

# Radiation Therapy Reimbursement Guide

## Criteria Simple vs. Intermediate vs. Complex

CPT® CODE	DESCRIPTION	IMMOBILIZATION DEVICES
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	Simple bolus
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	Customized Bolus, All Oral Devices, Breast Boards – there is some discrepancy amongst billers and coders regarding the breast board. Several feel the breast board should be billed as a simple device. Create a policy regarding how this is billed and stick to it.
77334	Treatment devices, design and construction; complex (irregular blocks, special shields compensators, wedges, molds, or casts)	Eye shields, MoldCare, SecureFoam, Thermoplastics, SecureVac Cushions

## Common Billing/ Coding Questions

### Can a simple device and a complex device be billed together, intermediate and simple, etc?

CMS publishes quarterly CCI and ME edits. This is their system that determines if a code can be billed with another code and the provider expect payment. As of right now, the highest level code will receive payment if billed on the same day with a lower code. Almost always there is a complex immobilization device use in treatment that will overshadow any simple or intermediate devices.

#### • Example

A wing board (77332) and a vac-loc (77334) used to plan a patient on the same day would be billed out as a 77334 due to the CMS payer edits (CCI edits) state to pay the highest code.

### What are some general billing and coding rules/ protocols?

The rules for billing a treatment device are simple. You may bill for any work you do but it must be documented and medical necessity must support it. Of course you may not be paid for everything.

(All billing codes for immobilization devices have a professional and technical component. It is important to remember in order for all professional components to be billed, the physician must document their involvement.)

#### • Example

A Thermoplastic Mask with a bite block can be billed out two ways:

1. 77334 (thermoplastic) most common.
2. 77334 (thermoplastic) and 77333 (bite block).

(Some facilities may report all treatment devices for reporting purposes only with expectation to be paid for the complex device only).

### What are the documentation requirements on patient positioning devices?

Required documentation for a positioning device would consist of proof of the physician's involvement with setup and use of the device. Documentation for positioning device is normally found within the simulation set up request or in the doctor's simulation notes.

#### • Example

"He was placed in the supine position on the CT simulation table. A SecureVac Cushion was then molded for immobilization...."

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## What is the best advice in order to get paid at the highest level possible?

This is a very dangerous, but common question. RADMAX only suggests billing according to established guidelines.

## What are some billing and reimbursement trends in regards to immobilization devices?

We have noticed most physicians are becoming overly cautious when it comes to billing these days. There has been a lot of public notoriety lately in the radiation oncology field stemming from the New York Times articles.

*“Radiation Bills Raise Question of Supervision” by Walt Bogdanich and Rebecca R. Ruiz. New York Times. February 25, 2010.*

Another important change is all of the government audit agencies (RAC, CERT requests, data mining companies, OIG). Most of the new agencies are private companies searching for fraud and abuse of Medicare. They are paid a percentage of what they recover so they are aggressive.

## What are some common mistakes made when billing for immobilization devices?

The most common mistake is the overuse of modifier -59. This notifies carriers that the charge is a separate procedure from another one on the same day. Over use can send up red flags and may merit your facility a Medicare audit.

Do not down code for payment. Some procedures like IMRT and IGRT have limited coverage. This can pose a problem when a patient needs the procedure but carriers deny the diagnosis. On occasion physicians have actually down coded to regular 3D treatment for payment which is not legal.

## What are the common billing codes used for Bionix products?

National Reimbursement 2010

Bionix Billable Items	CPT Code	APC	TC	26	Global
SecureVac Cushions	77334	190.62	88.77	101.85	190.62
Thermoplastics	77334	190.62	88.77	101.85	190.62
SecureFoam	77334	190.62	88.77	101.85	190.62
MoldCare®	77334	190.62	88.77	101.85	190.62
Eye Shields	77334	190.62	88.77	101.85	190.62
Testicle Shields	77334	190.62	20.21	42.58	62.79
All Oral Devices	77333	190.62	20.21	42.58	62.79
Breast Boards	77333	190.62	20.21	42.58	62.79
Customized Bolus	77333	190.62	20.21	42.58	62.79
Simple Bolus	77332	190.62	48.71	27.42	76.13

## Billing Reimbursement Tips

- Make sure you know the carriers reimbursement rates
- Obtain authorizations for IMRT/IGRT in advance
- Know your Medicare MAC's policies especially IMRT/IGRT and SRT/SBRT.
- Educate your physicians regarding payment policies. (Do not let policies guide their treatment but they need to be aware of what is and isn't payable.)
- Watch out for vendors who provide codes for their products. As a biller I strongly suggest to all of our providers to research any product when it comes to carrier payment and to not always accept what a vendor tells them. (A lot of vendors give providers up coded information to sell their product.)