

# Table of Contents

|   |           |
|---|-----------|
| <b>Key to Code Listing.....</b>                 | <b>3</b>  |
| <b>Preface .....</b>                            | <b>9</b>  |
| CPT® Procedure Codes .....                      | 9         |
| HCPCS Codes .....                               | 10        |
| Diagnosis Codes .....                           | 11        |
| <b>2   Medicare Program Overview .....</b>      | <b>15</b> |
| Medicare Payment Systems.....                   | 15        |
| <b>3   Resources .....</b>                      | <b>21</b> |
| Federal Register .....                          | 21        |
| National Coverage Determinations .....          | 22        |
| Local Coverage Determinations (LCDs).....       | 22        |
| Medicare Administrative Contractors (MACs)..... | 24        |
| Other Payer Policies .....                      | 26        |
| State Regulations .....                         | 26        |
| CMS Internet Only Manuals (IOMs).....           | 27        |
| Other CMS Resources .....                       | 28        |
| National Correct Coding Initiative.....         | 29        |
| Modifiers.....                                  | 35        |
| Modifier 25 – Professional Claims .....         | 37        |
| Bundling vs. Packaging .....                    | 39        |
| Place of Service .....                          | 40        |
| <b>4   Documentation Requirements.....</b>      | <b>43</b> |
| Electronic Health Records .....                 | 44        |
| Cloned Notes.....                               | 47        |
| Authentication .....                            | 49        |
| Medical Necessity .....                         | 54        |
| Supervision of Therapeutic Services .....       | 55        |
| Moderate Sedation .....                         | 59        |
| Radiation Documentation Checklist.....          | 63        |
| Treatment Summary .....                         | 64        |
| Date of Service .....                           | 65        |
| Documentation Samples.....                      | 66        |
| <b>5   Diagnosis Coding with ICD-10-CM.....</b> | <b>67</b> |

|   |    |
|---|----|
| ICD-10-CM Code Format .....                       | 69 |
| ICD-10-CM Conventions.....                        | 71 |
| General ICD-10-CM Coding Guidelines .....         | 75 |
| Outpatient and Physician Services Guidelines..... | 79 |
| Secondary Malignancies .....                      | 86 |
| Personal History of Malignant Neoplasm .....      | 91 |
| Encounter for Therapy .....                       | 93 |
| Additional Information Codes.....                 | 95 |

## **6 | Evaluation and Management (E/M) Services .....103**

|  |     |
|--|-----|
| Patient Evaluation and Management (E/M).....           | 105 |
| Consultation Codes .....                               | 107 |
| Selecting an Evaluation and Management Code .....      | 109 |
| 90-Day Follow-Up Period .....                          | 112 |
| Procedures Performed in Addition to E/M Services ..... | 114 |
| Facility Clinic Visits .....                           | 115 |
| Nonphysician Practitioners .....                       | 120 |

## **7 | Process of Care for Radiation Services .....131**

|  |     |
|--|-----|
| Medical Necessity .....                            | 141 |
| Special Treatment Procedure .....                  | 145 |
| Simulation-Aided Field Setting.....                | 147 |
| Treatment Devices (Immobilization) .....           | 159 |
| Image Acquisition for Treatment Planning .....     | 164 |
| Dosimetry.....                                     | 170 |
| Isodose Plans – Teletherapy .....                  | 171 |
| 3-D Computer Plan.....                             | 175 |
| Intensity Modulated Radiation Therapy (IMRT) ..... | 178 |
| Respiratory Motion Management .....                | 187 |
| Basic Dosimetry Calculations .....                 | 197 |
| Special Dosimetry .....                            | 202 |
| Verification Simulation.....                       | 207 |
| Portal Images .....                                | 211 |
| Image-Guided Radiotherapy (IGRT) .....             | 212 |
| Fiducial Markers and Spacer Material .....         | 220 |
| External Beam Radiation Treatment Delivery .....   | 226 |
| Stereotactic Radiosurgery.....                     | 238 |

|  |            |
|--|------------|
| Stereotactic Body Radiation Therapy (SBRT) .....       | 256        |
| Physician Radiation Treatment Management .....         | 268        |
| Continuing Physics Consultation.....                   | 280        |
| Special Physics Consultation .....                     | 283        |
| <b>8   Other “Special” Beam Modalities .....</b>       | <b>287</b> |
| Proton Beam Treatment Delivery .....                   | 287        |
| Neutron Beam Treatment Delivery.....                   | 290        |
| Intraoperative Radiation Treatment.....                | 291        |
| Hormone Therapy.....                                   | 295        |
| Hyperthermia.....                                      | 296        |
| Brachytherapy.....                                     | 298        |
| Low Dose Rate (LDR) Brachytherapy .....                | 318        |
| Transperineal Ultrasound Guided Seed Implant .....     | 321        |
| High Dose Rate (HDR) Brachytherapy.....                | 324        |
| Radioelements .....                                    | 336        |
| Theranostics Procedures.....                           | 342        |
| Radioimmunotherapy .....                               | 355        |
| Selective Internal Radiation Therapy (SIRT).....       | 359        |
| <b>Appendix A   Infographics .....</b>                 | <b>363</b> |
| <b>Appendix B   Unlisted Codes .....</b>               | <b>367</b> |
| <b>Appendix C   Links to CMS Resources .....</b>       | <b>373</b> |
| <b>Appendix D   Radiation Oncology Societies .....</b> | <b>377</b> |
| <b>Appendix E   Appropriate Use Criteria .....</b>     | <b>379</b> |