Internal Radiation Brings Hope to Prostate Cancer Patients: With Brachytherapy Treatment Come New HCPCS Codes

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In 2003, the American Cancer Society estimates that 220, 900 men will be diagnosed with prostate cancer in the US, making it the second leading cause of cancer deaths in men.[1] Today in the US, patients with prostate cancer have access to less invasive surgical cancer treatment plans. This article will review the clinical aspect of prostate cancer and provide a summary of CPT/HCPCS codes reported for one of these treatments—permanent seed brachytherapy.

Detection, Treatment Plans Come a Long Way

The main screening tools for prostate cancer include a digital rectal examination (DRE) and the prostate specific antigen (PSA) blood test. Men age 40 or older are advised to be proactive with preventive screening and to have an annual prostate checkup, which includes a DRE and, if the patient is considered high risk, a PSA test. Men over age 50 should also consider the PSA blood test. However, these tests are not considered conclusive tests in diagnosing prostate cancer. Before the use of PSA level testing, 75 percent of prostate cancer patients were diagnosed at an incurable stage.[2]

An abnormal DRE or an age-specific elevated PSA level will lead the patient to be evaluated by a urologist who will determine whether a prostate biopsy will be performed. If prostate cancer is confirmed, the urologist will further determine the extent of the disease and conduct blood and urine tests, radiological exams, and bone scans. When a biopsy does not confirm prostate cancer, it is advised that the patient's PSA levels continue to be monitored to detect any elevations. PSA level testing is also used for follow up after prostate cancer treatment has been rendered.

Prostate cancer treatment is dependent on factors such as the Gleason score, which grades how rapidly the prostate tumor cells are growing, the prostate tumor stage or size, PSA levels, and whether the cancer has metastasized. Other prognostic factors include the patient's age, race, and comorbid conditions.

The conventional surgical approach for prostate cancer treatment includes a radical prostatectomy or a transurethral resection of the prostate. External beam radiation or internal radiation (brachytherapy), cryosurgery, and hormone therapy are among other treatments.

Prostate Brachytherapy

Brachytherapy delivers internal radioactive sources directly into or near the tumor. This treatment is suitable for candidates who have a localized tumor and a favorable prognosis. The two methods of prostate brachytherapy are low-dose rate (permanent seed) and high-dose rate (HDR) temporary brachytherapy.

Low-dose rate brachytherapy places permanent radioactive sources, or seeds, into the prostate. In HDR, the radioactive source is inserted into the prostate and removed from the body at the end of the procedure. Permanent seed brachytherapy offers effective cancer control in the patient, low incidence of complications, and faster recovery time. In selected cases, hormone therapy and external beam radiation are sometimes used in conjunction with prostate brachytherapy.

Permanent Seed Brachytherapy

Permanent seed-based brachytherapy requires a radiation oncologist, a radiation physicist, and a urologist. The first stage consists of pre-treatment planning, during which the radiation oncologist assesses the patient's health and determines the most beneficial course of treatment.

The prostate is first evaluated through a transrectal ultrasound volume study or a specialized computerized tomography (CT) scan. A three-dimensional therapeutic simulation is used to identify the targeted radiation volume area. With the assistance of a medical radiation physicist, an individual computerized seed map is developed for the patient that will guide the radiation oncologist on the day of the brachytherapy procedure.

The second stage is the actual prostate brachytherapy procedure. This is performed by a radiation oncologist and urologist in an outpatient hospital, with the patient usually under spinal anesthesia. The procedure involves transperineal placement of needles that contain the radioactive seeds into the prostate. The seeds are permanently implanted and viewed under ultrasound guidance for accurate seed location based on the seed map. The number of brachytherapy seeds used averages from 50 to 120. Generally, either Iodine 125 or Palladium 103 seeds are implanted.

The last stage involves post-treatment follow-up and aftercare. The day after the implant a follow-up chest x-ray, pelvic x-ray, and CT scan are usually performed. The procedures verify that seeds did not travel to other organs and determine the exact location and placement of the seeds within the prostate targeted radioactive area.

New Codes Ease Coding Variation

To assist your outpatient facility in accurate charge capture for permanent seed prostate brachytherapy, it is important to be familiar with the three clinical stages as well as the CPT codes, definitions, and guidelines listed in the CPT Radiology subsection Radiation Oncology 77261-77799 book. "Selected Permanent Seed Brachytherapy Procedures, Services," below, summarizes reportable CPT and HCPCS codes that apply to the three stages of permanent seed brachytherapy.

In the November 1, 2002, *Federal Register*, the 2003 Outpatient Perspective Payment System (OPPS) Payment Changes noted that a review of more than 12,000 claims identified that hospitals do not consistently use the same combination of CPT codes to report permanent seed prostate brachytherapy. To assist with tracking this procedure, two HCPCS codes describing permanent seed prostate brachytherapy were developed and implemented on January 1, 2003.

