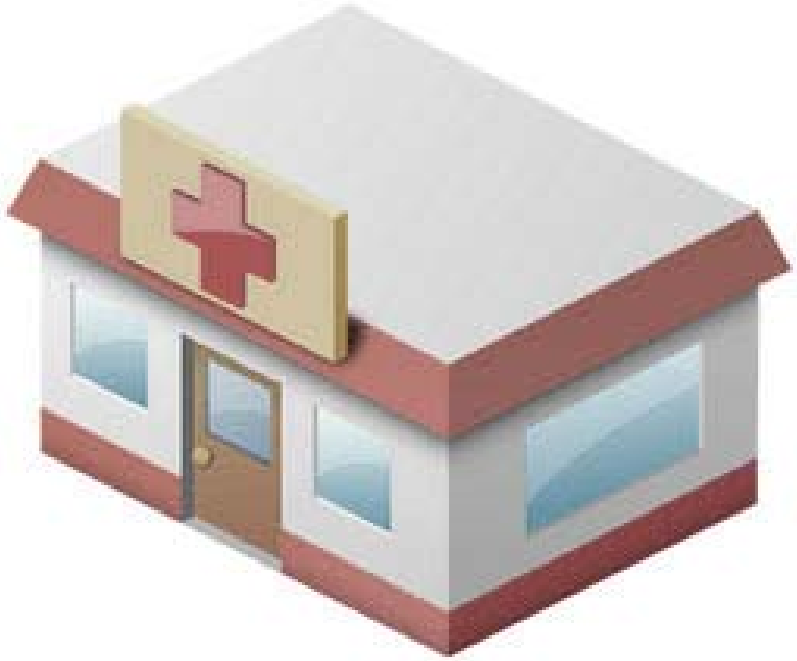
Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer



CMS has made permanent the requirement that all orders, including verbal orders, must be dated, timed and authenticated by either the ordering practitioner or another practitioner who is responsible for the care of the patient and is authorized to write orders by hospital policy in accordance with state law.

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Supervision – Physician Office

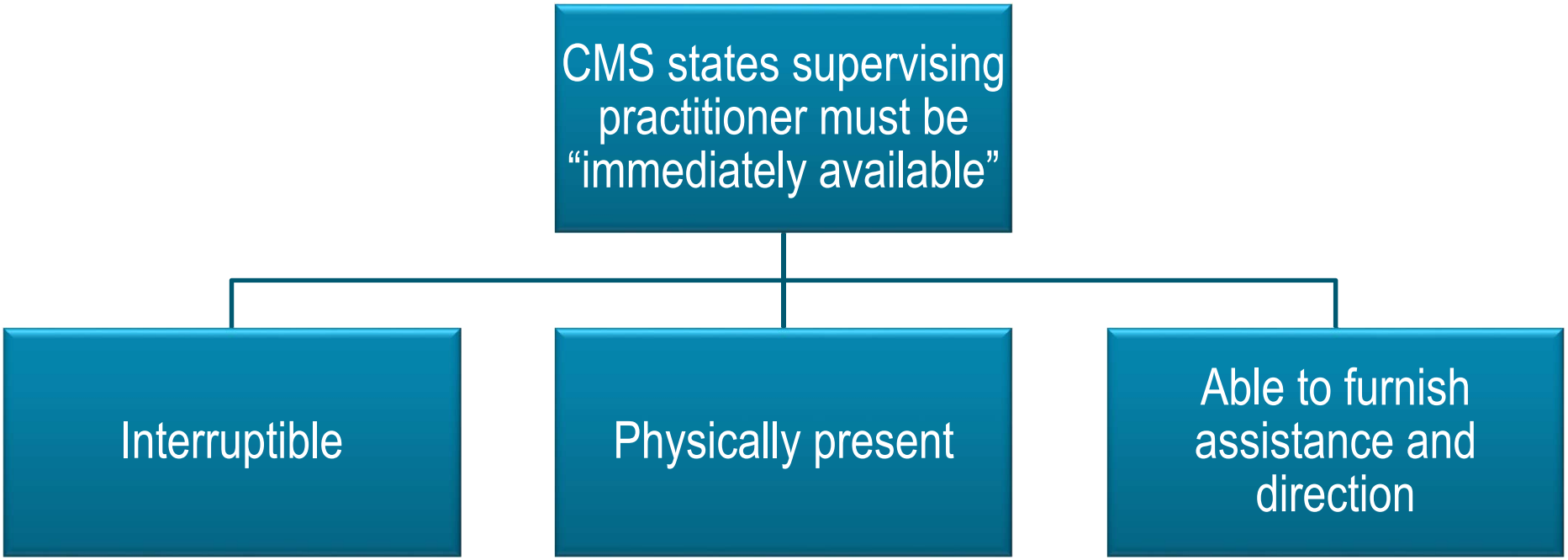


For Medicare, radiation oncology services must be performed under direct supervision.

Direct supervision means that the physician must be in the office suite and immediately available to provide assistance and direction throughout the time a treatment is delivered.

