Billing and Coding for Medicare Reimbursement

Ron DiGiaimo, MBA, FACHE

CEO

Revenue Cycle Coding Strategies

Physicians in the Oncology Sector

According to the 2022 Physician Specialty Data Report by the American Association of Medical Colleges, there were roughly 16,673 medical oncologists and hematologists in the US in 2021, or about 5 per 100,000 people. There were also 5,376 radiation oncologists in the US (1.6 per 100,000 people), and about 25,563 surgeons (7.75 per 100,000 people).

Iowa Oncology Society

Government Spend on Healthcare

- The Centers for Medicare & Medicaid Services National Healthcare Expenditure Fact Sheet for 2021 reports that healthcare expenditures in the USA grew 2.7% to $4.3 trillion ($12,914 per person) and accounted for 18.3% of the Gross Domestic Product in 2021. Also of interest,
- Medicare spending grew 8.4% to $900.8 billion in 2021 (21% of total NHE)
- Medicaid spending grew 9.2% to $734.0 billion in 2021 (17% of total NHE)
- Private health insurance spending grew 5.8% to $1.211 trillion in 2021 (28% of total NHE)
- Out-of-pocket spending grew 10.4% to $433.2 billion (10% of total NHE)
- Hospital expenditures grew 4% to $1.323 tillion in 2021, slower than the 6.2% growth in 2020.
- Physician and clinical services expenditures grew 5.6% to $864.6 billion in 2021, slower growth than the 6.6% in 2020.
- Prescription drug spending increased by 7.8% to $378.0 billion in 2021, faster than the 3.7% growth in 2020.
- The National Health Expenditure (NHE) and GDP are both projected to grow 5.1% per year until 2030. As a result of this growth, the NHE share of GDP is projected to rise to 19.6% by 2030.

Global Healthcare Spending

Now that we understand the current state of US spending and where that falls on the global spectrum, how does the US' healthcare spending compare to the global landscape? Short answer: *the US spends a LOT more than other countries.*

US: 17.8% - 18.3%
GERMANY: 12.8%
FRANCE 12.4%
UNITED KINGDOM 11.9%
SWITZERLAND 11.8%
CANADA 11.7%

According to the American Medical Association, the US spent about $4.25 trillion on healthcare in 2021. Of this, $1.3 trillion came from hospital care, $680.4 billion from other personal health care, $633.4 billion from physician services, $378 billion from prescription drugs, and $231 billion from clinical services.

Iowa Oncology Society

Support of New Technology in Radiation Oncology

New technology research and expansion will allow for the inclusion of new diagnoses, for the reduced duration of treatment protocols and damage to normal tissues. Further, according to data from Institute for Human Data Science, Cancer Drug spending alone reached nearly $50 billion in 2017 and at the time was expected to double by 2020 reaching over $100 billion. In comparison, MPFS total proton treatment expenditures in 2018 accounted for only 0.17% of the cancer drug expenditures for 2017, even with materially increased treatment volumes. More impressively, the entirety of all radiation therapy treatments in all modalities for MPFS in 2018 across the nation represent ed only 1.59% of overall cancer drug expenditures for 2017.

INCREDIBLE!

Iowa Oncology Society

Credentialing vs Contracting for Physicians

What is Credentialing? Verification of education, where you went to school, when and what residencies, fellowships, etc.

- Gather all documents and make copies each year of latest files and keep originals/copies in an easily accessible location. Keep an electronic folder ready for distribution. Second off-site location is also recommended, i.e., parents' computer, trusted family member etc.
- Current DEA
- Maintain contacts for each school you went to, be able to notify them you will need responses
- Hospital privileges required

What is Contracting? Negotiation of payment and terms…..

- This process can take 3-6 months and longer for some commercial payers.
- Lack of paperwork will slow the process down significantly.
- State Licensure required

Iowa Oncology Society

CPT® vs ICD-10-CM

CPT® (Procedure Codes)

- Can be Professional Only
  - 77427 Physician Weekly Management
  - E&M Codes
- Can be Technical Only
  - 77336 Continuing Physics
  - J9XXX
  - Facility Code G0463
- Can be Global
  - 77301 IMRT Treatment Plan

ICD-10-CM (Diagnosis Codes)

- Organ
- Area of the body
- Contributing information, history..
- Codes in the ICD-10-CM code set can have anywhere from **3 to 7 characters**. The more characters there are, the more specific the diagnosis.

Iowa Oncology Society

Oncology Salaries

- Front office – $35 - $50K
- Financial Counselor – $35K – $55K
- RN $55K – 100K+ 5 Million Shortage by 2025
- PA/NP = $90-$145K+
- RTT $75 - $125K +
- Dosimetrist $85 - $150K +
- Physicist $125 - $350K
- Med Onc $250 - $1M +
- Surgeon $300-450+
- Rad Onc $250 – $1M + … What are the ways to get there? What risks and responsibility does that bring?

Oncology Equipment Costs

- Approximately Drugs 2 Million per Med Onc / Month
- Hood – $40-80K
- Chairs - $2500
- Treatment Planning system $350-500K +
- Linac – $5M-7M + New
- Cost of vault $1M +
- EMR $500K +
- HDR $500K + quarterly replacements
- Radiation Center Approximately $15M +
- Latest state of the art proton facility $60M - $330M

What Inquiring Minds Need to Know.....

Questions to Ask in a Physician Interview

About the Position

- Why is this physician position open? Growth - retirements - turnover?
- What does a typical day look like?
- What other job duties are there outside of clinical medicine?
- How many patients does this position average per day & how much time is allocated for each one?
- How is productivity measured?
- Is there a formal physician performance evaluation process?
- Is there a referral system in place?
- Is there a restrictive covenant or non-compete clause?

