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Billing Challenges for Survivorship Services

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Although cancer remains the nation's second leading cause of death, many cancers are now treatable if detected early. The term "survivorship" describes the patient's experience of moving beyond the cancer diagnosis and treatment toward maintenance, prophylactic therapy, and wellness. Thanks to early detection, innovative medical treatments, and supportive care from family and friends, more than 13 million cancer survivors live in the United States today. This number is expected to reach 18 million by 2022.¹

Many people think that the end of treatment should be a time of relief and happiness for the cancer patient. However, many survivors feel mixed emotions when the treatment routine ends and describe a feeling of being cast adrift without scheduled follow-up services. Although many survivors feel well when treatment ends, studies have illustrated that a significant percentage of cancer survivors deal with chronic health problems that may be related to their cancer treatment. For example, patients may experience pain, fatigue, cognitive impairment, or depression during the survivorship phase of the cancer care continuum.

Prior to providing survivorship services, providers typically develop a written cancer treatment summary and follow-up care plan. This document includes:

- The survivor's current health status
- A summary of the cancer treatment received by the individual patient
- Recommended follow-up visits

- Necessary services for cancer surveillance
- Method(s) to address late and long-term effects of the patient's disease and treatment; symptom management; and psychosocial, spiritual, and financial concerns.

For some cancer programs, the treatment summary will be part of the goal of transitioning the patient back to the care of their primary care physician, so the summary will include a plan specifying which provider will be responsible for each aspect of patient care.

The American Society of Clinical Oncology (ASCO) recommendations for achieving high-quality cancer survivorship care state:¹

Specific efforts will be concentrated on developing guidance for oncology care providers on the clinical management of cancer survivors, increasing collaboration between oncologists and primary care providers (PCPs) in the provision of cancer survivorship services, improving health professional education and training, increasing patient and family education and self-advocacy, supporting research on cancer survivorship, and promoting policy change to ensure cancer survivors have access to appropriate health care services, including improving the payment environment so that adequate, uniform reimbursement for prevention counseling, interventions, and therapies is provided by payors.

ASCO adds that increased efforts are needed to define quality cancer survivorship care and identify strategies to

implement a comprehensive care plan in a variety of clinical settings.¹ In addition, while survivorship care has been identified as an important patient service, there may be little or no revenue for significant components of this care.¹

Services Performed

According to an October 6, 2011, article in *Cancer Epidemiology, Biomarkers & Prevention*, it has been a standard practice to provide long-term follow-up after completing treatment for many types of cancer.² Historically, follow-up services have primarily consisted of patient visits and diagnostic tests ordered by the medical or radiation oncologist, often for a prolonged period of time.

There is no single standard for how survivorship programs are structured. The diversity of survivors, their needs, and the survivorship treatment models currently in use make it difficult to identify a single protocol for clinical survivorship care that will meet the needs of all survivors. The lack of long-term population-based tracking of physical and psychological impacts combined with continuous advances in treatments leaves the possibility of many unknown late and long-term side effects that require treatment and management for an individual patient.

In addition to acute care services, there may be a need for preventive medicine evaluation and management of post-treatment infants, children, adolescents, and adults. If an abnormality is encountered or a pre-existing problem

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Table 1. Procedure Codes for Potential Survivorship Services

CODES	DESCRIPTION
99211 – 99215	The physician, midlevel provider, or facility can only charge for a medical visit with established patient visit codes when the patient has a medically necessary face-to-face visit with documentation of history, examination, and medical decision-making. Established patient visit services would include ongoing treatment for complications, late effects of therapy, long-term effects of the neoplastic process, or other sequelae of the disease and/or treatment process.
99381 – 99387	Initial comprehensive preventive medicine evaluation and management of an individual, including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient.
99391 – 99397	Periodic comprehensive preventive medicine re-evaluation and management of an individual, including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient. Of note, an insignificant or trivial problem that is detected during the performance of a preventive medicine evaluation and management service and which does not require additional work or the key components of a problem-oriented E/M service should not be separately reported.
99401 – 99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure). Because this service is designated as a “separate procedure,” it will not be charged if any other service is performed on the same service date.
99411 – 99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure).
99406 – 99407	Smoking and tobacco use cessation counseling visit.
99408 – 99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST) and brief intervention (SBI) services.
97802 – 97804	Medical nutrition therapy.
90901	Biofeedback training by any modality.
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family. Genetic testing will be separately charged.
96150 – 96155	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires) or health and behavior intervention.
99605 – 99607	Medication therapy management services.
99078	Physician or other qualified healthcare professional qualified by education, training, licensure/regulation (when applicable), educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions).

Table 2. HCPCS Codes for Potential Survivorship Services

CODES	DESCRIPTION
S0220 – S0221	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present).
S0255	Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff.
S0257	Counseling and discussion regarding advance directives or end-of-life care planning and decisions, with patient and/or surrogate. (List separately in addition to code for appropriate E/M service.)
S0265	Genetic counseling, under physician supervision, each 15 minutes.
S0315 – S0320	Disease management program services.
S5190	Wellness assessment, performed by non-physician.
S9449	Weight management classes, non-physician provider, per session.
S9451	Exercise classes, non-physician provider, per session.
S9452	Nutrition classes, non-physician provider, per session.
S9453	Smoking cessation classes, non-physician provider, per session.
S9454	Stress management classes, non-physician provider, per session.
S9470	Nutritional counseling, dietitian visit.

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is addressed in the process of performing this preventive medicine assessment, and if the problem or abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service, then an appropriate patient visit service may also be reported.³

The determination of whether there is a procedure code that can be charged to the patient will depend on the nature of the services performed and documented in the individual medical record.

Table 1 (page 10) includes some potential services performed as part of survivorship programs and the available procedure codes; this table is not considered to be an exhaustive list. It is essential to keep in mind that even when a procedure code exists for a particular service, there


may not be any insurance reimbursement for the procedure performed.

Last, remember these services may have specific performance criteria and documentation requirements that may not be listed in the code descriptor; services are never charged unless all coding requirements are met.

In addition to the standard procedure codes for survivorship services, the *HCPCS Manual* includes a section of codes that may be reported to Blue Cross Blue Shield and other payers that recognize this procedure code list. Table 2 (above) includes a list of these HCPCS codes that may be performed as part of a comprehensive survivorship program. When these codes apply, they typically replace CPT® procedure codes for the same or similar services.

Other services that may be necessary as part of a survivorship program include:

- Home care
- Skilled-nursing home care
- Hospice care
- Psychotherapy
- Rehabilitation services
- Pain management
- Fertility preservation
- Sleep management
- Assistance helping cancer survivors access family, peer, community support, and other resources they need for coping with their disease.

While some of these services are represented with procedure codes that can be charged by the attending physician and/or facility, not all services performed as part of a survivorship program can be separately billed to the patient. The Centers for Disease Control and Prevention publishes a Cancer Survivorship guide, which is available for download at www.cdc.gov/cancer/survivorship/pdf/brochure.pdf. This guide includes information on the CDC's *National Action Plan* to identify and prioritize cancer survivorship needs within a public health context. Cancer programs should monitor CDC, ASCO, ACCC, and other oncology organizations to maintain awareness of changes to billing for survivorship services. 

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References

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2. Grunfeld E, Earle CC, Stovall E. A framework for cancer survivorship research and translation to policy. *Cancer Epidemiol Biomarkers Prev*. October 2011;20(10):2099-2104.
3. American Medical Association. Current Procedural Terminology (CPT) Standard 2013.