

Appendix A

Documentation Guidelines for y-90 Microsphere Therapy Performed by Interventional Radiologists

Clinical Service	Potential CPT Codes	Medicare Fee ¹	Documentation Guidelines
Pre-treatment Office Visit or Consultation	99202 – 99205 Initial Office Visit (New Patient)	\$51.61 – \$172.51	<ol style="list-style-type: none"> 1. Request for consultation, if appropriate. 2. Evaluation and management key elements, including: history, physical exam, level of medical decision-making; <i>or</i> the amount of time spent on the patient service. ² 3. Clinical diagnoses, listing the most pertinent to microsphere therapy as the primary one. 4. Report of consultation to requesting physician, if appropriate.
	99211 – 99215 Subsequent Office Visit (Established Patient)	\$9.38 - \$113.68	
	99241 – 99245 Office Consultation (not for Medicare patients)	N/A	
Pre-treatment Radiation Planning	77261 – 77263 Clinical Treatment Planning Billed once per case.	\$73.62 - \$174.31	<ol style="list-style-type: none"> 1. Physician’s consideration of proposed plan(s) and detail of the selected plan(s). 2. Documentation includes: <ul style="list-style-type: none"> - Review of prior imaging, biopsy or surgery - Any treatment already received - Correlation of physical exam with prior testing - Treatment volume determination - Toxicity or tolerance concerns - Treatment time and dosage, sequence of treatment modality - Determination of number and size of ports

			<ul style="list-style-type: none"> - Orders and medical necessity for imaging guidance, including frequency and modality - Any concerns or variables unique to the patient - Care coordination
Pre-treatment Radiation Planning	77300 Basic Radiation Dosimetry Calculation Billed as often as necessary.	\$33.56	<ol style="list-style-type: none"> 1. Physician's order 2. Identification of the areas being treated 3. Calculation of the radiation dose distribution 4. Time dose factor, central axis depth dose 5. Physician review, signature and date
Pre-treatment Radiation Planning	77470 Special Treatment Procedure	\$110.80	<p>Used when extra planning time is required above and beyond Basic Radiation Dosimetry Calculation. Documentation includes:</p> <ol style="list-style-type: none"> 1. Prior treatment and outcomes 2. Review of current CT, liver function studies and ECOG performance in addition to dose calculation entry
Treatment	77778 Interstitial radiation source, complex	\$474.58	The radiation oncologist reports this separately as the Authorized User of the radiation source.
Treatment	79445 Administration of radiopharmaceutical, intra-arterial	\$116.93	<p>The portion of the radioembolization procedure that reports the delivery of the microsphere dose. Billed by the Authorized User. Document the dose of y-90 administered to the tumor bed.</p>

¹ 2020 Medicare National Payment Amount for physician professional services (modifier -26, where applicable) performed in a facility setting.

² A complete [Evaluation and Management Services Guide](#) is available from CMS. Note that the American Medical Association (AMA) has revised the structure and requirements for E/M coding and documentation, and it is expected that Medicare will adopt those [new guidelines beginning in 2021](#). As part of the new structure, "time spent" will include reviewing records such as prior imaging as well as face-to-face time. The lowest level of new visit code (99201) will be eliminated.