

Coding and Reimbursement

IORT Reimbursement

Kathy Francisco

The Pinnacle Health Group, Inc., Pennsylvania

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IORT Reimbursement

Kathy Francisco

The Pinnacle Health Group, Inc.

kfran@thepinnaclehealthgroup.com

Key Reimbursement Elements



Coding

- Identifies the products and procedures performed by the physician
- Provides the payer information to determine coverage and payment



Coverage

- Defines the criteria that must be met for a payer to deem services and procedures medically necessary for a patient



Payment

- Payment represents the value the payer places on the service or supply provided

Coding

- Treatment Delivery
 - CPT Category I code effective 2012
 - *77424 Intraoperative radiation treatment delivery, x-ray, single treatment session*
 - Report treatment planning and physics codes separately in addition to 77424
- Applicator Placement/Removal
 - Temporary coding available for applicator placement/removal
 - *C9728 Placement and removal (if performed) of applicator into breast for radiation therapy*
 - *xxx99 Miscellaneous (other body sites)*
 - February 2016 - CPT application submitted by ASBS for permanent applicator placement/removal coding - breast

Coverage

Policy developed by payer to determine if services or codes would be deemed appropriate for a beneficiary (patient) based upon *supporting clinical literature* and *medical necessity*

- **Positive Policy**
 - Written policy guidelines that indicate the conditions under which coverage will be permitted
- **Silent Policy**
 - No written policy guidelines
 - Coverage/Medical necessity and payment (if approved) will be determined at claim submission
- **Negative Policy**
 - Written guidelines that do not permit coverage
 - Treatment is deemed 'experimental and investigational'

General Coverage Requirements

- Medicare
 - FDA approval or clearance
 - Reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member (Social Security Act §1862(a))
- Private payers
 - FDA approval or clearance for indication or use
 - Significant peer reviewed and published scientific evidence demonstrating efficacy of procedure/technology
 - Use of technology improves net health outcomes
 - Must be as beneficial as established alternatives (comparison to gold standard)
 - Use must be generally recognized by health care providers across the country
 - Acceptance of technology by professional medical societies (inclusion in standard protocols)

IORT Coverage Snapshot

- Medicare (12 Jurisdictions managed by 8 contractors)
 - 11 jurisdictions silent
 - No specific coverage policies that address IORT (77424)
 - Coverage is determined when claim is submitted and processed
 - Palmetto GBA considers IORT experimental/investigational
 - **Negative** coverage in North Carolina, South Carolina, Virginia, West Virginia
- Private Payers (53 plans)
 - National plans
 - Aetna – Positive for Cervical/Colorectal/Soft tissue/Uterine **only**
 - Anthem – Positive for IORT as **boost** for Colorectal/Pancreatic/Pelvic/Soft tissue/Breast
 - CIGNA - Investigational
 - UHC – Positive for breast
 - Regional plans
 - Most plans **silent**
 - Coverage is determined when claim is submitted and processed
 - Some plans provide coverage for certain indications/sites with specific criteria outlined
 - Breast is not typically **NOT** covered but may be considered for boost only

Payment

IORT Breast

2016 Estimated Medicare Revenue

CPT	Description
19301	Partial lumpectomy
C9726	Placement of breast applicator - rigid
19499	Unlisted Procedure, Breast (placement of breast applicator)
77261	Therapeutic radiology treatment planning; simple
77280	Simulation, simple
77300	Basic dosimetry calculation
77332	Treatment devices, design and construction; simple
77370	Special medical physics consult
77424	Intraoperative radiation tx delivery, x-ray, single tx session
77469	Intraoperative radiation treatment management

2016 National Values			
Units	SI	Hospital	Physician
		2016 Medicare	2016 Medicare
		Per Treatment	Per Treatment
1	T	packaged	673.48
1	N	N/A	N/A
1	T	N/A	By Report
1	B	N/A	76.62
1	S	packaged	36.52
1	S	packaged	32.58
1	S	packaged	28.66
1	S	packaged	0
1	*J1	7,557.75	0
1	B	N/A	325.82

Estimated Per Treatment Revenue:

Surgeon

Radiation Oncologist

\$7,557.75

\$1,173.68

\$673.48

\$423.58

+19499 by report

*All services on the claim are packaged with the primary "J1" service for the claim, except services with SI "F, G, H, L, & U"

Summary and Key Issues

- Coding

- + Coding for IORT available and stable since 2012
- Coding for applicator placement/removal required – CPT application submitted for breast

- Coverage

- ± Silent coverage by most plans
- Coverage limited by indication/body site
- Coverage limited to boost
- Need to address coverage with Medicare MAC GBA and private plans (supporting literature)

- Payment

- + Positive Medicare payment
- + Non-Medicare plan payment appropriate when covered



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