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ACROinsights – Billing Differences of Treatment Modalities for Skin Cancer Diagnosis

The goal of this series of articles is to ensure that radiation oncologists are aware of and provided with the knowledge to practice in a compliant manner. This installment will review the differences in coding and billing for the various skin cancer modalities.

Varying Skin Cancer Modalities

There are several radiation treatment options available for skin cancer. While the options may vary in technology platform, there are similarities and differences in coding, billing, and the terminology used to define each. Common skin cancer radiation treatment modalities include superficial/ orthovoltage radiotherapy, electronic (e-) brachytherapy (may also be referred to as electronically-generated low-energy radiation (ELS) by some physicians), high dose rate (HDR) brachytherapy, and electron beam radiotherapy.

Over the past several years, reviews by payers and Department of Health and Human Services (DHHS) Office of Inspector General (OIG) related to inappropriate number of services, billing for incorrect treatment delivery codes or upcoding by various provider specialties, specifically Dermatologists, have resulted in significant changes to coding and billing rules. The changes have resulted in a significant reduction in the number of codes available to bill with certain superficial radiation treatments for skin cancer. Many standard services such as treatment devices, treatment planning, basic dosimetry calculations, physician management and physics services can no longer be charged during the course of treatment.

Each of the radiation modalities listed below are commonly used to treat superficial skin cancers. Details about each and a summary of the coding and billing guidelines are provided to assist in understanding the differences.

Superficial/orthovoltage radiotherapy – The AMA defines the energies used for superficial/orthovoltage treatment to be <1 MeV, typically in the range of 100-500 kV and a source to skin distance of 15-50 cm. The machines used for treatment only deliver these lower energies. Treatment delivery is billed with CPT® 77401, *radiation treatment delivery, superficial and/or ortho voltage, per day*.

Billing guidelines by the American Medical Association (AMA) allow for only the following codes to be billed with superficial and/or orthovoltage treatment delivery, simulation codes (77280-77290), basic dosimetry calculation (77300), and evaluation and management (E/M) services (99201-99215).

Simulation codes (77280-77290) are still available for billing when performed prior to a course of superficial/orthovoltage treatment. The ability to bill these codes does not mean they are always appropriate to bill. For example, the initial simulation to determine the set-up and orientation of the patient for the upcoming treatment delivery could be billed if documented and supported. Alternatively, the work of aligning the treatment collimator to the demarcated area on the patient's skin surface is an element of treatment set-up and is not separately billable as a verification simulation with each treatment.

CMS allows for billing of E/M follow-up codes (99211-99215) to account for some of the physician services consisting of radiation therapy planning, device construction, and physician management during the course of superficial/orthovoltage treatment delivery. Medical necessity must support a reason for the code and documentation must support a visit and the work provided during the course of treatment which this E/M service is replacing.

Electronic brachytherapy – Energies typically include 50 - 100 kVp x-rays generated by a miniature x-ray tube. During this treatment the x-ray tube is placed within an applicator and the applicator is placed directly on the skin surface. There are two e- brachytherapy treatment delivery codes, one for skin surface and one for interstitial and intracavitary applicators. The code used to report skin surface treatment by e- brachytherapy is

0394T (*High dose-rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed)*.

There are only a few codes separately billable with code 0394T: billable codes include simulation (77280-77290) and evaluation and management (E/M) services (99201-99215) when provided separately. The simulation codes (77280-77290), although available, must be used judiciously and appropriately. For example, the initial simulation to determine the set-up and orientation of the patient for treatment delivery could be billed if documented and supported. The work of placing the treatment applicator on the demarcated area on the patient's skin surface is part of the treatment set-up and is not billable as a verification simulation with each treatment. Since the applicator can be directly visualized for the skin surface treatment, a verification simulation is not separately billable.

Although E/M visits can be billed in addition to code 0394T, unlike the superficial/orthovoltage treatment, the E/M codes are not billed to account for services bundled into the e- brachytherapy treatment delivery. These changes were made by CMS to account for the many bundled services related to CPT® 77401 and do not extend to the e- brachytherapy treatment service code 0394T. An E/M visit code is billable at the initial consult and follow-up; it is not billable during the course of treatment.

CPT® code 0394T is a Category III (utilization tracking) code. Because there is no National Coverage Determination (NCD) from Medicare, it is up to the individual Medicare Administrative Contractor (MAC) whether or not they will accept and reimburse for the treatment delivery. Some MACs do have reimbursement levels established. Noridian Healthcare Solutions is the only MAC, that in some areas of their jurisdictions, provides physician reimbursement in the facility (hospital) setting. Most of the MACs that do provide reimbursement only pay as a technical rate. It may be possible for the physician in the facility setting to bill for the other codes provided during the course of e- brachytherapy treatment as they do not report the treatment delivery code. For those under Noridian's jurisdictions where there is a professional facility rate reimbursement to e- brachytherapy treatment, the physician could not bill any of the bundled codes.

High Dose-Rate (HDR) Brachytherapy – HDR utilizes a radionuclide source to deliver the planned skin surface treatment. The source is typically (Iridium) Ir-192 and the same source can be used for interstitial and intracavitary HDR treatment delivery. Because the source is a radionuclide, there must be an authorized user (AU) present during all of treatment delivery and providing QA and services in accordance with NRC or Agreement State regulations.