Call Schedule

- Tell me about the call schedule.
- What physicians are involved in call?
- Are there new physician's weekend and night responsibilities?
- How many hospitals are covered daily? Which are covered for night call?

What Inquiring Minds Need to Know.....

Questions to Ask in a Physician Interview

Current Staff & Physicians

- Tell me about the practicing physicians.
- Where were they trained?
- How long have they been with the practice?
- Have any physicians left the practice, and if so, why?
- How would you describe the organizational culture?

How Does Management/Partners Lead the Practice

- Governance structure of the practice.
- Who is managing the practice? How is it being done?
- If a private practice group, who are the partners?
- Number of physicians that are partners
- Mechanism for becoming a partner.
- What is the buy-in to become a partner?
- Partner duties, responsibilities, voting, economics
- Tell me about the biggest challenges you're currently facing?

Business Questions to Ask in Physician Interview

Business Management Aspects of the Practice

- Resources provided by the business organization - compliance and coding programs, information systems, human resources, legal, accounting, marketing, billing and collecting, and managed care.
- Costs associated with the business part of the practice.
- Overhead costs? What is the return to physician?
- Type of equipment? Who purchases the equipment?
- Does the individual physician get the technical revenue?
- Individual physician required to sign for or guarantee any debt?
- Short/long term plans for the practice.
- If a private practice, considering hospital integration?
- If a hospital system, considering integration into a larger system?
- Payer mix and reimbursement history of the practice.
- Referral patterns & how that changes/grows with a new member.
- Future changes for expansion or integration into a larger system.

Business Questions to Ask in Physician Interview

Compensation Range - *Only ask about $$$ after it has been brought up by interviewer.*

- Trends in physician compensation for last 5 years & ancillary revenues.
- What is the complete compensation package for someone with my skills
- How is the base compensation determined - ie. charges, collections, RVUs? Bonus opportunities?
- Does compensation change formula after a specific time, collection amount or some other way?
- Who and how is compensation determined?
- Anticipated compensation for the group over the next 3 to 5 years?
- Compensation difference between senior members & new associates.

Available Benefits Questions

- What's included/not included? Vacation/CME time allotted per year. Does that increase with time - max allowed?
- Expenses covered & not covered in compensation (malpractice, CME expenses, licensure, publications, and certification)
- Retirement plan.
- Insurance coverage provided - employee or family plan?
- Malpractice exposure and history – current carrier, limits, options for future non-renewal of insurance?

Iowa Oncology Society

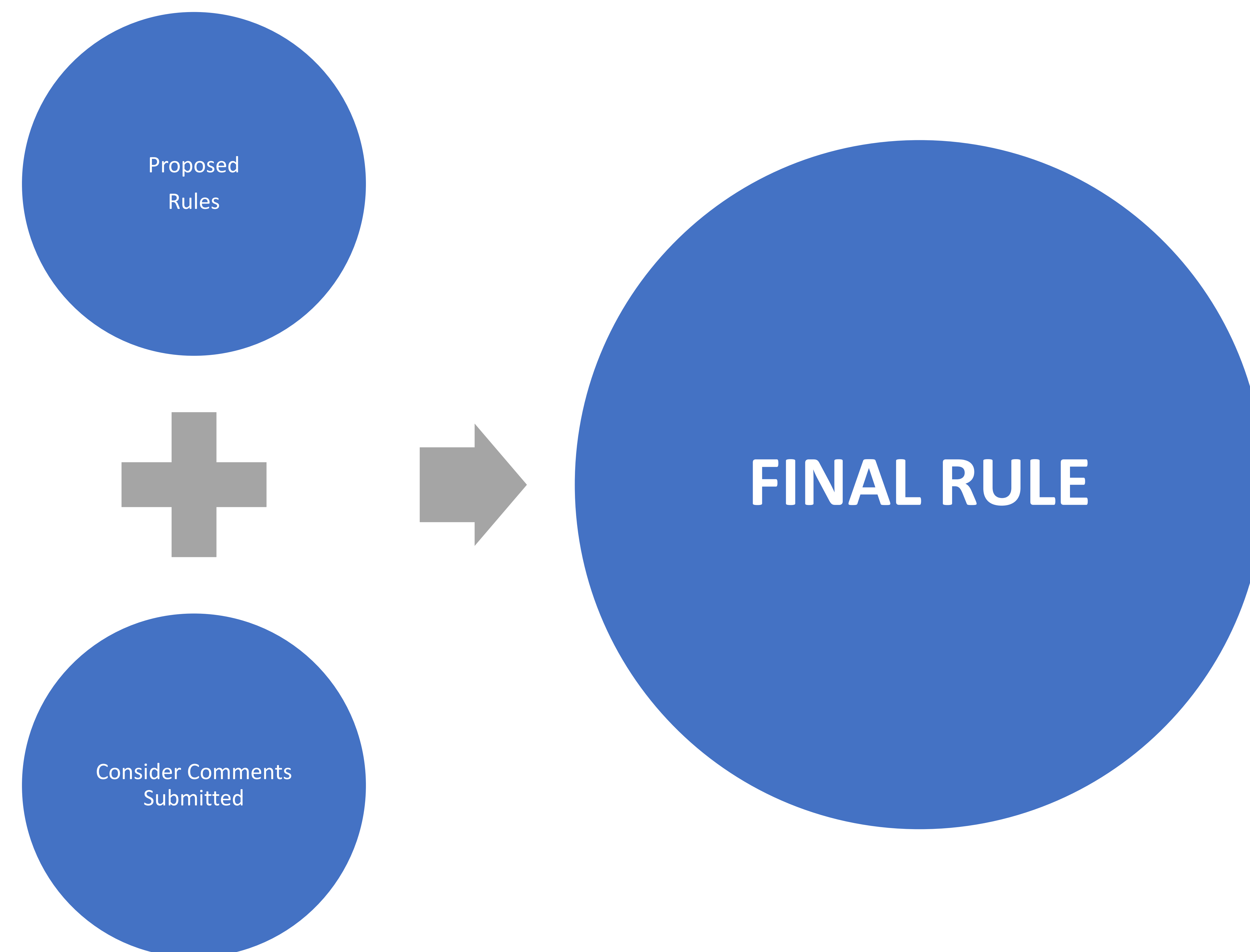
Proposed (July/Comments) vs. Final Rule (November)

