



Louisiana Department of Health and Hospitals
Health Plan Advisory 14-13
August 4, 2014

Radiation Treatment Management: Billing Clarification

The Department of Health and Hospitals would like to advise that new instructions for billing radiation therapy management have been published related to legacy Medicaid. Prepaid health plans should be aware of these changes and make any necessary updates to their policies and processes.

Radiation treatment management is currently submitted using the Current Procedural Terminology (CPT) code 77427 (Radiation treatment management; 5 treatments). As indicated by the CPT definition and guidance, this procedure code represents units of five fractions or treatment sessions regardless of the actual time period in which the services are furnished. Reimbursement reflects payment for the entire service; therefore the 'units of service' submitted must be "1". Please refer to the most current CPT manual for further guidance.

Effective with date of processing July 15, 2014 the Medicaid claims processing system (Legacy system) was updated to ensure claims for procedure code 77427 would deny if billed with more than "1" in the units field. Spanning of dates for this procedure code will also now cause the claim to deny. In addition, when billing radiation treatment management represented by procedure code 77427, the single date of service is to be the last date of the treatment sessions.

Previously paid claims were not recycled. Original claims, or claim adjustments processed on or after the July 15, 2014 regardless of date of service, now process using this new claims processing logic.