

# compliance

## Oncology Reimbursement Update 2015

BY CINDY PARMAN, CPC, CPC-H, RCC

*Change is inevitable—except from a vending machine.*

ROBERT C. GALLAGHER, BUSINESSMAN AND FORMER DIRECTOR OF THE GREEN BAY PACKERS

**T**hat quote is never more accurate than when final regulations, code updates, and other oncology reimbursement changes occur at the end of each year. And this year we have challenges with physicians and hospitals scrambling to update their respective chargemasters, fee schedules, and other reimbursement documents because in 2015 there are different procedure codes reported based on the radiation oncology setting.

### New & Revised Procedure Codes

Each year the Centers for Medicare & Medicaid Services (CMS) releases new codes, revised codes, and updates to its coding guidelines. For 2015, there is only one change to the Evaluation and Management (E/M) Guidelines: “military history” has been added as one of the items included in social history. Many physicians already document this history element, so this may not be a significant change for oncologists. In addition, two new codes have been created for advance care planning, including completion of advance directive. This service is frequently provided by oncology physicians, but it must be completely documented in the medical record in order to report the following codes:

- **99497:** Advance care planning, including the explanation and discussion of advance

directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate.

- **99498:** This code is for each additional 30 minutes and should be listed separately and in addition to the code for the primary procedure (**99497**, listed above).

CMS will not pay separately for this service in calendar year (CY) 2015, but it will consider separate payment in subsequent years.

There has also been an update to add a HCPCS Level II code for lung cancer screening, which was effective Oct. 1, 2014.

- **S0832:** Low dose computed tomography for lung cancer screening. (Note: CMS published the code as “S8032” in its Transmittal, but the HCPCS File for 2015 lists the code as **S0832**.)

CMS has indicated its intention to pay for this service, but with specific patient criteria, radiologist criteria, and facility criteria.

### Teletherapy & Brachytherapy Isodose Planning

The three existing codes for simple, intermediate, and complex teletherapy isodose plans (**77305**, **77310**, and **77315**) have been deleted

and been replaced with two new codes for simple and complex teletherapy isodose plans; these new codes include basic dosimetry, which means code **77300** will not be reported in addition to these computer plans. The two new codes are:

- **77306:** Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s).
- **77307:** Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s).

The three existing codes for brachytherapy isodose plans (**77326**, **77327**, and **77328**) have also been deleted. They have been replaced by three new codes that define the levels for remote afterloading brachytherapy in terms of channels rather than sources; like the new teletherapy isodose plan codes, these plan codes also include basic dosimetry:

- **77316:** Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s).
- **77317:** Brachytherapy isodose plan; intermediate (calculation[s] made from 5

to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s).

- **77318:** Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s).

### Treatment Delivery, Image Guidance & Motion Tracking

While the new CPT procedure codes for treatment planning will be used in all practice settings (hospitals, freestanding cancer treatment centers, and physician offices), there are different Medicare treatment delivery and image guidance codes for hospitals and freestanding radiation centers for calendar year 2015.

For hospital billing on the UB-04 claim form, the existing IMRT treatment delivery codes (**77418**, **0073T**) were deleted and replaced by two new codes for simple and complex treatment delivery, both of which include image guidance and motion tracking (when performed). This means that IGRT (e.g., cone-beam CT, CT on rails, stereoscopic imaging, US guidance) and intra-fraction motion tracking will no longer be separately coded by the hospital when IMRT treatment is performed. Instead hospitals will report these two new codes:

- **77385:** Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple (prostate, breast, compensator-based).
- **77386:** Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex (all other sites, non-compensator-based).

The existing Category III code for intra-fraction localization and tracking (**0197T**), code **77421** (Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy), and code **76950** (Ultrasonic guidance for placement of

radiation fields) were deleted. Effective Jan. 1, 2015, hospitals will report this new code when patients receive standard external beam therapy (e.g., this code is *not* reported with IMRT treatment):

- **77387:** Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed.

The radiation treatment delivery codes billed by the hospital were also restructured for CY 2015. There is still a single code for superficial and orthovoltage treatment, but there are now only three codes for treatment delivery at any dose greater than or equal to 1 MeV (previously there were 12 codes based on both the complexity and the MeV.) The following codes were deleted:

- **77403**, **77404**, and **77406** for simple treatment delivery.
- **77408**, **77409**, and **77411** for intermediate treatment delivery.
- **77413**, **77414**, and **77416** for complex treatment delivery.