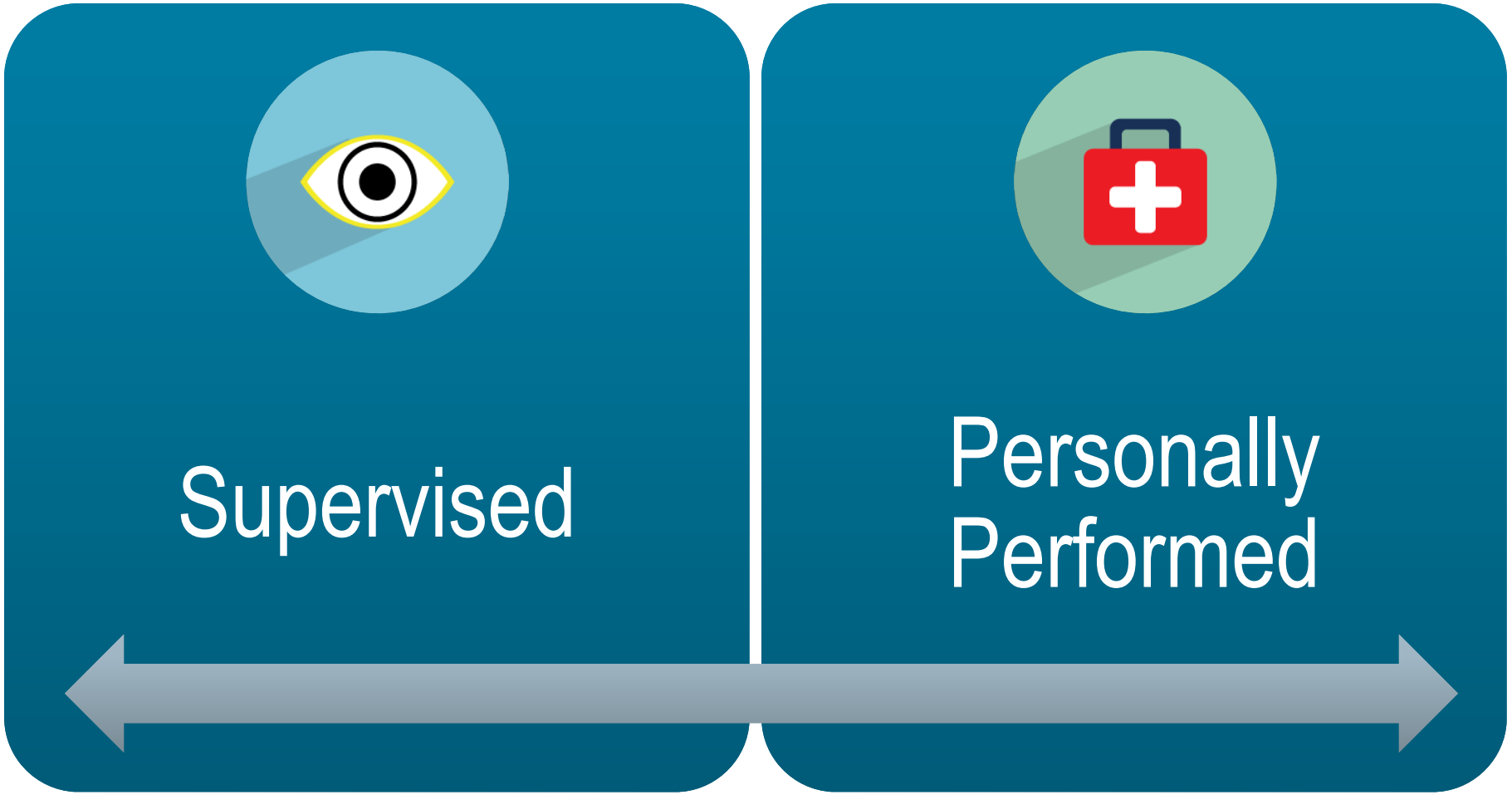
Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Immediately Available



Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

There Is a Difference…



Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Document Supervision!

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Commercial Payer Updates - UHC

UnitedHealthcare updated Intensity Modulated Radiation Therapy Policy 2017R0130D on 11/20/17, specifically Q&A answer to #5 changed

5	**Q:** When will UnitedHealthcare consider image guidance (CPT 77014) for separate reimbursement after an IMRT plan (77301) has been executed? **A:** In alignment with ASTRO, image guidance may be separately reimbursed even after IMRT planning when done in conjunction with image-guided radiation therapy (IGRT), either G6015-G6016 or 77385-77386. In the freestanding office setting, the physician reports the correct IMRT code, either G6015-G6016 or 77385-77386. If reporting 77385 or 77386, the physician reports only the PC of IGRT by attaching the -26 modifier to one of the following codes: G6001, G6002, 77014, or 77387 depending on the modality used to perform the IGRT services. If reporting G6015 or G6016, then the physician reports the appropriate IGRT code as a global charge. In the hospital setting, the hospital reports the correct IMRT code, and the physician reports the PC of IGRT. The physician may attach the -26 modifier to one of the following codes: G6001, G6002, 77014 or 77387 depending on the modality used to perform the IGRT services.

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

UHC 2018 Update Code 77014

"On June 1, 2017, the UnitedHealthcare commercial Intensity Modulated Radiation Therapy (IMRT) policy was revised to no longer allow separate reimbursement for seven radiation therapy services (codes 77014, 77295, 77306, 77307, 77321, 77331, and 77370) when billed 30 days before or after IMRT plan code 77301. The seven additional codes are considered included in the reimbursement for code 77301.

However, it later was determined that image guidance code 77014 may be separately reimbursed even after IMRT planning when done in conjunction with image-guided radiation therapy (IGRT), either codes G6015-G6016 or 77385-77386.

Specifically, code 77014 may be separately reimbursed when reported on a CMS-1500 claim form or its electronic equivalent on the same date of service as:

- *Codes G6015 or G6016 in a non-facility place of service.*
- *Codes 77385 or 77386, when reported with modifier 26, in a non-facility place of service.*

In addition, code 77014 is separately reimbursable on a CMS-1500 claim form or its electronic equivalent when reported with modifier 26 in a facility place of service, when the hospital reports the correct IMRT code and the physician reports the professional component of IGRT.

