Current Issues in Medical Physics Reimbursement

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What’s Changed for 2009?

- Issues that might affect Medical Physics
  - HDR codes have taken a big hit this year
  - CMS got source costs wrong (5yr vs. 1 yr)
  - Supplies (catheters, etc) are paid 1-time now

- New radiosurgery codes for Surgeons
  - Do not affect us directly, but we may be asked about them when surgeons show up to help us “plan” and “treat” our SRS/SBRT patients.

What’s Changed for 2009?

- New presence requirements for SRS/SBRT
- Coding for Image Fusion work
- Supervision requirements for Rad Oncs
- CPT 77336 and 77370 continue to fall
- But 77301 slated to rise considerably based on IMRT QA – finally!

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- Issues that will affect MedicalPhysicists
  - New presence requirements for SRS/SBRT
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  - CPT 77336 and 77370 continue to fall
  - But 77301 slated to rise considerably based on IMRT QA – finally!

- Be familiar with reimbursement requirements for SRS/SBRT treatments:
  - Must have Image Guidance with Each Procedure
  - Must be “Approved” site, with Physician Documentation for Medical Necessity
  - Must meet Presence Requirements
2009: Image Guidance Requirements

- Body Frame with External Reference Markers
- Implanted fiducial markers that can be visualized with low-energy (kV) x-rays
- CT imaging-based systems used to confirm the location of a tumor immediately prior to treatment.

2009: Image Guidance Requirements

With a physician request, patient specific image guidance procedure qualifies for a 77370 Charge.

Both the physician request and physics report must be in writing.

What’s Changed for 2009?

- Medicare Providers are defining which ICD-9 codes qualify for SRS/SBRT.

2009: Medical Physicist Presence Requirements for SRS/SBRT Procedures

- MP’s have always been required to be present at Gamma Knife procedures
- Originally, requirement rooted in NRC regulations (since byproduct) for safety reasons
- Now, requirement is necessary for reimbursement.
Presence Requirements for SRS/SBRT for Medical Physicists

- **Why SBRT?**
  - Since many of the varied implementations of SBRT are complex, both Radiation Oncologist and Medical Physicist are required to be present at each treatment delivery of SBRT
  - These include Brain Lab, CyberKnife, etc that integrate frequent intra-fraction IGRT

- **Radiation Therapists performing these complex treatment modalities need to be well trained on these technologies**

- **Yet, the Medical Physicist is most familiar with the complicated translational and rotational motions required for IGRT to maintain the target in proper, precise locations with regard to approved plan**

- **Again, these are high dose per fraction procedures and should be monitored closely for precision and accuracy**

- **These procedures should not be scheduled without the presence of the Radiation Oncologist and Medical Physicist**

- **A good QA program is important to insuring that delivery is accurate, both positionally and dosimetrically**

- **What about documentation?**
  - Therapists should list all of the professionals in attendance at each treatment delivery
  - Do you need to be at the tx console for the whole treatment?
  - No, but MP needs to be available to be called to the console to advise/consult
Presence Requirements for SRS/SBRT for Medical Physicists

- A check procedure for accuracy of all parameters associated with the treatment should be in place before each fraction is delivered (CPT 77336)
- Additionally, a calculation check procedure should also be in place to error trap any inconsistencies in MU calculation (CPT 77300)

Image Fusion for IMRT, SRS, and SBRT Planning Procedures

- Most treatment planning systems now have fusion software integrated into the TPS system
- Most use CT as their anatomic base planning platform
- If the Radiation Oncologist wants the MP to fuse a foreign data set to the CT planning set, CPT 77370 may be used

The rationale behind using the Special Physics Consult code is that most planning is performed without fusion required
- The extra work for fusion can be covered by CPT 77370
- But, as with any work associated with CPT 77370, several requirements ensue
Requirements for CPT 77370

1. The Radiation Oncologist must make the image fusion request in writing, signed and dated.
2. The MP (or dosimetrist under the direction of the MP) must perform the fusion, evaluate the congruence between image data sets and write a report back to the Radiation Oncologist regarding the fusion.

Requirements cont’d

This report should be patient specific and indicate the “goodness” of the fusion for this patient.

The requisition and report will form part of the patient’s chart.

Foreign data sets can be MRI, PET, PET/CT, Ultrasound, Arteriograms, etc., as long as they are DICOM compatible.

Requirements cont’d

Most intra-cranial MRI fusions are straightforward and require initial “seed” starting points.

They should be evaluated to insure items like skull tables, orbits, ventricles and gyri are congruent between data sets.

If targets/OAR’s are visible on both, these should also be evaluated.

Requirements cont’d

For extra-cranial anatomy, fusions may be more complicated.

Seed points need to be identified on each data set on corresponding points.

After fusion, some adjustments between sets may be necessary (translation and rotation).

May only get these accurate around target and less so away from target (MRI, PET).
2009: Conclusions

- New requirements/opportunities exist in 2009 for Medical Physics reimbursement
- Articles in JACR (Oct 08) & AAPM NL
- Special IGRT rules
- Check with your financial office for other carrier coverage of these
- More info:  [www.Hevezi.com](http://www.Hevezi.com) and

What are the issues for 2010?

- Equipment Utilization for Imaging Machines over $1 Million—Radiation Oncology has been appended to this list. This will possibly affect reimbursement when IMRT delivery codes are next reviewed by the RUC.

What are the issues for 2010?

- Review of HDR PE Source and Supply costs by RUC
- Review of 77336 code

What are the issues for 2010?

- Ongoing collection of Imaging procedure costs by hospitals to be submitted to CMS:
  - IGRT charges are bundled into IMRT delivery charges-data not reflective of true costs!
  - Be proactive with management and billing departments!