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Evaluation and Management (E/M) When Performed with Superficial Radiation Treatment

MLN Matters Number: MM11137 Revised
Related Change Request (CR) Number: 11137
Related CR Release Date: March 27, 2019
Effective Date: January 1, 2019
Related CR Transmittal Number: R4267CP
Implementation Date: March 25, 2019

Note: We revised this article on March 28, 2019, to reflect the revised CR 11137 that CMS posted on March 27. CMS revised the CR to clarify that providers need to bill the 25 modifier when performing E/M services with CPT code 77401. We revised the article to show that change. Also, we revised the CR release date, transmittal number, and the web address of the CR. All other information is unchanged.

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians and other providers billing Medicare Administrative Contractors (MACs) for Evaluation and Management (E/M) related to radiation services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR11137 revises Chapter 13 of the Medicare Claims Processing Manual to allow providers to bill E/M codes 99211, 99212, and 99213 for Levels I through III, when performed with superficial radiation treatment delivery (up to 200 kV), when performed for the purpose of reporting physician work associated with:

- Radiation therapy planning
- Radiation treatment device construction
- Radiation treatment management when performed on the same date of service as superficial radiation treatment delivery

Make sure your billing staffs are aware of these revisions.

BACKGROUND

Radiation treatment delivery codes recognize technical-only services and contain no physician work, while providers should use treatment management codes to report the professional component. According to Current Procedural Terminology (CPT) guidance, providers should not report superficial radiation (up to 200 kV) with CPT codes for planning and management. Providers should report the professional component associated with this service with the appropriate E/M codes. According to Chapter 13 of the Medicare Claims Processing Manual,

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Medicare does not make separate payment for E/M services for established patients.

CR11137 revises Chapter 13 of the Manual to allow providers to bill E/M codes 99211, 99212, and 99213 for Levels I through III when performed for the purpose of reporting physician work associated with:

- Radiation therapy planning (including, but not limited to, clinical treatment planning, isodose planning, and physics consultation)
- Radiation treatment device construction
- Radiation treatment management when performed on the same date of service as superficial radiation treatment delivery

Billing of these E/M codes with modifier 25 may be necessary if National Correct Coding Initiative (NCCI) edits apply.

Note: MACs will not search their files for claims already paid or to retroactively pay claims. However, MACs will adjust affected claims that you bring to their attention.

ADDITIONAL INFORMATION

The official instruction, CR11137, issued to your MAC regarding this change is available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R4267CP.pdf.

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

Date of Change	Description
March 28, 2019	We revised this article to reflect the revised CR 11137 that CMS posted on March 27. CMS revised the CR to clarify that providers need to bill the 25 modifier when performing E/M services with CPT code 77401. We revised the article to show that change. Also, we revised the CR release date, transmittal number, and the web address of the CR. All other information is unchanged.
March 1, 2019	We revised this article to correct an E/M code on page 2 of this article, which should have been E/M codes 99211.
February 25, 2019	Initial article released.