

A Quick Guide on **Oncology Coding**

Did you ever wonder, what keeps your Oncology practice running? Is it the perfect oncology billing practices or accurate coding? Well, to be genuine, the answer is both! But, if at all you would like to choose the most important reasons for oncology denials, it would be inaccurate oncology coding. Better be aware!

Oncology coding is preferred to be the bedrock for oncology specialty practices. If the coding goes wrong, then you are sure of losing revenue payments. You must be prepared for it! While oncology coding depends on accurate codes, revenue payments depend on correct coding practices. It's definite that you're heading towards success.

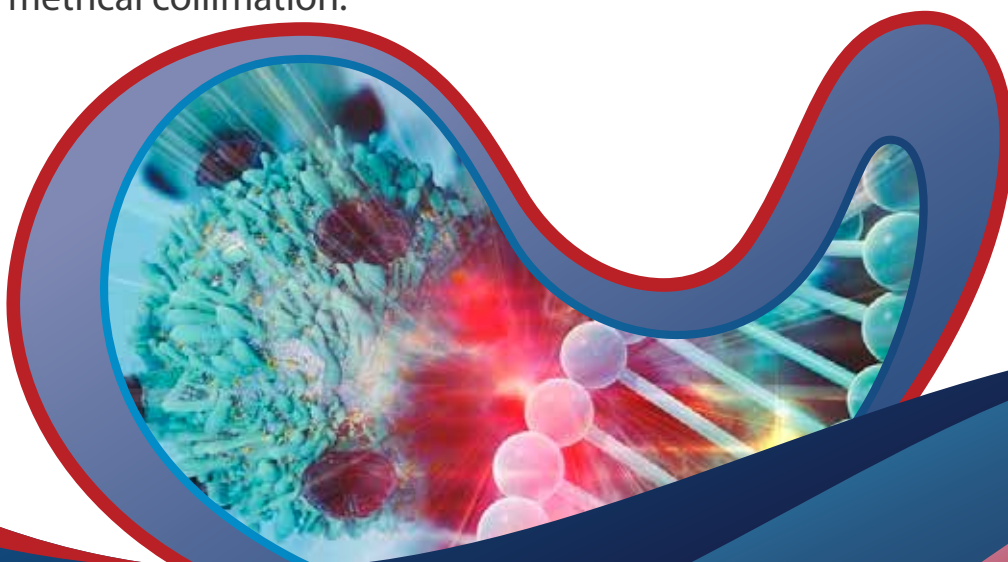
It's evident that oncology drugs are very expensive and healthcare professionals can't afford to lose revenue if billing and coding goes wrong. Improper and inaccurate oncology coding practices will have major impact on healthcare professionals' revenue cycle management process.

Keep in mind that every procedure should be billed from the beginning of treatment course and again when new or additional treatment or equipment is required.

CPT codes used in Oncology coding procedures:

CPT code 77332:

The above CPT code is used for simple treatment devices, designs as well as construction which include very simple port blocks that also takes in one or more hand positioned pre-maid blocks, simple pre-fabricated bolus which has the capacity of shaping for individual patient or individual jaw motion or asymmetrical collimation.



CPT code 77333:

The above CPT code is used for intermediate treatment devices, designs as well as construction which include multiple port blocks that also take in three or more blocks or pre-made blocks such as corner pelvis blocks, beam splitter blocks, midline spinal cord blocks, stents, bite blocks, and special multi use bolus.

CPT code 77334:

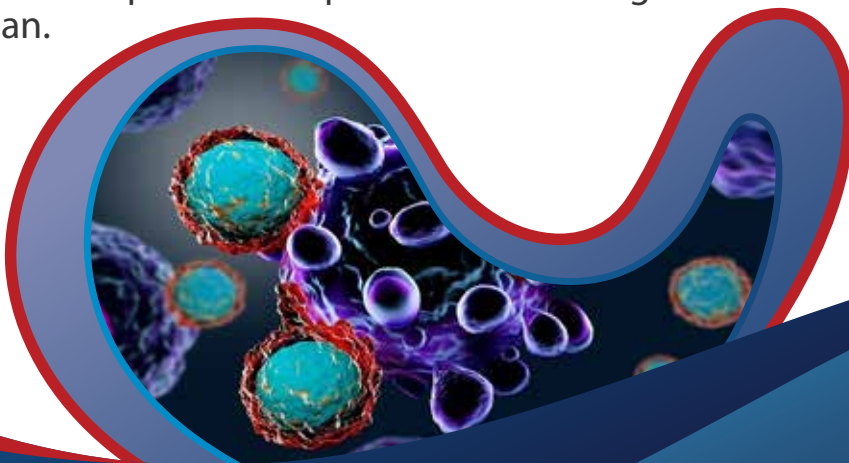
The above code is used for complex treatment devices, designs as well as construction which include customized, single used bolus such as wax molds confirmed to certain peculiar body parts along with customized blocks with low alloy, customized compensators, wedges, molds and casts also customized immobilization devices and eye shields.