Proposed Rule:

- CMS plans, goals, solutions to problems and proposed rulemaking
- Opportunity for public to make comments

Final Rule:

- Final legal effect after consideration of comments
- Opportunity for public to make comments



What is the MPFS (Physician $) and HOPPS (Hospital $)?

Medicare Physician Fee Schedule (MPFS)

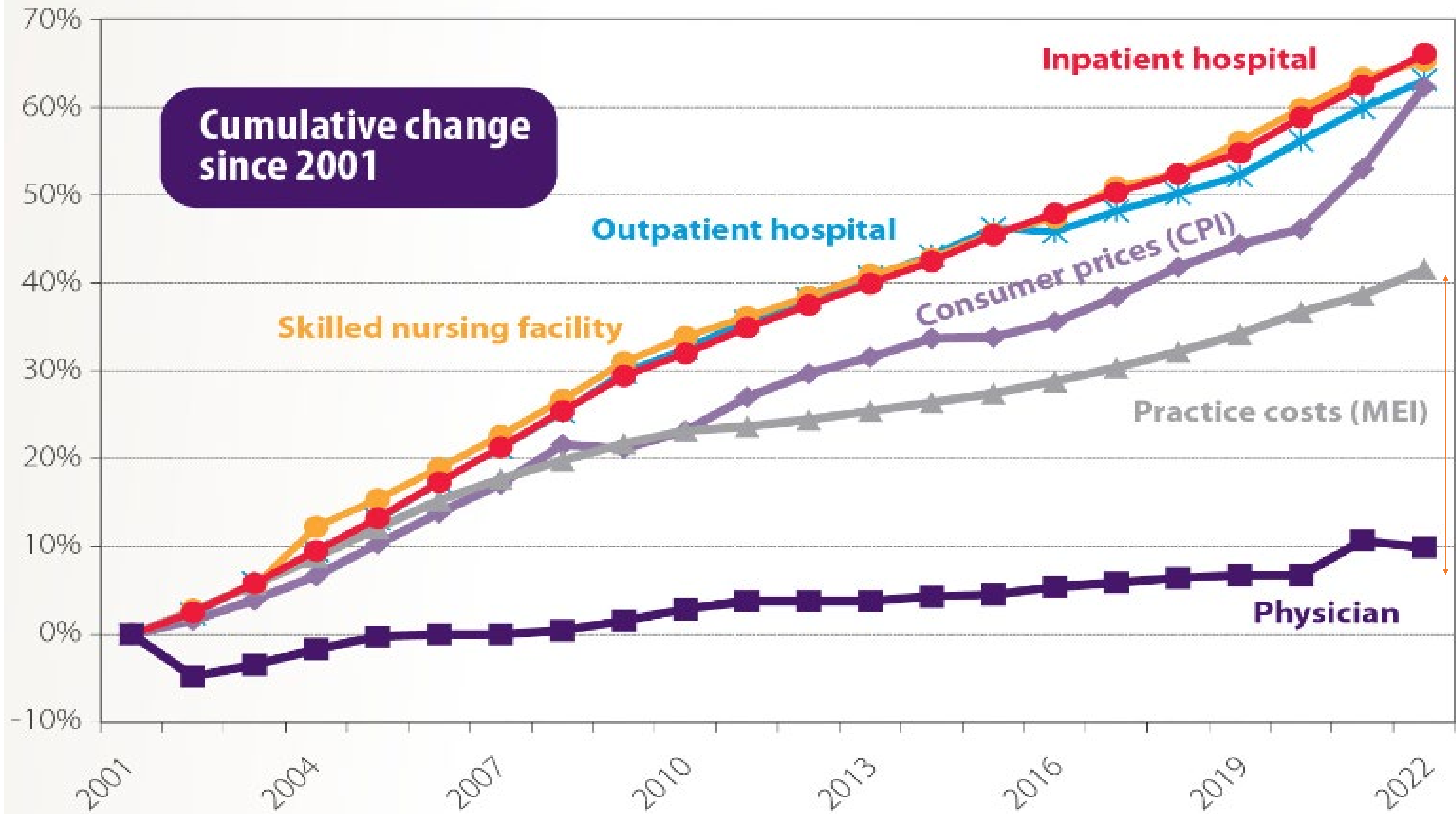
- In short, this is the payment system for PROFESSIONAL reimbursement for physicians working in a hospital **OR** in a physician or commercially owned free standing Radiation Therapy Center
- https://www.cms.gov/medicare/physician-fee-schedule/search/overview
- https://www.cms.gov/medicare/physician-fee-schedule/search

Hospital Outpatient Prospective Payment System (HOPPS or OPPS)

- This is the payment system set up for Hospitals and their associated TECHNICAL reimbursement
- https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps

