



MEDICARE HOSPITAL OUTPATIENT SOURCE CODE CHANGES EFFECTIVE JULY 1, 2007

The Centers for Medicare and Medicaid Services (CMS) released changes to the Medicare hospital outpatient system that will be effective July 1, 2007. CMS offers no grace period for reporting the new source codes, which means that hospitals must implement this change for date of service July 1, 2007 and after. Source codes effective prior to this date will be denied if reported after July 1, 2007. A copy of the CMS notification can be downloaded on the CMS web site at: www.cms.hhs.gov/transmittals/downloads/R1259CP.pdf

CMS will continue to pay for sources using hospitals charges adjusted to cost (CCR). CMS created new codes for cesium with stranded and non-stranded descriptions. The new codes below are effective July 1, 2007:

C2642	Brachytherapy source, stranded, Cesium-131, per source
C2643	Brachytherapy source, non-stranded, Cesium-131, per source

The following code for Cesium-131 has been deleted and will not be recognized by Medicare after June 30, 2007.

C2633	Brachytherapy source, Cesium-131, per source
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Some facilities/physicians order more seeds than the prostate volume study may indicate. This allows for any changes needed in the operating room the day of the implant. The number of seeds ordered should be reported to the payer on the claim. Records should indicate the number of seeds ordered, implanted and unused and appropriately disposed.

When billing for stranded sources, providers should bill the number of units of the appropriate source code according to the number of brachytherapy sources in the strand, and should not bill as one unit per strand. If a hospital applies both stranded and non-stranded sources to a patient in a single treatment, the hospital should bill the stranded and non-stranded sources separately using the appropriate HCPCS code.

Reimbursement support is available for customers at 866-369-9290 or by email at IsoRay@thepinnaclehealthgroup.com.