CPT code 77336:

The above code is used for continuous medical radiation physics consultation that includes the assessment of treatment parameters, assurance of quality in delivering perfect dosage, review of patient documentation in support of radiation oncologist reported for a week of therapy that includes once in every five treatments provided.

CPT code 77370:

The above code is used for separate and special radiation physics consultation services that include when a problem is addressed or when a special situation arrives during radiation therapy. This particular code requires a complete and detailed report on the problem describing it and endorsing to requested physician.



CPT code 77387:

The above code is used for Guidance for Localization of target volume for delivering radiation treatment which includes intrafraction tracking. It should only be used by OPPS.

Important Note: Radiation treatment procedures and their delivery codes are frequently reported once per treatment session and additionally, these codes can recognize only the technical component but doesn't contain physician work.

The professional component contains only treatment management codes with only professional component. Insurance companies agree to pay for these terms and conditions based under CPT codes 77401-77416 for delivering radiation treatment.

CPT code 77407:

The above code is used for intermediate treatment delivery that requires any of these below are met but none of these complex criteria aren't met. The criteria consist of two treatment areas, three or more ports, three or more single blocks. Remember, this code is only used by OPPS.

CPT code 77412:

The above code is used for complex treatment delivery which requires if any of these criteria are met. For which three or more separate treatment areas, custom blocking, tangential blocks, sedges, rotational beam or tissue compensation which does not meet any guidelines and this code is only used by OPPS.



CPT code 77295:

The above code is used in order to report three dimensional radiotherapy plan that includes dose value histogram, while this code also includes procedures those performed in coplanar therapy beams. Hence, the below codes are used and aren't allowed to bill separately on the same date. Those codes are- 77280, 77285 and 77290.

CPT code 77300:

The above code is used for basic radiation dosimetry, calculation, central axis depth, TDF, NSD, gap calculation, off axis factor, tissue homogeneity factors, according to the course of treatment when only prescribed by particular health-care professional.

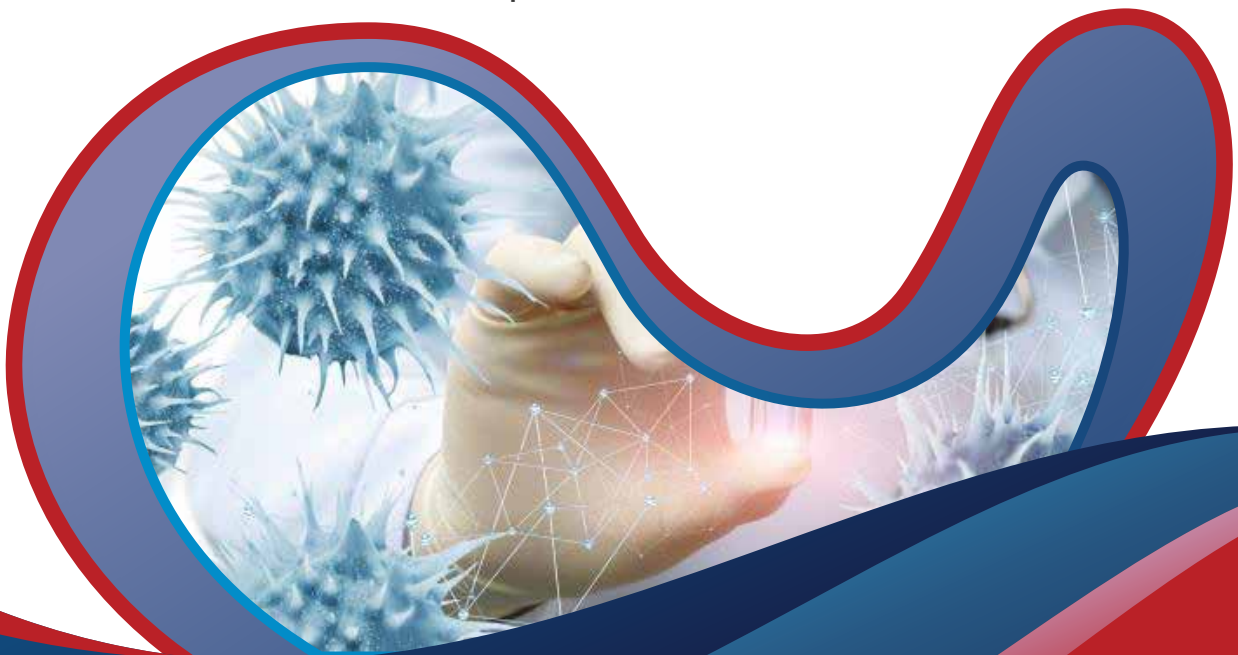
Any changes in patient's weight and birth at the time of radiation treatment might end up in dosimetry recalculation. This particular procedure is not required to perform routinely each time of the treatment.

Tips to Submit Proper Documentation:

Never attach the patient details or treatment information to the original claim. Ensure if detailed information, itemization and supporting documentation for all services are billed.

Mention clean documentation of history of treatment involved.

Documentation of healthcare professional's involvement.





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