There are two different treatment codes for HDR skin surface treatment based on the lesion diameter and/or number of channels used to deliver the treatment. The codes are 77767 (*Remote afterloading high dose-rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel)* and 77768 (*Remote afterloading high dose-rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions*). As with other skin surface treatment delivery codes, there are some codes which are not separately billable. For skin surface HDR non-billable codes include, basic dosimetry calculations (77300), physician management services (77427), and e- brachytherapy treatment delivery codes (0394T and 0395T).

Documentation for skin surface HDR treatments must include the size of the lesion, the number of lesions treated, and/or the number of treatment channels used to deliver the treatment. The required procedure note for each fraction of treatment should detail this information by the radiation oncologist. CMS has set reimbursement rates for HDR skin surface treatment delivery, which includes a professional component for the radiation oncologist. There is no separately billable physician management code as this is included in the reimbursement for the HDR treatment delivery.

A simulation at each HDR brachytherapy treatment may be billable when a custom applicator is used. If the applicator used for treatment is a standard applicator, the placement of the applicator on the skin is not billable

as a verification simulation. The use of a customized applicator may require more work to align to the demarcated area: in this documented scenario a verification simulation could be supported and billed.

Electron beam radiotherapy – This includes the use of energies greater than 1 MeV for treatment delivery. There are two typical electron courses, those planned clinically and those planned with a treatment planning data set.

A clinically planned electron course includes the radiation oncologist designing the treatment area on the patient's skin during the simulation process. The set-up simulation is considered complex due to the definition of the simulation codes which indicate simulation for particle beams are billed as 77290. The electron cutout is either a standard cutout or custom design (77332 or 77334). The data collected during the clinical process is used to calculate the output factor (billed as code 77331) of the cutout and the resulting monitor units (billed as code 77300) to deliver the treatment. Because the physician has already reviewed the set-up of the patient when clinically establishing the course, there is no billable verification simulation when treatment is administered.

When an electron course is planned from a data set (i.e. CT) a simulation (77290) is still performed to determine the set-up of the patient, but the design of the electron cutout is typically created in dosimetry on the treatment planning system. A special teletherapy isodose plan is the plan billed for electrons with CPT® code 77321. Supporting documentation includes the isodose distributions relative to the target as planned in the treatment planning system and the cutout, either standard or custom. Basic dosimetry calculations generated as part of the treatment plan for electrons are not separately billable. If an electron output factor measurement (77331) was ordered and performed, the calculation generated from this measurement could be separately billed (77300) when performed on a separate date of service, due to edits. Because the physician has not seen the orientation and cutout set-up designed in dosimetry on the patient's skin, a verification simulation (77280) could be billed if documented and supported.

Treatment delivery for electron beam treatments are billed as complex, regardless of the complexity of the cutout or field design. Per the definitions for treatment delivery by the AMA, electrons are specifically identified as complex beam arrangements resulting in complex treatment delivery. In the facility (hospital) setting complex treatment delivery is reported with CPT® 77412 and in the freestanding center, with delivery codes G6011-G6014. If a private payer does not accept the G codes created by Medicare, then code 77412 would be the more appropriate code to report.

To assist with understanding the potential codes which may be billed with a given skin surface treatment course, the following table outlines possible scenarios. If documentation does not support the work was completed or medically necessary, the codes indicated would not be billable.

Potential CPT® Codes Billable Per Course of Skin Surface Treatment in 2020					
Code	**Short Description**	**Superficial/ Orthovoltage**	**E-Brachytherapy Skin Surface**	**HDR Skin Surface**	**Electron External Beam**
99201-99215	New and Established Outpatient E/M Visit	X*	X	X	X
77280-77290	Simulation	X**	X**	X**	X
77332-77334	Treatment Device			X	X
77316-77318	Brachytherapy Isodose Treatment Plan			X	
77321	Special Teletherapy Isodose Plan				X
77331	Special Dosimetry				X
77300	Basic Dosimetry Calculation	X			X***
77370	Special Physics Consult			X	
77401	Superficial/Orthovoltage Treatment Delivery	X			
0394T	Electronic Brachytherapy Skin Surface Treatment Delivery		X		

77767-77768	HDR Brachytherapy Skin Surface Treatment Delivery			X	
77412 (G6011-G6014)	External beam treatment delivery >1 MeV				X
77336	Continuing Medical Physics			X	X
77427	Physician Management				X

*For superficial/orthovoltage an E/M visit can be billed during the course of treatment to account for the physician services not separately billable.
**An initial simulation can be billed if supported for the initial set-up design. Daily verification simulations at each fraction for setting up the patient and placing applicator or tube to the demarcated external treatment area are not separately billable. For HDR brachytherapy, use of customized applicator could support a verification simulation at each fraction, use of standard applicator would not support a verification simulation at each treatment.
***If an output factor measurement is ordered and performed, the basic dosimetry calculation could be billed if separately supported using the data from the measurement of the electron cutout.

The Take Home Message

It is helpful for hospitals, physicians, and freestanding centers to be aware of the coding and billing variances in the radiation modalities used to treat skin cancer. Because several of the modalities and terminology used to define and describe them are similar, physicians must appropriately document treatment planning, set-up and, delivery. Incorrect use of terminology in the documentation could result in reduced reimbursement if the wrong service were identified and potentially billed inappropriately. In addition, due to the different coding bundles, incorrect codes could be submitted which were not supported by the actual treatment documented as delivered.