

Part B Insider (Multispecialty) Coding Alert

RADIOLOGY: Don't Let Multiple Radiation Treatments Trip You Up

Experts warn: Make sure documentation proves medical necessity

Certain types of cancer require two or more radiation treatments a day. Here's the lowdown on how to tell when--and how--you can report multiple treatments.

You may report codes 77401-77416 more than once per date of service only when the patient receives radiation treatment "during completely different sessions," says CMS program memorandum A-03-020 at www.cms.hhs.gov/transmittals/downloads/A03020.PDF.

The problem: CMS doesn't define "completely different sessions." Best bet: Payors usually want a six-hour break between twice-daily radiation treatments, explains **Pamela Moore, CPC**, patient representative at **Moll Cancer Center** in Ohio. And if you have a three-times-daily order, payors usually want a four-hour break.

Scenario: A Connecticut Medicare patient presents with liver cancer. Protocol calls for two treatments(complex) eight hours apart on the same date of service, using 20 MeV each time.

What to do: In this case, report the code for treatment twice, explains **Marc Halman**, administrative director of the **University of Michigan** department of radiation oncology. Because you are using 20 MeV on one site, claim two units of 77416 (Radiation treatment delivery, three or more separate treatment areas...).

Reason: You have documentation of a break in treatment, meaning you have two separate sessions. You also have the doctor's orders for twice a day, which is a must, stresses Moore. You should look for documentation indicating medical necessity for twice-daily treatment in the consult notes and a twice-daily prescription order to support coding treatment two times in one day, she adds.