



Billing & Coding Guidelines for Oncology Billing

Have you wondered what keeps your oncology practice thriving? Is it the perfect billing or the accurate coding? Well, the answer is both! However, if you analyze the core reasons why your [oncology billing](#) claims get denied, the answer would be inaccurate oncology coding! That's why it is always better to be aware.

Oncology coding is known as the bedrock for oncology specialty practices. In case the coding is inaccurate, you will for sure lose a lot of revenue from your practice. While oncology coding works on accurate codes, the revenue amount depends on the correct coding practices.

Thereby, this indicates your move towards success.

Moreover, as oncology drugs are extremely expensive, healthcare professionals can't afford to lose revenue just because of incorrect billing and coding. So, it's better to [outsource your medical billing and coding practices](#) or be aware of the different codes used for various purposes.

Also, make sure to bill every procedure right from the beginning of the treatment and whenever any additional equipment or treatment is added for the patient.

CPT codes used in Oncology coding procedures:

CPT code 77332:

This code is used for the devices and equipment used in intermediate treatment. For instance, designs and construction blocks used for treatment like the multiple port blocks and pre-designed blocks like the corner pelvis blocks and the midline spinal cord blocks, the beam splitter blocks and the stents, the bite blocks, and the special multi-user bolus.

CPT Code 77334:

This particular code is used for complicated treatment devices, construction, and design blocks. Some such equipment includes customized and single used bolus like the wax molds that confines to some particular parts of the body. There are also customized blocks made with low alloy and compensators, molds, casts, wedges, immobilization devices, and eye shields.

CPT Code 77336:

This code is used for medical radiation, continuous physical consultation that also includes assessing the various treatment parameters, assurance of quality regarding the delivery of perfect dosage. It also provides the review of the patient documentation regarding the support for radiation oncologist reported, a week's therapy included at least once in every five treatment cycles.

CPT 77370:

This code is used for special radiation consultation, separate physical consultation services, and the health issues addressed by an oncologist. When an exceptional circumstance occurs during radiation therapy, this code can also be used under those circumstances. This code requires a detailed report on the problem with proper description and an endorsement from the oncologist.

CPT Code 77387:

This code should only be used by the OPSS and is used to guide the localization of the target volume in radiation treatment. It also includes intrafraction tracking.

It is also to be noted that all the procedures for radiation treatment and their delivery code must be reported frequently, at least once per treatment session. Additionally, these codes do not contain any doctor's consultation but can recognize the technical component of the treatment.

On the other hand, the professional component consists of only the treatment management codes. Insurance payers only agree to the payment terms under the said conditions based on the CPT codes 77401- 77416 for radiation treatment sessions and delivery.

CPT Code 77401:

The above code is used explicitly for radiation treatment and superficial or orthovoltage delivery for a single day. Other codes for reporting the clinical treatment planning are 77261, 77262, and 77263. The codes for treatment devices and equipment are 77332, 77333, and 77334. For the Isodose treatment, the codes are 77306 and 77307. For the doctor consultation- the code is 77336, and for all kinds of treatment management, the codes are 77427, 77431, 77470, and 77401.

CPT Code 77407:

This code is used for intermediate treatment delivery. It requires specific complex criteria that must be met by the patient for the treatment. One such criterion is to have two treatment areas and three or more ports, three or more single blocks. This code is only used by the OPSS.

CPT Code 77412:

This code is also used for a complex treatment procedure that requires one of the complex criteria to be met. These criteria include three or more treatment areas separate from each other, custom blocking, rotational beam, wedges, tangential blocks, tissue compensation that does not meet any additional guidelines. This code too is used only by the OPSS.

CPT Code 77295:

To report the three-dimensional radiotherapy plan, this code is used. The plan must also include the dosage value histogram. This code can also be used for procedures that are performed on the coplanar therapy beams. The below codes are not allowed to be billed separately on the same date. Those codes are- 77285, 77280, and 77290.

CPT Code 77300:

For basic [radiation dosimetry](#) and the central axis depth, the calculation of gap, TDF, NSD, etc., can be done with this code. Other factors like the off-axis, tissue homogeneity, etc., as

per the course of the treatment, can also be added to this code only when prescribed by the specialist doctor.

Any significant change in the patient's weight at the time of the radiation treatment can end up in the dosimetry recalculation. This is a procedure that is not required to be performed routinely with other treatment procedures regularly.

Tips to Submit Proper Documentation:

- Don't attach the treatment information or patient details to the original claim.
- Make sure all the items and the supporting documentation are billed for all the services rendered.
- Document the involvement of the physician in the treatment.
- Mention the clean documentation of the involved treatment history.

The requirements for claiming the complete reimbursement for oncology services don't end up here. The more services and patients you will treat, the more comprehensive the billing and coding becomes. That's why it is recommended to [outsource your oncology billing and coding](#) to the 24/7 Medical Billing Services. Call the experts right now to understand where to start from.

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