Starting in CY 2015, hospitals will now bill these new codes:

- **77401:** Radiation treatment delivery, superficial and/or orthovoltage, per day.
- **77402:** Radiation treatment delivery, >1 MeV; simple.
- **77407:** Radiation treatment delivery, >1 MeV; intermediate.
- **77412:** Radiation treatment delivery, >1 MeV; complex.

Starting in CY 2015, physician practices and freestanding centers (claims submitted on the CMS1500 form) will not report any of the new CPT treatment delivery or image guidance procedure codes for Medicare patients. Instead, these entities will report HCPCS Level II codes, which have the same definitions as the deleted CPT codes (see Table 1, page 11). Of importance, while Medicare requires the HCPCS Level II codes identified in Table 1, physician practices and freestanding cancer centers may be required to report the new CPT procedure

codes (**77401**, **77402**, **77407**, and **77412**) for their other payers.

The physician will continue to report the professional charge for image guidance performed in conjunction with IMRT treatment, when all documentation requirements are met. While the technical component of IGRT is part of the new IMRT treatment delivery codes for hospital billing (and for freestanding centers that report codes **77385** and **77386** to non-Medicare payers), the professional component can be separately charged.

### HCPCS Level II Codes & Modifiers

No modifiers were deleted or revised, but the following new HCPCS Level II modifiers were added for calendar year 2015:

- **PO:** Services, procedures, and/or surgeries provided at off-campus provider-based outpatient departments.
- **XE:** Separate encounter, a service that is distinct because it occurred during a separate encounter.
- **XP:** Separate practitioner, a service that is distinct because it was performed by a different practitioner.
- **XS:** Separate structure, a service that is distinct because it was performed on a separate organ/structure.
- **XU:** Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service.

Modifiers XE, XP, XS, and XU are intended to replace modifier 59 for Medicare patients. Each Medicare contractor will post information on when and how these modifiers are to be applied.

### New, Revised & Deleted Drug Codes

Here are the new, revised, and deleted codes for drugs, biologicals, radiation sources, and radiopharmaceuticals.

Two new codes for CY 2015 include:

- **A9606:** Radium Ra-223 dichloride, therapeutic, per microcurie.

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**Table 1. 2015 Treatment Delivery and Image Guidance Codes Reported by Physician Practices and Freestanding Cancer Centers**

<b>2014 CPT CODE</b>	<b>2015 HCPCS CODE</b>	<b>DESCRIPTION</b>
<b>76950</b>	<b>G6001</b>	Ultrasonic guidance for placement of radiation therapy fields
<b>77421</b>	<b>G6002</b>	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy
<b>77402</b>	<b>G6003</b>	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV
<b>77403</b>	<b>G6004</b>	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6 – 10 MeV
<b>77404</b>	<b>G6005</b>	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11 – 19 MeV
<b>77406</b>	<b>G6006</b>	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater
<b>77407</b>	<b>G6007</b>	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; up to 5 MeV
<b>77408</b>	<b>G6008</b>	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6 – 10 MeV
<b>77409</b>	<b>G6009</b>	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11 – 19 MeV
<b>77411</b>	<b>G6010</b>	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater
<b>77412</b>	<b>G6011</b>	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 MeV
<b>77413</b>	<b>G6012</b>	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6 – 10 MeV
<b>77414</b>	<b>G6013</b>	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11 – 19 MeV
<b>77416</b>	<b>G6014</b>	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater
<b>77418</b>	<b>G6015</b>	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
<b>0073T</b>	<b>G6016</b>	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensators, convergent beam modulated fields, per treatment session
<b>0197T</b>	<b>G6017</b>	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment

Table 2. CY 2015 Q-codes for Epoetin Beta

2015 CODES	DESCRIPTION	DELETED 2014 CODES	DESCRIPTION
<b>J0887</b>	Injection, epoetin beta, 1 microgram (for ESRD on dialysis)	<b>Q9972</b>	Injection, epoetin beta, 1 microgram (for ESRD on dialysis)
<b>J0888</b>	Injection, epoetin beta, 1 microgram (non-ESRD use)	<b>Q9973</b>	Injection, epoetin beta, 1 microgram (non-ESRD use)