For OPPS reporting, G0256 is used for prostate brachytherapy using permanent implanted palladium seeds. G0261 is used for prostate brachytherapy using permanently iodine seeds. Both codes include transperitoneal placement of needles or catheters into the prostate, cystoscopy, and permanent radiation source application. The G codes are to be reported with only one unit of service. Other services such as intraoperative ultrasound and diagnostic services are reported separately on the claim.

The Correct Coding Initiative (CCI) and Outpatient Code Editor (OCE) should also be followed for accurate prostate brachytherapy coding and billing under the OPPS.

An Interdepartmental Effort

The results of an online AHIMA Community of Practice coding poll reported that facilities code permanent seed brachytherapy a few different ways. Knowing that permanent seed prostate brachytherapy involves a multidisciplinary team and that the procedure may be coded in the HIM department, the radiation oncology department, or both brings unique coding challenges to facilities.

Each department needs to be aware of facility coding practices for this procedure. Certain questions should be considered, such as how does your facility identify Medicare patients and which department reports the required G codes? Is the HIM department responsible for coding only the diagnosis portion for Medicare patients and responsible for coding the diagnosis and urology portion of the procedure for all other insurance carriers? Are all insurance carrier claims hard coded through the clinical department's charge description master (CDM)? Which department is responsible for keeping up to date with Medicare coding and billing regulations and implementing necessary coding changes?

Key representatives from the HIM department, clinical departments, financial services, and information systems should be involved in answering the above questions. The process of reviewing internal coding practices will ensure that your facility identifies insurance carriers for coding purposes, captures all prostate brachytherapy procedures through HIM coding or the CDM, and accurately reports all reportable permanent seed brachytherapy CPT and HCPCS codes to insurance carriers.

Meeting with members of your facility will also provide coding professionals in the HIM department an opportunity to offer their coding expertise to other key representatives and verify that there is no duplication of coding by the HIM coders and the

clinical departments through the CDM.

Selected Permanent Seed Brachytherapy Procedures, Services

CPT Code	Service/Procedure	Revenue Department
	Stage 1 Pre-Brachytherapy	
99241-99263	E/M services	Radiation oncology
76873	Prostate volume study	Radiation oncology or urology
77263	Complex radiology treatment planning	Radiation oncology
76370	CT guidance for placement of radiation therapy fields	Radiology, radiation oncology
77295	3D simulation-aided field testing	Radiation oncology
77370	Physics consultation	Radiation oncology
77470	Special treatment procedure	Radiation oncology
	Stage 2 Brachytherapy	
76965	Ultrasonic guidance for interstitial radioelement application	Radiology, radiation oncology, or urology
77790	Supervision, handling, loading of radiation source	Radiation oncology
55859	Transperineal placement of needles into prostate for interstitial radioelement application, with or without cystoscopy	Radiation oncology or urology
77778	Complex interstitial radiation source application	Radiation oncology
79900	Provision of therapeutic radiopharmaceutical(s)	Radiation oncology
C1718	Brachytherapy seed, Iodine 125	Responsible purchasing department
C1720	Brachytherapy seed, Palladium 103	Responsible purchasing department
	Stage 3 Post-Brachytherapy	
76380	CT, limited, or localized follow-up study	Radiology, radiation oncology
71010-71035	Chest x-ray	Radiology
72170-72190	Pelvic x-ray	Radiology
84152-84154	PSA	Laboratory
99212-99215	E/M services	Attending physician, responsible clinical department

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For Additional Information, Visit the Following Web Sites:

American Brachytherapy Society: www.american brachytherapy.org
American Society for Therapeutic Radiology and Oncology: www.astro.org/about_astro

Notes

1. American Cancer Society. "Overview: Prostate Cancer." Available at www.cancer.org/docroot/CRI/content/CRI_2_2_1X_How_many_men_get_prostate_cancer_36.asp?sitearea.
2. The American Foundation for Urologic Disease Web site is available at www.afud.org.

References

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CMS Program Memorandum A-02-129. Available at http://cms.hhs.gov/manuals/pm_trans/a02129.pdf.

The CMS Medicare Coverage Web site is available at www.cms.gov/coverage/default.asp.

Federal Register 67, no. 212, November 1, 2002; 66717-67046. Available at www.access.gpo.gov/su_docs/fedreg/a021101c.html.

Rhodes, Harry. "Practice Brief: The Care and Maintenance of Charge Masters." *Journal of AHIMA* 70, no. 7 (1999).

The Seattle Prostate Institute Web site is available at http://seattleprostateinst.com.

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