UnitedHealthcare made revisions to the IMRT policy to stop denials of 77014 on Oct. 8, 2017. A national claim adjustment project is being conducted to overturn applicable denials for claims processed from June 1, 2017 to Oct. 8, 2017. Code 77014 may still be subject to other reimbursement policy edits, coverage and/or benefit determinations. "

https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/News/January-Interactive-Network-Bulletin-2018.pdf

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Commercial Payer Updates - Aetna

Update on Image Guidance Billing for Aetna

February 7, 2018

ASTRO has held ongoing discussions with private payer Aetna regarding proper billing of CT Image Guidance with IMRT Treatment Delivery. Aetna maintains that it is more appropriate to bill 77387-26 instead of 77014. CPT Code 77387 Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed was created in 2015 and is a carrier priced code. Aetna appreciates that practices may be concerned about the reimbursement of this code and recommends that practices contact them regarding a rate review. ASTRO has steps practices may take to perform a rate review, if appropriate. ASTRO continues to urge Aetna to recognize 77014, G6001, G6002 and G6017. If you have any questions, please contact ASTRO's Health Policy Department.

https://www.astro.org/News-and-Publications/What-Is-Happening-In-Washington/2018/Update-on-Image-Guidance-Billing-for-Aetna/

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Federal Register

- Document actions of federal agencies and forum for public review and comment
- Publications include: Presidential documents, rules & regulations, proposed rules, and notices

Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Virtual Check-in – 2019 New

- Brief communication technology-based service (Virtual Check-in)
- Based on new technologies, preferences of patients and physicians for communication
- Brief check-in to determine if office visit or another service is needed
- Utilized correctly, it can prevent unnecessary office visits, resulting in reduced costs and waste
- HCPCS code G2012 – New 2019

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Global Period

Medicare Claims Processing Manual, Chapter 13 - Radiology Services and Other Diagnostic Procedures 70.2 - Services Bundled Into Treatment Management Codes (Rev. 1, 10-01-03). A/B MACs (B) do not make separate payment for services rendered by the radiation oncologists or in conjunction with radiation therapy.
The following services are bundled into the treatment management codes:
11920,11921,11922,16000,16010,16015,16020,16025,16030,36425,53670,53675,99211-99215,99238,99281,99282,99283,99284,99285,90780,90781,90847,99050,99052,99054,99058,99071,99090, 99185,99371,99372,99373

- Anesthesia (whatever code billed)
- Care of Infected Skin (whatever code billed)
- Checking of Treatment Charts
- Verification of Dosage, As Needed (whatever code billed)
- Continued Patient Evaluation, Examination, Written Progress Notes, As Needed (whatever code billed)
- Final Physical Examination (whatever code billed)
- Medical Prescription Writing (whatever code billed
- Nutritional Counseling (whatever code billed)
- Pain Management (whatever code billed)
- Review & Revision of Treatment Plan (whatever code billed)
- Routine Medical Management of Unrelated Problem (whatever code billed)
- Special Care of Ostomy (whatever code billed)
- Written Reports, Progress Note (whatever code billed)
- Follow-up Examination and Care for 90 Days After Last Treatment (whatever code billed)

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Exception 1

CMS National Correct Coding Manual:

The only radiation oncology services that may be reported with E/M services in addition to an initial visit E/M service are CPT® codes 77767-77771 (remote afterloading high dose rate radionuclide brachytherapy...).

E/M services reported with these brachytherapy codes must be significant, separate and distinct from radiation treatment management services.

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Exception 2

Visits for “new” medical conditions can be charged during the 90-day follow-up period.

- Not related to the malignancy treated
- Not related to any condition managed during the course of therapy

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Modifier 25

Separate documentation of each service (e.g., E/M and procedure) is recommended so that each service is readily and individually identifiable as such.

Each may be documented separately in progress or other appropriate notes. Separate pages for each service are not required.

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Clinical Treatment Planning

Professional only

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

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

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.

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Big Deal Documentation

- Treatment area
- Orders
- Intent for treatment
- Goals & dose constraints
- Medical necessity

ABC Cancer Center

Patient Name:	**Doe, John**	**Procedure Date:**	**May 2, 2018**
MR #:	**123456**	**Attending Physician:**	**Dr. J. White**
DOB:	**5/6/1942**		

Physician Clinical Treatment Planning Note

John Doe has agreed to proceed with Radiation Therapy. The following information represents the intent for the treatment course. The final prescription reflecting the treatment parameters i.e. fractionation, energy, beam arrangement and total dose will be provided in the electronic medical record upon completion and my evaluation of the requested dosimetry planning.

Clinical Evaluation:

Treatment Site: Prostate	Treatment Intent: curative	Therapeutic Modalities: Radiation Therapy Only
Requested Technique: IMRT	Karnofsky Score: 90	Previous Treatment: No

Medical Necessity: Due to higher curative dose required for the prostate gland, IMRT is necessary to reduce toxicities to the surrounding normal tissues including rectum, bladder and femoral heads.