Table 3. CY 2015 Codes for Clotting Factors

2015 CODES	DESCRIPTION	DELETED 2014 CODES	DESCRIPTION
<b>C9136</b>	Injection, factor viii, fc fusion protein, (recombinant), per iu		
<b>J7181</b>	Injection, factor xiii a-subunit, (recombinant), per iu		
<b>J7182</b>	Injection, factor viii, (antihemophilic factor, recombinant), (Novoeight), per iu		
<b>J7200</b>	Injection, factor ix, (antihemophilic factor, recombinant), Rixubis, per iu	<b>C9133</b>	Factor ix (antihemophilic factor, recombinant), Rixubis, per iu
<b>J7201</b>	Injection, factor ix, fc fusion protein (recombinant), per iu		
		<b>C9134</b>	Factor xiii (antihemophilic factor, recombinant), Tretten, per 10 iu
		<b>C9135</b>	Factor ix (antihemophilic factor, recombinant), Alprolix, per iu

**Table 4. CY 2015 Drug Code Changes for Testosterone**

2015 CODES	DESCRIPTION	DELETED 2014 CODES	DESCRIPTION
<b>J1071</b>	Injection, testosterone cypionate, 1mg	<b>J1070</b>	Injection, testosterone cypionate, up to 100 mg
		<b>J1080</b>	Injection, testosterone cypionate, 1 cc, 200 mg
		<b>J1060</b>	Injection, testosterone cypionate and estradiol cypionate, up to 1 ml
<b>J3121</b>	Injection, testosterone enanthate, 1mg	<b>J3120</b>	Injection, testosterone enanthate, up to 100 mg
		<b>J3130</b>	Injection, testosterone enanthate, up to 200 mg
		<b>J0900</b>	Injection, testosterone enanthate and estradiol valerate, up to 1 cc
<b>J3145</b>	Injection, testosterone undecanoate, 1 mg	<b>C9023</b>	Injection, testosterone undecanoate, 1 mg
		<b>J3140</b>	Injection, testosterone suspension, up to 50 mg
		<b>J3150</b>	Injection, testosterone propionate, up to 100 mg

(continued from page 10)

- **C2644:** Brachytherapy source, Cesium-131 chloride solution, per millicurie.

For CY 2015, the Q-codes for epoetin beta have been replaced with J-codes (Table 2, page 12).

Starting in CY 2015, there are five new codes, one revised code, and three deleted codes for clotting factors (Table 3, page 12). There is one clotting factor code with a revised description for 2015:

- **J7195:** Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified.

Replacement codes were created for two chemotherapy drugs. For CY 2015, CMS deleted code **J9265** (Injection, paclitaxel, 30 mg) and replaced it with code **J9267** (Injection, paclitaxel, 1 mg). Similarly, CMS deleted code

**C9021** (Injection, obinutuzumab, 10 mg) and replaced it with code **J9301** (Injection, obinutuzumab, 10 mg). In addition to these chemotherapy drugs, CMS deleted codes **Q9970** (Injection, ferric carboxymaltose, 1 mg) and **C9022** (Injection, elosulfase alfa, 1 mg), replacing them with codes **J1439** (Injection, ferric carboxymaltose, 1 mg) and **J1322** (Injection, elosulfase alfa, 1 mg), respectively.

For CY 2015 CMS created two new codes for chemotherapy drugs:

- **C9027:** Injection, pembrolizumab, 1 mg
- **C9442:** Injection, belinostat, 10 mg.

Other new drug HCPCS codes effective Jan. 1, 2015, include:

- **C9443:** Injection, dalbavancin, 10 mg.
- **C9444:** Injection, oritavancin, 10 mg.
- **C9446:** Injection, tedizolid phosphate, 1 mg.

- **C9447:** Injection, phenylephrine and ketorolac, 4 ml vial.
- **J7327:** Hyaluronan or derivative, monovisc, for intra-articular injection, per dose.

Table 4 (above) shows CY 2015 drug code changes for various forms of testosterone.

In addition to the codes listed in this article, there are a number of changes to HCPCS quality measure codes, diagnostic imaging agents, and other medical supplies. Finally, remember that the existence of a procedure or supply code does not guarantee reimbursement; payment for a service depends on the patient's insurance policy, medical necessity, and other determining factors. 