Relative Value Units – Facility & Non-Facility

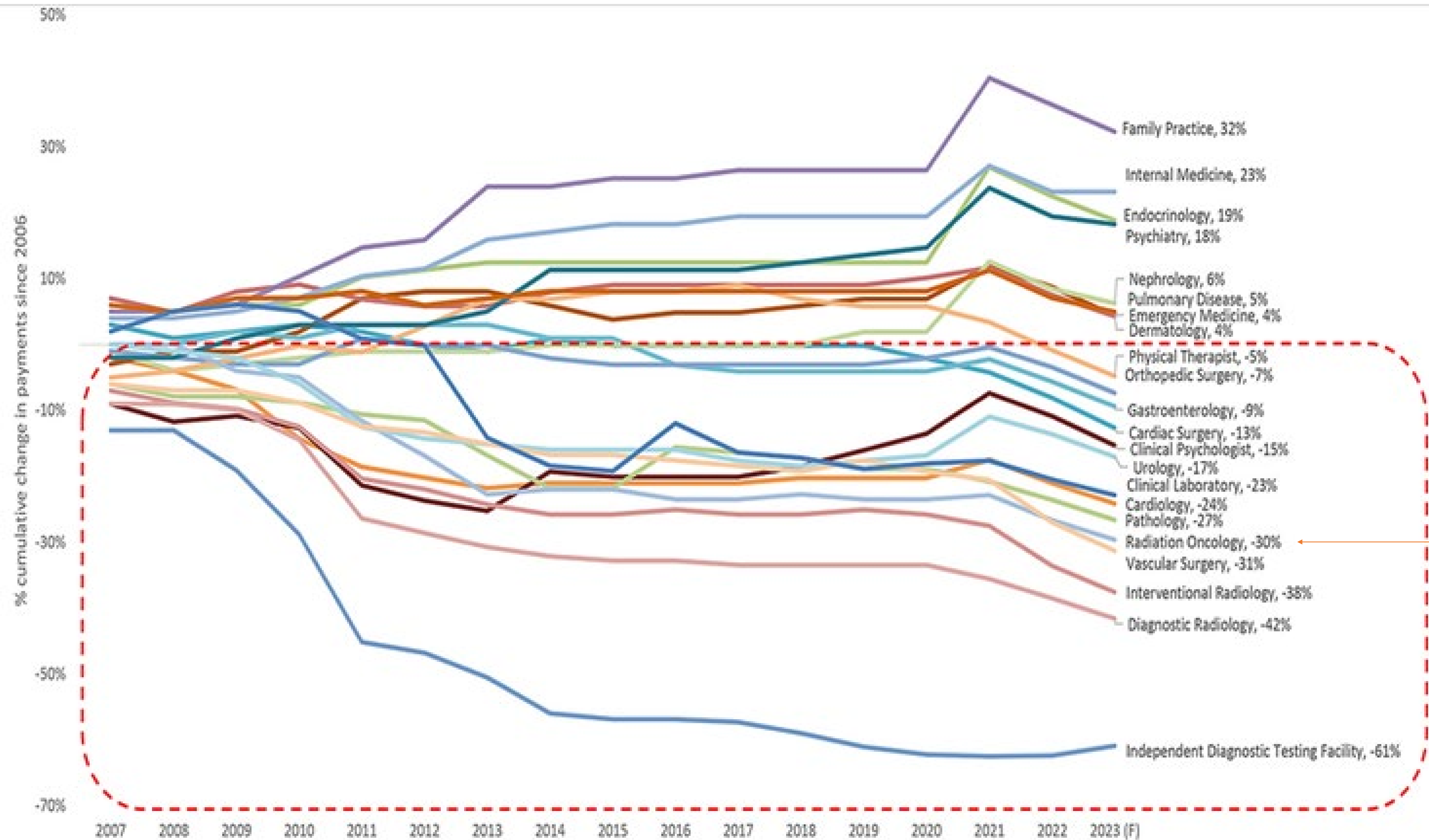
- The Conversion Factor value for 2023 is $33.0607 – why does that matter? 2022 - $34.6062
- Relative value units (RVUs) are **a measure of value** used in the United States Medicare reimbursement formula for physician services.
- RVUs are a part of the resource-based relative value scale (RBRVS) and are comprised of 3 different values
  - Physician Work
  - Practice Expense
  - Malpractice
  - https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-relative-value-files/rvu23b
- What is meant by Medicare Facility or nonfacility?
  - **Facility Services** are provided within a hospital, ambulatory surgery center, or skilled nursing facility.
  - **Non-Facility Services** are provided in outpatient clinics, urgent care centers, home services, PHYSICIAN'S OFFICE (RAD ONC CENTER) etc.



This trend is neither acceptable nor able to be maintained long term. We are past the time to address this in material ways.

What can we do?