Physician Orders

Simulation:	
Type:	☒ CT Simulation ☐ Clinical Simulation: Electron
Imaging:	☒ CT Guidance ☐ 4D CT ☐ Re-evaluation scan: Scan Area: pelvis Scan Direction: Head First Slice Thickness: 3mm Contrast: No Type:
Special Instructions:	☒ Full Bladder ☐ Vaginal Marker ☐ Anal Marker ☐ Wire Scar
Immobilization Devices:	☐ Aquaplast Mask ☐ Custom Accuform Sponge ☐ Bite Block ☐ Breast Board: Supine ☒ Vac-Lok ☐ Shoulder Retractors ☐ Belly Board
Dosimetry Planning: ☒ Photon ☐ Electron ☐ Brachytherapy	
Image Fusion:	☐ CT ☒ MRI ☐ PET ☐ Other:
Type:	☐ Isodose Planning ☐ 3D Conformal ☒ IMRT ☐ Brachytherapy Isodose
Additional Instructions:	☒ Beam modification devices as necessary per planning ☒ Monitor unit calculation per treatment port ☐ Respiratory Motion Management ☐ Boost planning:
Imaging:	
Type:	☐ Verification Simulation to confirm set up and beam parameters prior to treatment ☒ IGRT : Frequency Daily Type: CBCT ☐ Weekly Port Films
Medical Necessity:	Daily CBCT imaging is necessary to account for movement of the target volume
Other Services:	
Special Dosimetry:	☐ Diode ☐ Mosfet ☐ Electron Output Frequency:
Special Physics Consult:	Physician request:
Special Treatment Procedure:	Not applicable

Electronically Authenticated By:
J. White, MD 5/2/2018 11:36 am

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Special Procedures are NOT Automatic

Hence, there is no case where it is routinely used, and therefore the physician should decide to report CPT® code 77470 on a case-by-case basis and document the work effort involved.

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

IMRT Planning

IMRT Plan

- 77301

IMRT Device

- 77338

Secondary Calculations

- 77300

Respiratory Management

- 77293 (if applicable)

Planning process that includes:

- Simulation
- Isodose planning
- Target delineation

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Payer Guidelines SBRT

The radiation oncologist remains available throughout SBRT treatment to manage the execution of the treatment and to make real-time adjustments in response to patient motion, target movement, or equipment issues to ensure accuracy and safety.

FIRST COAST SERVICE OPTIONS, INC.

1. Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT): cranial lesions are distinct disciplines that utilize externally generated high dose ionizing radiation in certain cases to inactivate or eradicate (a) defined target (s) in the head without the need to make an incision. The target is defined by high-resolution stereotactic imaging. The process of care involves the radiation oncologist and/or neurosurgeon and physicist. For a subset of tumors involving the skull base, the multidisciplinary team may also include a head and neck surgeon with training in stereotactic radiosurgery. SRS/SBRT are typically performed in a single session, using a rigidly attached stereotactic guiding device, other immobilization technology and/or a stereotactic image-guidance system, but can be performed in a limited number of sessions, up to a maximum of five.

Technologies that are used to perform SRS/SBRT include linear accelerators, particle beam accelerators, and multi-source Cobalt 60 units. In order to enhance precision, various devices may incorporate robotics and real time imaging.

To qualify for SRS/SBRT a high dose should be delivered in a single fraction or in 2-5 fractions. 500 cGy (5 Gray) in a single dose is considered the minimum dose as a 'high dose' for SRS. A more typical dose would be 1400-2500 cGy (14-25 Gray) if given in one fraction.

In general, SRS/SBRT is not indicated for cancers that are widely disseminated, unless evidence can be provided to justify the expectation of a meaningful clinical benefit, as well as evidence of a dosimetric advantage for SRS/SBRT over other forms of radiation therapy.

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Proton Treatment Delivery

77520	Proton treatment delivery; simple, without compensation
77522	Simple, with compensation
77523	Intermediate
77525	Complex

proton treatment delivery to a single treatment area utilizing a single non-tangential/oblique port, custom block with compensation & without compensation.

proton treatment delivery to one or more treatment areas utilizing two or more ports or one or more tangential/oblique ports, with custom blocks and compensators.

proton treatment delivery to one or more treatment areas utilizing two or more ports per treatment area with matching or patching fields and/or multiple isocenters, with custom blocks and compensators.

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Example Coding for IORT Course

- Comprehensive APC created for IORT in hospital setting
- IORT Treatment Code(s) 77424 or 77425, include the following ancillary codes reported by hospital, no separate reimbursement
- Physician bills for all services separately, not part of the C-APC
  - 77261-77263 – Clinical Treatment Planning (pro only)
  - 77300 – Calculation
  - 77331 – Special Dosimetry (if ordered and documented)
  - 77332 – Simple Treatment Device
  - 77469 – Treatment Management (pro only)

*A detailed operative note is also required and supporting documentation for each service

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Sample Coding Radio Pharm

Typical Coding:

- 77261 Clinical treatment plan
- 77300 Basic dosimetry calculation
- 77750 Infusion of radioelement solution (or 79101 – Radiopharmaceutical Therapy)
- Source: Billed per type of radiopharmaceutical and dose

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

CMS Recoupment of Overpayments

- Historically when an overpayment by CMS to a provider occurred, CMS would use the National Provider Identifier (NPI) to recoup overpayments from Medicare providers and suppliers
  - When not paid in full, referred to Department of Treasury for further collection and CMS paid a fee for each referral
- Per ACA, CMS or MACs can now collect overpayments without using the treasury
- Now collections will be taken from TIN when collection from NPI directly is unsuccessful

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Cloned and Over Documented

Source: Office of Inspector General

Copy-Pasting. Copy-pasting, also known as cloning, enables users to select information from one source and replicate it in another location.[7] When doctors, nurses, or other clinicians copy-paste information but fail to update it or ensure accuracy, inaccurate information may enter the patient's medical record and inappropriate charges may be billed to patients and third-party health care payers. Furthermore, inappropriate copy-pasting could facilitate attempts to inflate claims and duplicate or create fraudulent claims.

