# Electronic Brachytherapy – Skin

## Coding Guidance Sheet

*Effective January 1, 2022*

Information contained in this guide is provided for reference purposes only and does not constitute legal advice or recommendation of coding by Xoft or a guarantee of coverage or payment. It is always the provider's responsibility to determine final code selections and submit appropriately completed claim forms to reflecting healthcare services rendered and documented in the patient medical record. Providers are encouraged to contact payers directly regarding coverage, claim submission requirements, and use of modifiers where appropriate.



### HOSPITAL OUTPATIENT CODING AND PAYMENT

*Report Only Procedures Performed*

| CPT | Description | SI | APC | HOPPS Payment |
|---|---|---|---|---|
| 99201-90205 | Office or other outpatient visit for the evaluation and management of a new patient (not reported for Medicare) | B | N/A | N/A |
| 99211-99215 | Office or other outpatient visit for the evaluation and management of an established patient (not reported for Medicare) | B | N/A | N/A |
| G0463 | Hospital outpatient clinic visit for assessment and management of a patient (reported for Medicare and some private payers) | J2 | 5012 | $121 |
| 77280 | Therapeutic radiology simulation-aided field setting; simple | S | 5611 | $130 |
| 77285 | Therapeutic radiology simulation-aided field setting; intermediate | S | 5612 | $346 |
| 77290 | Therapeutic radiology simulation-aided field setting; complex | S | 5612 | $346 |
| 0394T | High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed | S | 5622 | $247 |

- B = Not paid under HOPPS
- J2 = Hospital Part B Services That May Be Paid Through a Comprehensive APC Paid under OPPS; Addendum B displays APC assignments when services are separately payable. (1) Comprehensive APC payment based on OPPS comprehensive-specific payment criteria. Payment for all covered Part B services on the claim is packaged into a single payment for specific combinations of services, except services with OPPS status indicator of "F","G", "H", "L" and "U"; ambulance services; diagnostic and screening mammography; rehabilitation therapy services; self-administered drugs; all preventive services; and certain Part B inpatient services. (2) Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "J1". (3) In other circumstances, payment is made through a separate APC payment or packaged into payment for other services.
- S = Paid under OPPS; not subject to multiple procedure discount.

# Electronic Brachytherapy – Skin

## Coding Guidance Sheet

*Effective January 1, 2022*

### PHYSICIAN CODING AND PAYMENT

*Report Only Procedures Performed*

| CPT | Description | Facility MPFS | Non-Facility MPFS |
|---|---|---|---|
| 99202-99205 | Office or other outpatient visit for the evaluation and management of a new patient | $49-$185 | $74-$224 |
| 99211-99215 | Office or other outpatient visit for the evaluation and management of an established patient | $9-$147 | $24-$183 |
| 77280 | Therapeutic radiology simulation-aided field setting; simple | $38 | $275 |
| 77285 | Therapeutic radiology simulation-aided field setting; intermediate | $57 | $455 |
| 77290 | Therapeutic radiology simulation-aided field setting; complex | $83 | $469 |
| 0394T* | High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed | Contractor Priced | Contractor Priced |

**Do not report 0394T in conjunction with 77261, 77262, 77263, 77300, 77306, 77307, 77316, 77317, 77318, 77332, 77333, 77334, 77336, 77427, 77431, 77432, 77435, 77469, 77470, 77499, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 77789*

*Per the 2018 ASTRO Radiation Oncology Resource, E/M may be reported before a treatment decision is made and includes advising the patient and referring physician about workup and management options. There is no official guidance on reporting E/M along with 0394T; if an E/M service is medically necessary on the day of treatment delivery, modifier -25 should be appended. May not be separately paid by all payers.*

### References


- Hospital Part B Services That May Be Paid Through a Comprehensive APC Paid under OPPS; Addendum B displays APC assignments when services are separately payable.(1) Comprehensive APC payment based on OPPS comprehensive-specific payment criteria. Payment for all covered Part B services on the claim is packaged into a single payment for specific combinations of services, except services with OPPS status indicator of "F","G", "H", "L" and "U"; ambulance services; diagnostic and screening mammography; rehabilitation therapy services; self-administered drugs; all preventive services; and certain Part B inpatient services. (2) Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "J1". (3) In other circumstances, payment is made through a separate APC payment or packaged into payment for other services.
- Medicare Program: CY2022 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Price Transparency of Hospital Standard Charges; Radiation Oncology Model; Final Rule Federal Register 86 FR 63458 / CMS-1753-FC / 11/16/2021 / 42 CFR Parts 412, 414, 416, 419, 512
- Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Provider Enrollment Regulation Updates; and Provider and Supplier Prepayment and Post-Payment Medical Review Requirements / Rules and Regulations 42 CFR Parts 42 CFR Parts 400, 410, 414, 415, 423, 424, and 425; Addenda B Schedules calculated using CF of $34.6062 effective January 1, 2021.
- All payment levels reflect 2022 Medicare National Average Payment rates; payment levels vary geographically.

# Electronic Brachytherapy – Skin

## Coding Guidance Sheet

*Effective January 1, 2022*

### Reimbursement Assistance

For questions about Electronic Brachytherapy Reimbursement or requests for Prior Authorization, contact the reimbursement Support Center:

reimbursement@xoftreimbursement.com

Fax - 833-392-1181