1. DC Visits
2. Lobbying Efforts
3. Assist in Society Committees
4. PACs do help
5. Meet and invite Congressional Members and Senators to your locations



50%
30%
10%
-10%
-30%
-50%
-70%
% cumulative change in payments since 2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023 (F)
Family Practice, 32%
Internal Medicine, 23%
Endocrinology, 19%
Psychiatry, 18%
Nephrology, 6%
Pulmonary Disease, 5%
Emergency Medicine, 4%
Dermatology, 4%
Physical Therapist, -5%
Orthopedic Surgery, -7%
Gastroenterology, -9%
Cardiac Surgery, -13%
Clinical Psychologist, -15%
Urology, -17%
Clinical Laboratory, -23%
Cardiology, -24%
Pathology, -27%
Radiation Oncology, -30%
Vascular Surgery, -31%
Interventional Radiology, -38%
Diagnostic Radiology, -42%
Independent Diagnostic Testing Facility, -61%

Prior Authorizations (Insurance is Publicly Traded)

- Prior Authorizations – Per Payer/Procedure/Credentialed Dr. /Benefits Managers
- Payers are Redirecting Care in Radiology and Medical Oncology
  - Is this a good thing?
  - Radiology is Gaining Speed and Frequency Especially in the areas of CT/MRI/PET
  - Is the Pendulum Swinging the other Direction – FINALLY?
  - What does this mean for other services? Brachy?
  - Middle Managers are Taking a Piece of the Pie

Medical Record Requests (MC and Commercial Payers)

- The requests of records appears to be growing
- These requests often cover “Standard of Care” causing time for payment delays and increased costs to providers
- Societies such as ACR, ASCO, ASTRO, ACRO, SIR, ACCC etc are becoming more active and can and should be utilized more frequently for solutions
- Non–standard of care requests for Documentation such as daily approval of Treatment Delivery by a Radiation Oncologist

Commercial Insurers

"In 2022, the CEOs of the seven major publicly traded health insurance and services conglomerates — CVS Health, UnitedHealth Group, Cigna, Elevance Health, Centene, Humana, and Molina Healthcare — combined to make more than $335 million, according to a STAT analysis of annual financial disclosures. That was 18% more than the record from 2021" statnews.com

https://ceoworld.biz/2023/05/10/highest-paid-health-insurance-ceos-six-ceos-raked-in-a-record-123-million-last-year/

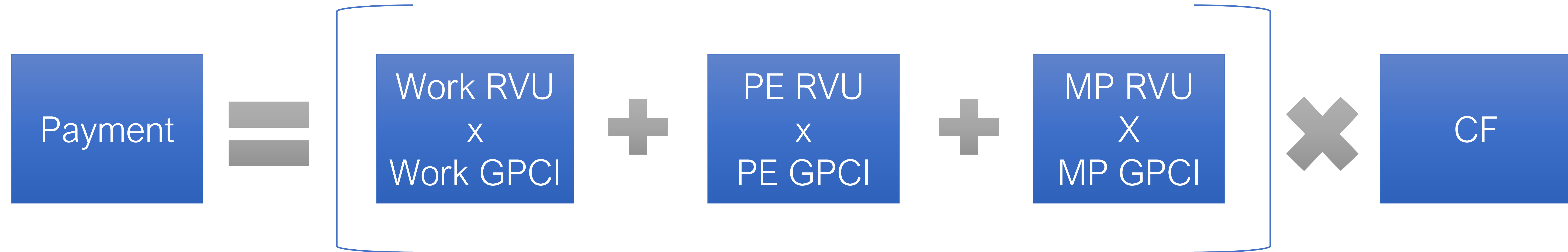
Interesting….

Make your voice heard, sit on a CAC and a Committee know your Medicare Medical Director

Rad Onc and Compliance

- **New York Presbyterian Hospital Pays Over $800,000 to Settle Claims that Physician Practices Improperly Billed Government Health Care Programs**
- **Government Alleged that Radiation Oncology Practices Failed to Properly Review Images Taken for Guided Radiation Therapy**
- "The defendants provided substandard care to cancer patients by not properly or timely reviewing medical imaging and then billed taxpayer funded healthcare programs for these shoddy services," stated United States Attorney Breon Peace. "My Office is committed to holding healthcare providers accountable for such conduct."
- The United States claimed that between 2012 and 2018, RTA and LEROS billed for images utilized in IGRT when such images were either not reviewed, or were not timely reviewed, and therefore were not reasonable and necessary. Further, the investigation found that initial consultation sessions at RTA were in some instances billed at a higher coding level than appropriate.
- Under the terms of the agreement with the United States and the State of New York, NYPH will pay a total of $801,000, with $694,999.71 going to the United States and $106,000.29 to the State of New York. These funds will go to the Medicare, Medicaid, and TRICARE programs.
- **https://www.justice.gov/usao-edny/pr/new-york-presbyterian-hospital-pays-over-800000-settle-claims-physician-practices**

Calculating MPFS Payment



- **Work RVU** = Relative time and intensity associated with furnishing a service under MPFS
- **Practice Expense (PE) RVU** = Split into Direct and Indirect practice associated costs (i.e., office rent, supplies, equipment, and staff salaries)
- **Malpractice (MP) or Professional Liability Insurance RVU** = Cost of malpractice insurance
- **Geographical Practice Cost Index (GPCI)** = Each RVU value is multiplied by factor set by CMS accounting for geographic variations in the cost of living
- **Conversion Factor (CF)** = Updated annually in MPFS final rule and converts the RVUs and respective GPCI values (e.g., Total RVUs) into a recognized dollar amount for each code

CMS Historical Conversion Factor

1998 – 2011

Year	CF	Change
1998	$ 36.69	
1999	$ 34.73	$ (1.96)
2000	$ 36.61	$ 1.88
2001	$ 38.26	$ 1.64
2002	$ 36.20	$ (2.06)
2003	$ 36.79	$ 0.59
2004	$ 37.34	$ 0.55
2005	$ 37.90	$ 0.56
2006	$ 37.90	$ -
2007	$ 37.90	$ -
2008	$ 38.09	$ 0.19
2009	$ 36.07	$ (2.02)
2010	$ 36.08	$ 0.01
2011	$ 36.87	$ 0.79