Overdocumentation. Overdocumentation is the practice of inserting false or irrelevant documentation to create the appearance of support for billing higher level services. Some EHR technologies auto-populate fields when using templates built into the system. Other systems generate extensive documentation on the basis of a single click of a checkbox, which if not appropriately edited by the provider may be inaccurate. Such features can produce information suggesting the practitioner performed more comprehensive services than were actually rendered.[8]

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Practical Approaches Matter

Chemotherapy vs. Immunotherapy

Chemotherapy (Z51.11)	Immunotherapy (Z51.12)
Doxorubicin (Adriamycin®)	Bevacizumab (Avastin®)
Pemetrexed (Alimta®)	Adalimumab (Humira®)
Bleomycin (Blenoxane®)	Cetuximab (Erbitux®)
Carboplatin (Paraplatin®)	Infliximab (Remicade®)
Decitabine (Dacogen®)	Ipilimumab (Yervoy®)
VP-16, Etoposide phosphate	Nivolumab (Opdivo®)
5-FU, 5-Flourourocil	Panitumumab (Vectibix®)
Topotecan (Hycamtin®)	Rituximab (Rituxan®)
Oxaliplatin (Eloxatin®)	Trastuzumab (Herceptin®)

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Complex (chemo/biologic) vs. Therapeutic (therapeutic/prophylactic)

Complex

- Abatacept (Orencia®)
- Bevacizumab (Avastin®)
- Cyclophosphamide (Cytoxan®)
- Docetaxel (Taxotere®)
- Infliximab (Remicade®)
- Trastuzumab (Herceptin®)
- Methotrexate (Folex®)
- Paclitaxel (Taxol®)
- Nivolumab (Opdivo®)
- Rituximab (Rituxan®)
- Fulvestrant (Faslodex®)

Therapeutic

- Magnesium sulfate
- Potassium chloride
- Ferric carboxymaltose (Injectafer®)
- Sodium ferric gluconate (Ferrlecit®)
- Iron dextran (Infed®)
- Anti-emetics (Zofran®, Aloxi®, Emend®)
- Lorazepam (Ativan®)
- Gammagard® (IVIG)
- Zantac®
- Dexamethasone (Decadron)
- Diphenhydramine (Benadryl®)

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

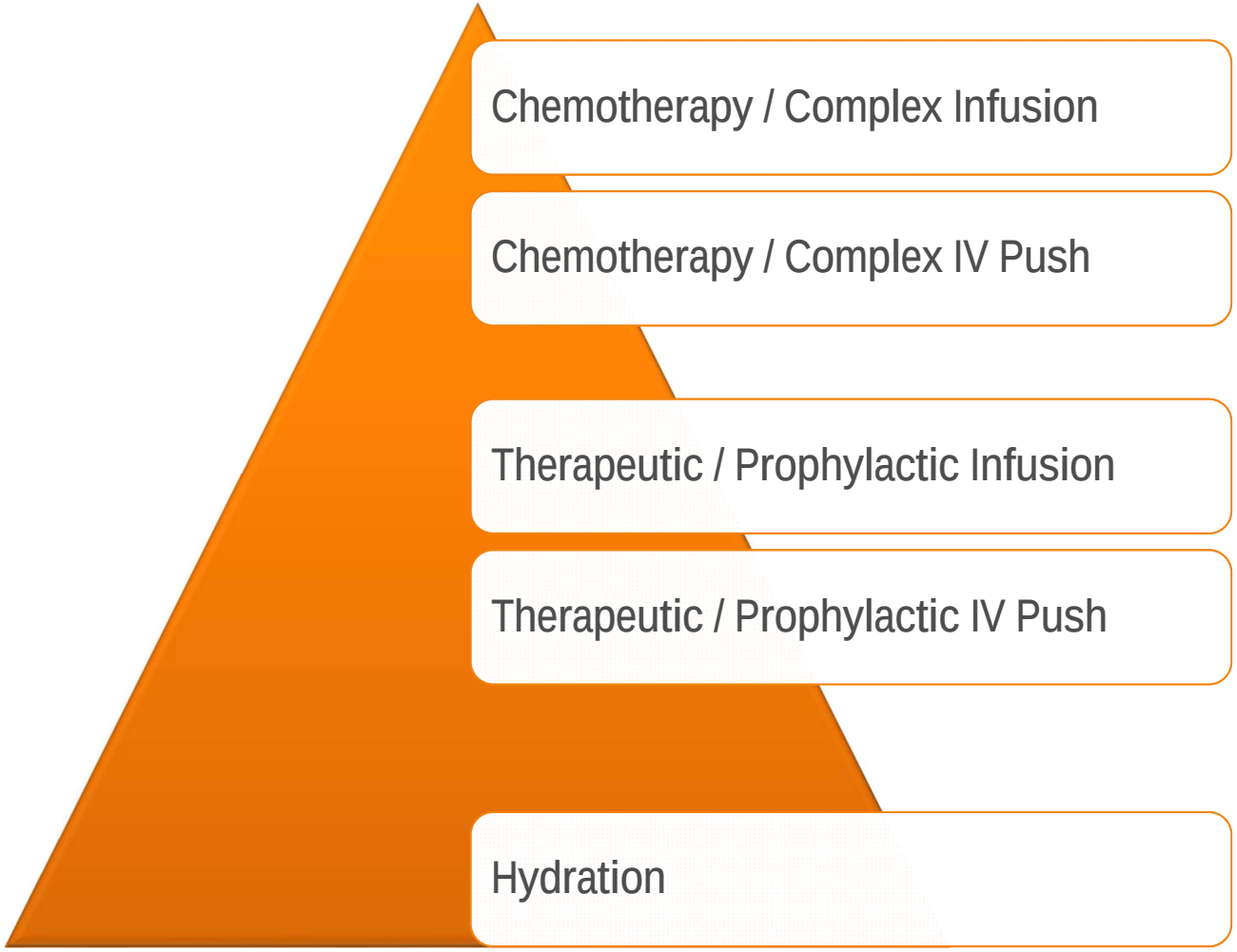
Initial Code

- One "initial" code is reported per encounter unless protocol requires two separate IV sites
  - Facility setting: based on defined hierarchy
  - Clinic/Office setting: based on the primary reason for the encounter
- Other services are reported with "sequential," "each additional" or "concurrent" codes

