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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-04 Medicare Claims Processing | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 4267 | Date: March 27, 2019 |
| | Change Request 11137 |

Transmittal 4246, dated February 22, 2019, is being rescinded and replaced by Transmittal 4267, dated, March 27, 2019 to add verbiage to clarify that the 25 modifier needs to be billed when performing E/M services with CPT code 77401. All other information remains the same.

SUBJECT: Evaluation and Management (E/M) when Performed with Superficial Radiation Treatment

I. SUMMARY OF CHANGES: This change request revises Chapter 13 of the Medicare Claims Processing Manual to allow for billing of E/M codes for levels I through III when performed for the purpose of reporting physician work associated with radiation therapy planning, radiation treatment device construction, and radiation treatment management when performed on the same date of service as superficial radiation treatment delivery.

EFFECTIVE DATE: January 1, 2019

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: March 25, 2019

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|--------------|--|
| R | 13/70.2/Services Bundled Into Treatment Management Codes |

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

| | | | |
|-------------|-------------------|----------------------|-----------------------|
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I. GENERAL INFORMATION

A. Background: Radiation treatment delivery codes recognize technical-only services and contain no physician work, while treatment management codes are used to report the professional component. According to Current Procedural Terminology (CPT) guidance, superficial radiation (up to 200 kV) should not be reported with CPT codes for planning and management, and the professional component associated with this service should be reported with the appropriate E/M codes. According to Chapter 13 of the Medicare Claims Processing Manual, separate payment may not be made for E/M services for established patients.

B. Policy: Chapter 13 of the Medicare Claims Processing Manual has been revised to allow for billing of E/M codes for levels I through III when performed for the purpose of reporting physician work associated with radiation therapy planning, radiation treatment device construction, and 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.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

| Number | Requirement | Responsibility | | | | | | | | |
|---------|---|----------------|---|-------------|-------------|---------------------------|-------------|-------------|-------|-------------|
| | | A/B MAC | | | D M E | Shared-System Maintainers | | | Other | |
| | | A | B | H H H | | F I S S | M C S | V M S | | C W F |
| 11137.1 | Contractors shall be aware of updates to the Internet Only Manual, Publication 100-04, Chapter 13, Section 70.2 | X | X | X | | | | | | |
| 11137.2 | Contractors shall ensure that codes 99211, 99212, and 99213 are payable when performed for the purpose of reporting physician services consisting of radiation therapy planning (including, but not limited to clinical treatment planning, isodose planning, physics consultation), radiation treatment device construction, | | X | | | | | | | |

| Number | Requirement | Responsibility | | | | | | | | | |
|---------|--|----------------|---|-------------|----------------------------|----------------------------------|-------------|-------------|-------------|-------|--|
| | | A/B MAC | | H H H | D M E M A C | Shared- System Maintainers | | | | Other | |
| | | A | B | | | F I S S | M C S | V M S | C W F | | |
| | and radiation treatment management when performed on the same date of service as superficial treatment delivery. | | | | | | | | | | |
| 11137.3 | Medicare contractors shall not search their files for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention. | | X | | | | | | | | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | | | |
|---------|---|----------------|---|-------------|----------------------------|------------------|------------------|--|
| | | A/B MAC | | | D M E M A C | C E D I | C E D I | |
| | | A | B | H H H | | | | |
| 11137.4 | MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter. | X | X | X | | | | |

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------|--|
| | N/A |

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Patrick Sartini, 410-786-9252 or patrick.sartini@cms.hhs.gov (Policy contact)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

70.2 - Services Bundled Into Treatment Management Codes

(Rev.4267, Issued: 03-27-19, Effective: 01-01-19, Implementation: 03-25-19)

A/B MACs (B) do not make separate payment for services rendered by the radiation oncologists or in conjunction with radiation therapy.

- 11920 Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin; 6.0 sq. cm or less
- 11921 6.11 to 20.0 sq. cm
- 11922 Each additional 20.0 sq. cm
- 16000 Initial treatment, first-degree burn, when no more than local treatment is required
- 16010 Dressings and/or debridement, initial or subsequent; under anesthesia, small
- 16015 Under anesthesia, medium or large, or with major debridement
- 16020 Without anesthesia, office or hospital, small
- 16025 Without anesthesia, medium (e.g., whole face or whole extremity)
- 16030 Without anesthesia, large (e.g., more than one extremity)
- 36425 Venipuncture, cut down age 1 or over
- 53670 Catheterization, urethra; simple
- 53675 Complicated (may include difficult removal of balloon catheter)
- 99211 Office or other outpatient visit, established patient; Level I*
- 99212 Level II*
- 99213 Level III*
- 99214 Level IV
- 99215 Level V
- 99238 Hospital discharge day management
- 99281 Emergency department visit, new or established patient; Level I
- 99282 Level II
- 99283 Level III
- 99284 Level IV
- 99285 Level V
- 90780 IV Infusion therapy, administered by physician or under direct supervision of physician; up to one hour
- 90781 Each additional hour, up to 8 hours
- 90847 Family medical psychotherapy (conjoint psychotherapy) by a physician, with continuing medical diagnostic evaluation, and drug management when indicated
- 99050 Services requested after office hours in addition to basic service
- 99052 Services requested between 10:00 PM and 8:00 AM in addition to basic service
- 99054 Services requested on Sundays and holidays in addition to basic service
- 99058 Office services provided on an emergency basis
- 99071 Educational supplies, such as books, tapes, and pamphlets, provided by the physician for the patient's education at cost to physician

- 99090 Analysis of information data stored in computers (e.g., ECG, blood pressures, hematologic data)
- 99185 Hypothermia; regional
- 99371 Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals; simple or brief (e.g., to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy)
- 99372 Intermediate (e.g., to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate a new plan of care)
- 99373 Complex or lengthy (e.g., lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services or several different health professionals working on different aspects of the total patient care plan)
- Anesthesia (whatever code billed)
 - Care of Infected Skin (whatever code billed)
 - Checking of Treatment Charts
 - Verification of Dosage, As Needed (whatever code billed)
 - Continued Patient Evaluation, Examination, Written Progress Notes, As Needed (whatever code billed)
 - Final Physical Examination (whatever code billed)
 - Medical Prescription Writing (whatever code billed)
 - Nutritional Counseling (whatever code billed)
 - Pain Management (whatever code billed)
 - Review & Revision of Treatment Plan (whatever code billed)
 - Routine Medical Management of Unrelated Problem (whatever code billed)
 - Special Care of Ostomy (whatever code billed)
 - Written Reports, Progress Note (whatever code billed)
 - Follow-up Examination and Care for 90 Days After Last Treatment (whatever code billed)

**NOTE: May be billed with Radiation Treatment Delivery, superficial and/or ortho voltage, for the purpose of reporting physician services consisting of radiation therapy planning (including, but not limited to clinical treatment planning, isodose planning, physics consultation), radiation treatment device construction, and radiation treatment management when performed on the same date of service as treatment delivery. Billing with modifier 25 may be necessary if National Correct Coding Initiative (NCCI) edits apply.*