2012 – 2023

Year	CF	Change
2012	$ 33.98	$ (2.90)
2013	$ 34.02	$ 0.05
2014	$ 35.82	$ 1.80
2015	$ 35.75	$ (0.07)
2015 2nd 1/2	$ 35.93	$ 0.18
2016	$ 35.80	$ (0.13)
2017	$ 35.89	$ 0.08
2018	$ 36.00	$ 0.11
2019	$ 36.04	$ 0.04
2020	$ 36.09	$ 0.05
2021	$ 34.89	$ (1.20)
2022	$ 34.61	$ (0.29)
2023	$ 33.89	$ (0.72)

Short Summary CF Proposed Rule

Rad Onc good news is that CMS did not propose elimination or modification of the "G" codes currently used to report radiation therapy treatment and certain imaging services performed in conjunction with radiation treatment. This is good because there has been circling discussion that G Codes would go away and have major cuts. Rather, RVU changes proposed for radiation oncology codes are relatively insignificant, with positive and negative changes generally ranging in the 2-3% range.

Some bad news is that the conversion factor is proposed to decrease from $33.8872 to $32.7476, a reduction of 3.36%, according to the CMS announcement.

MedOnc Good news CMS estimates a positive 2% overall impact for the hematology/oncology specialty and a negative 2% overall impact for the radiation oncology specialty in 2024.

CMS' comments with respect to modifications of the PE data and methodology continue to suggest that the agency will await the results of the AMA practice expense survey, which has not yet been distributed, in order to decide its course of action.

Iowa Oncology Society

CMS 1500 Form

Submitting this form:

1. All True, Accurate and Complete
2. I've Familiarized myself with all applicable laws, regs, and program instructions from CMS MAC
3. I have provided or will provide all information necessary for CMS to make a payment decision
4. This claim submitted by me or my billing co. complies with all MC/Mcaid laws, regs, instructions including stark
5. The services on this form were medically necessary and personally performed by me or my employee under my direct supervision unless specifically expressed
6. Incident to is under the physician's direct supervision

Off Label for Oncology

- Sometimes we are our problem/Some of our own Oncologists visit DC with mixed messages
- We treat non-covered disease sites for payers
- We don't follow up with them with clinical justification to force updates to payer policy until we have a large problem – sometimes national….
- Our Oncologists usually are making GREAT clinical decisions but could improve documentation efforts that are TIMELY and COMPLETE ☺
- We must have the documentation as we are already facing a steep up hill climb to reverse a denial of payment.

Benefit Policy Manual (BPM) Gives You the Rules…

How do you find the Rules and Learn How to Follow the Rules?
Internet Manuals such as te Medicare Claims Processing Manual

Medicare Claims Processing Manual Chapter 6:

Physician supervision guidelines for therapeutic services in the hospital outpatient setting

Medicare Claims Processing Manual Chapter 15:

"Incident to" services, physician supervision in the non-hospital setting, the requirements for diagnostic test orders, and teaching physician services

Iowa Oncology Society

Medicare Claims Processing Manual

Chapter 4	Part B Hospital (Including Inpatient Hospital Part B and OPPS)
Chapter 12	Physicians/Nonphysician Practitioners
Chapter 13	Radiology Services and Other Diagnostic Procedures
Chapter 17	Drugs and Biologicals
Chapter 23	Fee Schedule Administration and Coding Requirements
Chapter 30	Advance Beneficiary Notices
Chapter 32	Clinical Trials

Format for E&M

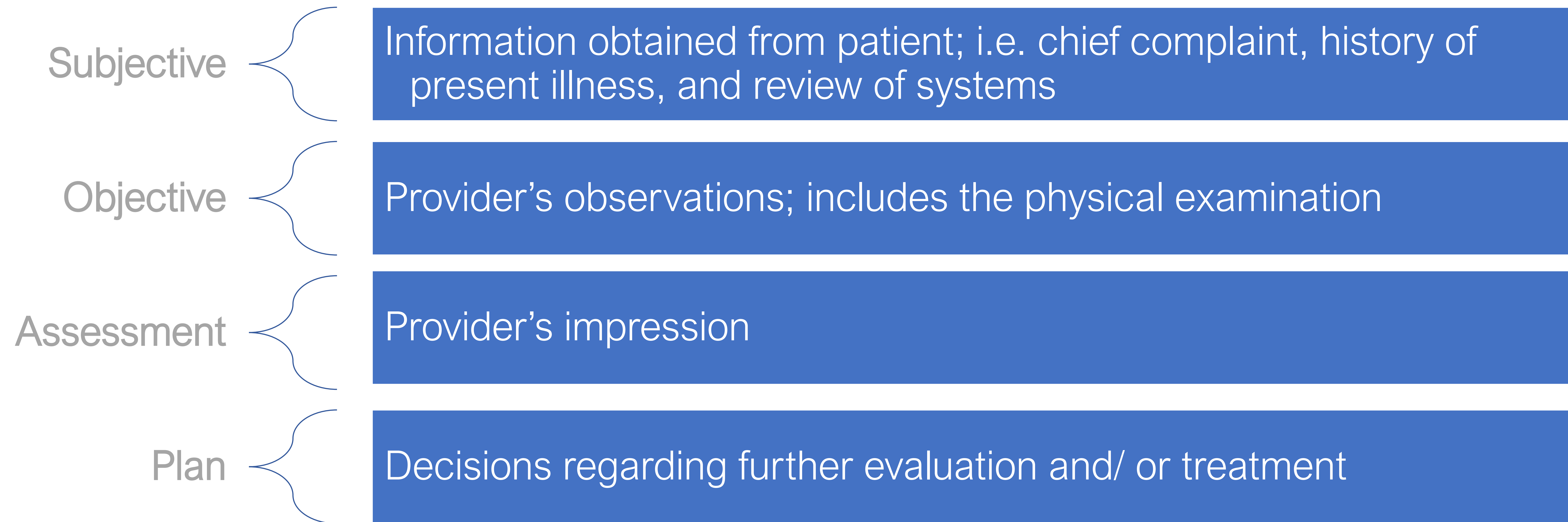
No required format

Avoid “limited space templates”

Support service performed, not coding

Iowa Oncology Society

SOAP Format



WPS

"Remember: Accurate and timely completion of medical records is part of the provider's responsibility to the patient and Medicare. Ask yourself "How can I remember seeing all my patients and what happened during that visit if more then 24 – 48 hours has passed?"