The order in which drugs are administered does not define which code is considered “initial”

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Medical Oncology Hierarchy



Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

MAC Specific Instruction IM/SQ

- Noridian Article ID: A52991, effective 1/1/17

Intramuscular and subcutaneous injections

The administration of the following drugs in their subcutaneous or intramuscular forms should **not** be billed using a chemotherapy administration code. Instead, these should be billed using CPT® code 96372 [therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular].

Generic Name	Trade Name	HCPCS Code
abatacept	Orencia®	J0129
atezolizumab	Tecentriq™	J3590 (OPPS C9399)
canakinumab	Ilaris®	J0638
certolizumab pegol	Cimzia®	J0717
denosumab	Prolia® / Xgeva®	J0897
golimumab	Simponi®	J3590 (OPPS: C9399)
mepolizumab	Nucala®	J3590 (OPPS: C9399) J2182 Effective 01/01/2017
octreotide acetate Depot	Sandtstatin LAR depot®	J2353
omalizumab	Xolair®	J2357
rilonacept	Arcalyst®	J2793
tocilizumab	Actemra®	J3262
ustekinumab	Stelera®	J3357

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Noridian Instruction Cont.

- Non-Chemotherapy Infusion

Infusions Non-Chemotherapy

Noridian has been questioned about the use of a chemotherapy administration code for an infusion (or push) of the following drugs. The below should **not** be billed using a chemotherapy administration code. Instead, these should be billed with CPT® codes in the series 96365-96379 (Therapeutic Prophylactic, and Diagnostic Injections and Infusions).

Generic Name	Trade Name	HCPCS Code
abatacept	Orencia®	J0129
decitabine	Dacogen®	J0894
ecolizumab	Soliris®	J1300
golimumab	Simponi Aria®	J1602
reslizumab	Cinqair®	J3590 (OPPS: C9399) J2786 Effective 01/01/2017
tocilizumab	Actemra®	J3262
vedolizumab	Entyvio®	J3380

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Noridian Instruction Cont.

- Chemotherapy Infusion

Infusions Chemotherapy

The HCPCS Level II establishes "Chemotherapy Drugs" as those in the range of codes J9000-J9999. Infusions of drugs with assigned HCPCS codes in this range are accepted as appropriately billed using the chemotherapy administration codes.

Note: bendamustine hcl (Bendeka™), 1 mg, should be billed with HCPCS J9034 effective on or after DOS of 01/01/2017.

Additionally, because of the documented increased infusion reactions and/or other reasons necessitating increased administration practice expense, Noridian agrees with the use of an appropriate chemotherapy administration code for an infusion (or push) of the following drugs.

Generic Name	Trade Name	HCPCS Code
alemtuzumab 1 mg	Lemtrada™	J0202
daratumumab	Darzalex™	J3590 (OPPS: C9476) J9145 effective 01/01/2017
elotuzumab	Empliciti™	J3590 (OPPS: C9477) J9176 Effective 01/01/2017
irinotecan liposome	Onivyde™	J3590 (OPPS: C9474) J9205 Effective 01/01/2017
olaratumab	Lartruvo™	J3490 (OPPS: C9399)
necitumumab	Portrazza™	J9999 (OPPS: C9475) J9295 Effective 01/01/2017
trabectedin*	Yondelis®*	J3490 (OPPS: C9480) J9352 Effective 01/01/2017
infliximab, biosimilar 10 mg**	Inflectra**	Q5102-ZB**
infliximab, 10mg	Remicade®	J1745
teniposide, 50mg	Vumon®	Q2017
doxorubicin hydrochloride, liposomal, imported Lipodox, 10mg	Lipodox®Lipodox 50®	Q2049
doxorubicin hydrochloride, liposomal, NOS	Doxil®	Q2050

*Note that the infusion of trabectedin (Yondelis®, J3490 (OPPS: C9480, which becomes J9352 effective January 1, 2017) is billed using HCPCS G0498 - Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/other outpatient setting using office/other outpatient setting pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/other outpatient setting, includes follow up office/other outpatient visit at the conclusion of the infusion as described below in this article.

**Note that infliximab-dyyb (infliximab biosimilar, Inflectra, Q5102-ZB effective on or after DOS 4/05/16 but processed 7/01/16 and after) must be billed with the ZB modifier which distinguishes it from Remicade®.

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Push Coding Rules

- 96411 can be reported once for each drug administered
- Multiple pushes of the same chemotherapy drug are reported with a single unit of the appropriate push code Example: Adriamycin® provided via 2 syringes
- If several chemotherapy agents are mixed in a single syringe/bag and pushed together, the service is considered a single push
- If the two drugs are administered separately in separate syringes/bags or sequentially in different syringes/bags, the push code to be reported would be 2 units

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Time-Based Coding

Infusion Time	Coding
15 minutes or less	IV Push
16-90 minutes	Initial hour
91-150 minutes	Initial hour + 1 additional hour
151-210 minutes	Initial hour + 2 additional hours
211-270 minutes	Initial hour + 3 additional hours

Same time-based concept applies to therapeutic/prophylactic administration and hydration

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Chemotherapy/Complex Example

