

# compliance

## 2019 Oncology Coding Update

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Coding updates have been finalized by Medicare for calendar year (CY) 2019. In comparison to previous years, the code changes outlined for CY 2019 are not significant for oncology, but it is important to be prepared and ensure coding practices and chargemasters are updated to reflect any necessary code changes. The following outlines oncology-specific coding changes.

### New and Revised Procedure Codes

Coding guidelines for imaging services under the wing of radiology were updated for CY 2019 to reiterate that image guidance is not separately billable when it is included in a base service; many primary services indicate image guidance is included in the definition of the code. When imaging is *not* included in a primary procedure, it may be separately reported, but there are documentation requirements for the codes. Documentation should include images in the medical record and description of the image guidance provided in the procedure report. In addition to the updated guidelines, below are several new, revised, and deleted codes applicable to services provided to oncology patients.

The following codes have been added for CY 2019:

- **77046:** Magnetic resonance imaging, breast, without contrast material; unilateral
- **77047:** Magnetic resonance imaging, breast, without contrast material; bilateral
- **77048:** Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection,

characterization and pharmacokinetic analysis), when performed; unilateral

- **77049:** Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral
- **99451:** Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified healthcare professional, 5 minutes or more of medical consultative time
- **99452:** Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified healthcare professional, 30 minutes
- **G2012:** Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified healthcare professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

The following codes have been revised for CY 2019:

- **77021:** Magnetic resonance imaging guidance for needle placement (e.g., for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation

- **77022:** Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation
- **77387:** Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed
- **99446:** Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
- **99447:** Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review
- **99448:** Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review
- **99449:** Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review.

The following codes have been deleted for CY 2019:

- **0190T**: Placement of intraocular radiation source applicator (List separately in addition to primary procedure)
- **76001**: Fluoroscopy, physician or other qualified healthcare professional time more than 1 hour, assisting a non-radiologic physician or other qualified healthcare professional (e.g., nephrostolithotomy, ERCP, bronchoscopy, trans-bronchial biopsy)
- **77058**: Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
- **77059**: Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral

### Modifiers

Effective April 1, 2018, the Centers for Medicare & Medicaid Services (CMS) deleted modifiers that were applied to biosimilars to identify the manufacturer. CMS created individual HCPCS codes effective April 1, 2018, for the biosimilar biologicals to identify each manufacturer separately; therefore, the modifiers were no longer necessary. The deleted modifiers include:

- **ZA**: Novartis/Sandoz
- **ZB**: Pfizer/Hospira
- **ZC**: Merck/Samsung Bioepis

### Drug Codes

New codes for therapeutic radiopharmaceuticals will go into effect Jan. 1, 2019. These will replace the current codes for the same therapeutic radiopharmaceutical.

New codes 2019:

- **A9513**: Lutetium Lu 177, dotatate, therapeutic, 1 millicurie
- **Q2042**: Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose

Deleted codes in 2019:

- **C9031**: Lutetium Lu 177, dotatate, therapeutic, 1 millicurie
- **Q2040**: Tisagenlecleucel, up to 250 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion

Table 1 below shows code changes from CY 2018 to CY 2019 for drugs specific to oncology/hematology services.

**Table 1. CY 2018 to CY 2019 Code Changes for Drugs Specific to Oncology/Hematology Services**

CY 2018 HCPCS CODE DELETED DEC. 31, 2018	CY 2019 LONG DESCRIPTOR	CY 2019 HCPCS CODE BEGINS JAN. 1, 2019
C9016	Injection, triptorelin extended release, 3.75 mg	J3316
C9024	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	J9153
C9028	Injection, inotuzumab ozogamicin, 0.1 mg	J9229
C9030	Injection, copanlisib, 1 mg	J9057
C9033	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	J1454
C9463	Injection, aprepitant, 1mg	J0185
C9464	Injection, rolapitant, 0.5 mg	J2797
C9467	Injection, rituximab 10 mg and hyaluronidase	J9311
C9468	Injection, factor ix (antihemophilic factor, recombinant), glycopegylated, Rebinyn, 1 i.u.	J7203
C9492	Injection, durvalumab, 10 mg	J9173
N/A	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Q2042
Q9993	Injection, triamcinolone acetonide, preservative-free, extended-release, Microsphere formulation, 1 mg	J3304
Q9995	Injection, emicizumab-kxwh, 0.5 mg	J7170
N/A	Injection, mogamulizumab-kpkc, 1 mg	C9038