Iowa Oncology Society

OP/IP Visits

Billing	CPT® Code	Category
	99202, 99203, 99204, 99205	New Patient Visits
	99211, 99212, 99213, 99214, 99215	Established Patient Visits
	99221, 99222, 99223	Initial Hospital Care
	99231, 99232, 99233	Subsequent Hospital Care

Examples Scenarios of New and Established

New

Patient completed Immunotherapy treatment to the lung in November 2018 and returns in 2023 with a new Lung Cancer lesion.

Established

Patient treated for Lung Cancer and returns after 12 months with Brain Metastasis diagnosis.

Examples Scenarios of New and Established

Established

Physician on call covering for another physician

Established

Physician leaves practice and encounters a previous patient seen within the most recent 3 years

Physicians in the same group practice who are in the same specialty must bill and be paid as though they were a single physician. If more than one evaluation and management (face-to-face) service is provided on the same day to the same patient by the same physician or more than one physician in the same specialty in the same group, only one evaluation and management service may be reported unless the evaluation and management services are for unrelated problems. Instead of billing separately, the physicians should select a level of service representative of the combined visits and submit the appropriate code for that level.

Physicians in the same group practice but who are in different specialties may bill and be paid without regard to their membership in the same group.

Medical Oncologist

Initial vs. Subsequent (CMS)

- Initial

"An initial service would be defined as one that occurs when the patient has not received any professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the same specialty who belongs to the same group practice during the stay."

- Subsequent

"A subsequent service would be defined as one that occurs when the patient has received any professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the same specialty who belongs to the same group practice during the stay."

Code Selection

Time

Medical

Decision Making

The extent of history and physical examination is not an element in code selection.

Total Time

New Patient E/M Code	Total Time
99202	15-29 minutes
99203	30-44 minutes
99204	45-59 minutes
99205	60-74 minutes

Established Patient E/M Code	Total Time
99211	Time component removed
99212	10-19 minutes
99213	20-29 minutes
99214	30-39 minutes
99215	40-54 minutes

Total Time

Initial hospital inpatient or observation care	Total Time (2023)
99221	40 minutes
99222	55 minutes
99223	75 minutes

Subsequent hospital inpatient or observation care	Total Time (2023)
99231	25 minutes
99232	35 minutes
99233	50 minutes

Prolonged Service (AMA)

99417

Prolonged office or other outpatient evaluation and management service(s) **beyond the total time of the primary procedure which has been selected using total time**, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)

AMA Examples for 99417

Total Duration of New Patient Office or Other Outpatient Services (use code 99205)	Code(s)
Less than 75 minutes	Not reportedly separately
75-89 minutes	99205 x 1 & 99417 x 1
90-104 minutes	99205 x 1 & 99417 x 2
105 minutes or more	99205 x 1 & 99417 x 3 or more for each additional 15 minutes

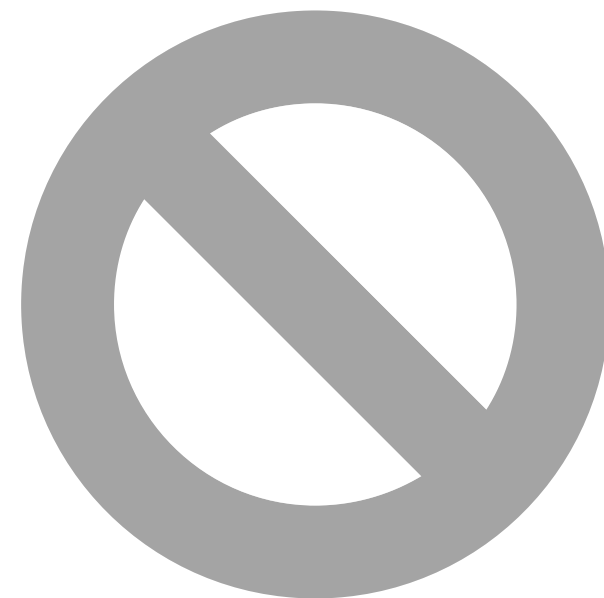
Total Duration of Established Patient Office or Other Outpatient Services (use code 99215)	Code(s)
Less than 55 minutes	Not reportedly separately
55-69 minutes	99215 x 1 & 99417 x 1
70-84 minutes	99215 x 1 & 99417 x 2
85 minutes or more	99215 x 1 & 99417 x 3 or more for each additional 15 minutes