SC Velcade® injection

- 96401 x 1 (Chemotherapy injection non-hormonal)
  - ICD-10 Tip: Report Z51.11 followed by the primary diagnosis

IM Lupron® injection

- 96402 x 1 (Chemotherapy injection hormonal)
  - ICD-10 Tip: Report primary diagnosis and Z79.818

Not a timed procedure; therefore,
Start/Stop times are not required, but documentation is necessary

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Chemotherapy/Complex Example

Infusion of Oxaliplatin provided 0900 – 1103 (123 min)

- 96413 x 1 (Chemotherapy infusion initial)
- 96415 x 1 (Chemotherapy infusion each additional hour)

Chemotherapy IV Push of Adriamycin® provided 1030 – 1044 (14 min) followed by chemotherapy infusion of Cytoxan® 1100 – 1145 (45 min)

- 96413 x 1 (Chemotherapy infusion initial) for Cytoxan®
- 96411 x 1 (Chemotherapy IV push each additional drug/substance) for Adriamycin®

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Therapeutic Example

Potassium infusion 1100 – 1245 (105 min)

- 96365 x 1 (Therapeutic infusion, initial)
- 96366 x 1 (Therapeutic infusion, each additional hour)

Potassium infusion 1100 – 1210 (70 min) and 1600 – 1714 (74 min)

- 96365 x 1 (Therapeutic infusion, initial)
- 96366 x 1 (Therapeutic infusion, each additional hour)

Potassium infusion 1100 – 1245 (105 min) followed by Magnesium infusion 1255 – 1356 (61 min)

- 96365 x 1 (Therapeutic infusion, initial)
- 96366 x 1 (Therapeutic infusion, each additional hour)
- 96367 x 1 (Additional sequential infusion of a new drug/substance)

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Chemotherapy & Therapeutic Example

Therapeutic infusion of Leucovorin 0930 – 1130 (120 min) followed by chemotherapy IV push of 5-FU 1132 – 1144 (12 min)

- 96409 x 1 (Chemotherapy IV push initial) for 5-FU
- 96367 x 1 (Therapeutic sequential infusion) for Leucovorin
- 96366 x 1 (Therapeutic infusion each additional hour)

Example assumes the payer classifies Leucovorin as therapeutic drug

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Hydration Examples

IV infusion of normal saline 1125 – 1145 (20 min)

- Not Billable

IV infusion of normal saline 1125 - ?

- Not Billable

IV infusion of D5W 1325 – 1445 (80 min)

- 96360 x 1 (IV infusion, hydration, initial) (no other drugs provided)

IV infusion of D5W 1325 – 1456 (91 min)

- 96360 x 1 (IV infusion, hydration, initial) (no other drugs provided)
- 96361 x 1 (IV infusion, hydration, each additional hour)

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Chemotherapy, Therapeutic, and Hydration Example

Hydration provided 0900 – 0940 (40 min) followed by therapeutic infusion of Zofran® 0941 – 1001 (20 min) and chemotherapy push of Adriamycin® 1010 – 1025 (15 min)

- 96409 x 1 (Chemotherapy IV Push Initial) for Adriamycin®
- 96367 x 1 (Therapeutic sequential infusion) for Zofran®
- 96361 x 1 (IV infusion, hydration, each additional hour)

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Drug Waste Formula

- Amount Administered + Amount Wasted ÷ Drug's Billable Unit = Quantity Billed
- Example:
  - Oxaliplatin:
    - 110mg administered to patient
    - J9263 Injection, Oxaliplatin, 0.5 mg
    - Supplied in 50mg, 100mg, 200mg SDVs
    - 110mg + 40mg = 150mg ÷ 0.5mg = 300 units

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Example #1

Z code: ?

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Opdivo®	432mg	1043-1150 (67 min)	?	?

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Example #1 - Answer

Z code: Z51.12

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Opdivo®	432mg	1043-1150 (67 min)	J9299 x 440	96413 x 1

Drug units include drug waste and would require supporting documentation

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Example #2

Z code: ?

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Halaven®	1.2mg	0917-0922 (5 min)	?	?

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Example #2 - Answer

Z code: Z51.11

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Halaven®	1.2mg	0917-0922 (5 min)	J9179 x 20	96409 x 1

Drug units include drug waste and would require supporting documentation

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Example #3

Z code: ?

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Injectafer®	750mg	1453 - 1528 (35 min)	?	?

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Example #3 - Answer

Z code: N/A,
Therapeutic Infusion

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Injectafer®	750mg	1453 - 1528 (35 min)	J1439 x 750	96365 x 1

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Example #4

Z code: ?

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Decadron	12mg	1043-1101 (18 min)	?	?
Benadryl®	25mg	1108-1110 (2 min)	?	?
Zantac®	50mg	1112-1130 (18 min)	?	?
Zofran®	8mg	1036-1038 (2 min)	?	?
Ativan®	1mg	1039-1041 (1 min)	?	?
Emend®	150mg	1206-1243 (37 min)	?	?
Taxotere®	110mg	1250-1356 (66 min)	?	?
Cytoxan®	1110mg	1400–1433 (33 min)	?	?

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Example #4 - Answer

Z code: Z51.11

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Decadron	12mg	1043-1101 (18 min)	J1100 x 12	96367 x 1
Benadryl®	25mg	1108-1110 (2 min)	J1200 x 1	96375 x 1
Zantac®	50mg	1112-1130 (18 min)	J2780 x 2	96367 x 1
Zofran®	8mg	1036-1038 (2 min)	J2405 x 8	96375 x 1
Ativan®	1mg	1039-1041 (1 min)	J2060 x 1	96375 x 1
Emend®	150mg	1206-1243 (37 min)	J1453 x 150	96367 x 1
Taxotere®	110mg	1250-1356 (66 min)	J9171 x 110	96413 x 1
Cytoxan®	1110mg	1400–1433 (33 min)	J9070 x 15	96417 x 1

Drug units include drug waste and would require supporting documentation

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Example #5

Z code: ?

