

Part B Insider (Multispecialty) Coding Alert

STEREOTACTIC RADIOSURGERY: New Code Reimburses \$5,250 - But Only If You Can Navigate New CCI Edits

Stereotactic radiosurgery becomes more difficult after July 1

Now that you've gotten used to those new stereotactic radiosurgery codes, the Correct Coding Initiative will make their use more problematic in July.

The **Centers for Medicare & Medicaid Services** introduced codes G0338-G0340 for 2004 because there were no codes that denoted stereotactic radiosurgery using a linear accelerator, as opposed to Cobalt 60-based SRS (covered by codes G0242-G0243). Medicare reimburses roughly \$1,450 for G0338 (planning), \$5,250 for G0339 (first session or single-session treatment) and \$3,750 for G0340 (second through fifth sessions).

Now CCI 10.2 will step in and circumscribe the use of these lucrative codes. For example, G0338-G0340 will become components of twist drill, burr hole(s) or trephine codes 61105-61107, 61120-61151 and 61250-61253, stereotaxis codes 61750-61770 and radiation treatment code 77418.

In a mutually exclusive edit, nearly every craniectomy/craniotomy code (61304-61564) became a Column 2 code, with G0338-G0340 as Column 1 codes. Mutually exclusive Column 2 codes were 61735 (Creation of lesion by stereotactic method... subcortical structure(s) other than globus pallidus or thalamus), halo application code 20660 and external fixation system application/removal codes 20693-20694.

Other mutually exclusive edits position G0338-G0340 as the Column 2 codes for a host of Column 1 codes, including 61501 (Craniectomy...for osteomyelitis), stereotaxis codes 61720, 61790-61793, stereotactic implantation of neurostimulator electrode codes 61863 and 61867, and radiation treatment codes 77427-77431 and 77470.

Separately, a number of codes became components of G0338-G0340. These include 20660 (Application of cranial tongs, caliper, or stereotactic frame, including removal), 61795 (Stereotactic computer assisted volumetric (navigational) procedure, intracranial, extracranial or spinal), 69990 (Microsurgical techniques, requiring use of operating microscope). You can't use a modifier to override these edits.

Also bundled into G0338-G0340 were radiation oncology codes 77280-77295, 77300-77328, 77336-77370, 77401-77416 and 77432, and evaluation and management codes 99201-99233, 99238-99239, 99271-99285, 99291-99292, 99301-99343, 99347-99349 and 99360. Most of these edits can be overridden with a modifier.

Also, G0338-G0339 became mutually exclusive with G0173 (Stereotactic radiosurgery, complete course of therapy in one session) and G0339-G0340 became mutually exclusive with G0251 (Linear accelerator based stereotactic neurosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, maximum five sessions per course of treatment).

Another set of edits bundles medical nutrition therapy codes G0270-G0271 with radiation therapy codes 77427-77470.