Iowa Oncology Society

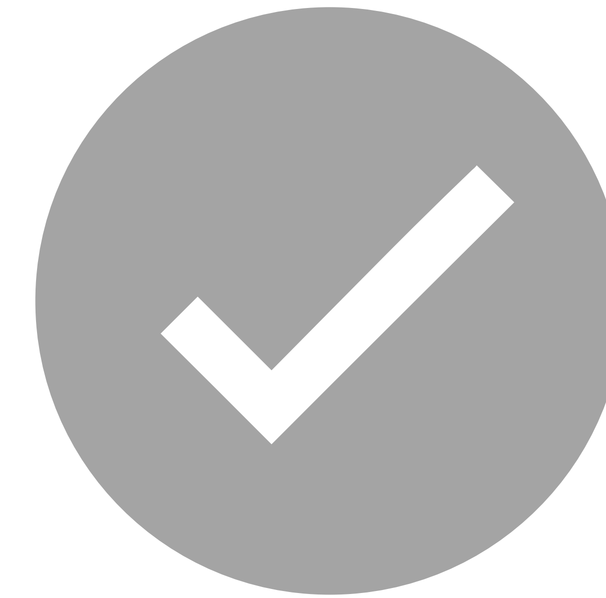
Compliance Risk

CMS feared double dipping for prolonged service code (99417) which means this code will likely be monitored and at risk for reduction or elimination if abused

CMS example: CPT® 99215 (40-54 minutes)



55 minutes



69 - 83 minutes

Oncology Referrals

- Ask for patients that may fit criteria
- Attend Staff Luncheons and Medical Staff Meetings
- Go to the Physician Lunch Room and speak with Physicians you have not seen before or get caught up with ones you do know
- Copy Up Line – Rad/Med Onc – Surgeon – Internal Medicine/GP
- Call Patient Mid Treatment at Home
- Promote Oncology and Ask your congressman to tour your location

Good News!!

- Oncology is in the top three revenue generators for any community hospital setting that is performing well.
- Radiation Oncology maintains high profit margins
- 340B is still a huge benefit to hospitals that qualify
- There is a large demand for Oncologists nationwide
- Your future can be very positive but engagement is the key

MPFS IMRT Lung Course of Therapy Physician in Facility Example

CPT®	Mod Pro	Description	Medicare Rates Professional	Quantity Billed	Collections Professional
99204		Office o/p new mod 45-59 min	$ 133.52	1	$ 133.52
77263		Radiation therapy planning	$ 170.11	1	$ 170.11
77470	26	Special radiation treatment	$ 107.76	1	$ 107.76
SIMULATION					
77334	26	Radiation treatment aid(s)	$ 60.66	1	$ 60.66
PLANNING					
77293	26	Respirator motion mgmt simul	$ 105.73	1	$ 105.73
77301	26	Radiotherapy dose plan imrt	$ 423.25	1	$ 423.25
77300	26	Radiation therapy dose plan	$ 33.21	2	$ 66.42
77338	26	Design mlc device for imrt	$ 227.04	1	$ 227.04
TREATMENT					
77014	26	Set radiation therapy field	$ 45.07	30	$ 1,352.10
77427		Radiation tx management x5	$ 192.82	6	$ 1,156.91
Total for Medicare Only					**$ 3,921.77**

Sample course of treatment only. Other codes may be applicable based on processes and documentation. Choose appropriate quantity of procedure codes to reflect the typical course of IMRT (VMAT) therapy at your specific site.

Practice patterns may also result in NCCI edits which will have an impact on services allowed on a single date of service.

Sample course of treatment only. Other codes may be applicable based on processes and documentation. Choose appropriate quantity of procedure codes to reflect the typical course of 3D Conformal therapy at your specific site. Practice patterns may also result in NCCI edits which will have an impact on services allowed on a single date of service.

HOPPS IMRT Lung Course of Therapy Example

CPT®	APC	Description	Medicare APC Rate by Location	Quantity Billed	Total Medicare APC Payment by Location
G0463	5012	Hospital out pt clinic visit	$ 120.86	1	$ 120.86
77470	5623	Special radiation treatment	$ 572.47	1	$ 572.47
SIMULATION					
77334	5612	Radiation treatment aid(s)	$ 358.72	1	$ 358.72
PLANNING					
77293		Respiratory motion MGMT	$ -	1	$ -
77301	5613	Radiotherapy dose plan IMRT	$ 1,340.67	1	$ 1,340.67
77300	5611	Radiation therapy dose plan	$ 133.38	2	$ 266.76
77338	5612	Design MLC device for IMRT	$ 358.72	1	$ 358.72
TREATMENT					
77386	5623	Intensity Modulated rad TX delivery complex	$ 572.47	30	$ 17,174.10
77336	5611	Radiation physics consult	$ 133.38	6	$ 800.28
Total for Medicare Only					**$ 20,420.11**

The initial simulation and treatment planning CT are not billable in the hospital setting when the course is IMRT, they are considered bundled.

Sample course of treatment only. Other codes may be applicable based on processes and documentation. Choose appropriate quantity of procedure codes to reflect the typical course of IMRT treatment at your specific site. Practice patterns may also result in NCCI edits which will have an impact on services allowed on a single date of service.

Sample course of treatment only. Other codes may be applicable based on processes and documentation. Choose appropriate quantity of procedure codes to reflect the typical course of 3D Conformal therapy at your specific site. Practice patterns may also result in NCCI edits which will have an impact on services allowed on a single date of service.

Iowa Oncology Society

Patient Satisfaction Scores

- Relatively easy to maintain for Radiation Oncologists
  - Used as a quality indicator
  - Leads to brand and physician loyalty
  - Annoyed or dissatisfied patients talk to everyone, satisfied patients will thank staff
  - In an environment of cost comparisons patients are generally more likely to avoid switching providers even at higher cost if satisfied
- Patient satisfaction is the ultimate goal
  - Clinically
  - Psychologically
  - Financially

Thank you for attending!
Email ron@rccsinc.com for Final Rule Summaries.

Iowa Oncology Society