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Decadron	16mg	0957-1015 (18 min)	?	?
Benadryl®	50mg	0954-0956 (2 min)	?	?
Aloxi®	.25mg	0951-0953 (2 min)	?	?
Emend®	150mg	1103-1145 (42 min)	?	?
Adriamycin®	160mg	1220-1231 (11 min)	?	?
Vinblastine	7.4mg	1235-1250 (15 min)	?	?
Dacarbazine (DTIC)	300mg	1400-1455 (55 min)	?	?
Bleomycin	15u	1254-1305 (11 min)	?	?
Normal Saline	1000mL	0950-1505 (315 min)	?	?

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Example #5 - Answer

Z code: Z51.11

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Decadron	16mg	0957-1015 (18 min)	J1100 x 16	96367 x 1
Benadryl®	50mg	0954-0956 (2 min)	J1200 x 1	96375 x 1
Aloxi®	.25mg	0951-0953 (2 min)	J2469 x 10	96375 x 1
Emend®	150mg	1103-1145 (42 min)	J1453 x 150	96367 x 1
Adriamycin®	160mg	1220-1231 (11 min)	J9000 x 16	96411 x 1
Vinblastine	7.4mg	1235-1250 (15 min)	J9360 x 8	96411 x 1
Dacarbazine (DTIC)	300mg	1400-1455 (55 min)	J9130 x 4	96413 x 1
Bleomycin	15u	1254-1305 (11 min)	J9040 x 1	96411 x 1
Normal Saline	1000mL	0950-1505 (315 min)	J7030 x 1 (HOPPS)	Not Billable

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Example #6

Z code: ?

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Decadron	8mg	0947-1005 (18 min)	?	?
Benadryl®	25mg	0944-0946 (2 min)	?	?
Aloxi®	.25mg	0941-0943 (2 min)	?	?
Emend®	150mg	1103-1145 (42 min)	?	?
Adriamycin®	100mg	1220-1231 (11 min)	?	?
Vincristine	2mg	1235-1238 (3 min)	?	?
Cytoxan®	1000mg	1325-1430 (55 min)	?	?
Rituxan®	100mg	1500-1735 (155 min)	?	?
Normal Saline	1000mL	0940-1505 (325 min)	?	?

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Example # 6- Answer

Z code: Z51.11, Z51.12

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Decadron	8mg	0947-1005 (18 min)	J1100 x 8	96367 x 1
Benadryl®	25mg	0944-0946 (2 min)	J1200 x 1	96375 x 1
Aloxi®	.25mg	0941-0943 (2 min)	J2469 x 10	96375 x 1
Emend®	150mg	1103-1145 (42 min)	J1453 x 150	96367 x 1
Adriamycin®	100mg	1220-1231 (11 min)	J9000 x 10	96411 x 1
Vincristine	2mg	1235-1238 (3 min)	J9370 x 2	96411 x 1
Cytoxan®	1000mg	1325-1430 (55 min)	J9070 x 10	96413 x 1
Rituxan®	100mg	1500-1735 (155 min)	J9310 x 1	96417 x 1 96415 x 1
Normal Saline	1000mL	0940-1505 (325 min)	J7030 x 1 (HOPPS)	Not Billable

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Example # 7

Z code: ?

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Decadron	8mg	1057-1115 (18 min)	?	?
Benadryl®	25mg	1154-1156 (2 min)	?	?
Aloxi®	.25mg	1151-1153 (2 min)	?	?
Magnesium Sulfate	1G	1200-1231 (31 min)	?	?
Calcium Gluconate	1G	1235-1255 (20 min)	?	?
Leucovorin	1000mg	1325-1530 (125 min)	?	?
Eloxatin®	100mg	1325-1530 (125 min)	?	?
Magnesium Sulfate	1G	1531-1600 (29 min)	?	?
Calcium Gluconate	1G	1602-1617 (15 min)	?	?
5-FU	450mg	1620-1625 (5 min)	?	?
5-FU (Pump)	4500mg	Over 42 hours	?	?

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer

Example # 7- Answer

Z code: Z51.11

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Decadron	8mg	1057-1115 (18 min)	J1100 x 8	96367 x 1
Benadryl®	25mg	1154-1156 (2 min)	J1200 x 1	96375 x 1
Aloxi®	.25mg	1151-1153 (2 min)	J2469 x 10	96375 x 1
Magnesium Sulfate	1G	1200-1231 (31 min)	J3475 x 2	96367 x 1
Calcium Gluconate	1G	1235-1255 (20 min)	J0610 x 1	96367 x 1
Leucovorin	1000mg	1325-1530 (125 min)	J0640 x 20	96368 x 1
Eloxatin®	100mg	1325-1530 (125 min)	J9263 x 200	96413 x 1 96415 x 1
Magnesium Sulfate	1G	1531-1600 (29 min)	J3475 x 2	96366 x 1
Calcium Gluconate	1G	1602-1617 (15 min)	J0610 x 1	96375 x 1
5-FU	450mg	1620-1625 (5 min)	J9190 x 1	96411 x 1
5-FU (Pump)	4500mg	42 hours	J9190 x 9	G0498

Copyright © 2017 RCI All Rights Reserved. Do Not Duplicate.
Work product, information and guidance provided by RCI are subject to the terms and limitations provided at http://www.revenuecycleinc.com/disclaimer


That's all Folks!