



### **BILLING FOR BRACHYTHERAPY SOURCES/SEEDS:**

When billing for brachytherapy sources/seeds:

- Bill seeds separately from the procedure using the appropriate procedure code
- Sources are a technical component only item and do not have a professional fee
- 1 seed is equal to 1 unit of service on the claim form
- When billing for stranded the units must indicate the number of sources not strands
- Seeds are reimbursed by most payers based upon the cost for each source

The provider purchasing the sources/seeds should always bill the payer.

- If the procedure is performed in the hospital outpatient or Ambulatory Surgery Center (ASC) the facility must purchase and report the sources/seeds to Medicare
- If the procedure is performed in the freestanding facility the physician must purchase and report the sources/seeds to Medicare

### **SOURCE/SEED CODING (Effective July 1, 2007 through 12/31/2009)**

#### **HOSPITAL MEDICARE OUTPATIENT and AMBULATORY SURGERY CENTER (ASC)**

C2638	Brachytherapy source, Stranded Iodine 125
C2639	Brachytherapy source, Non-Stranded Iodine 125
C2634	Brachytherapy source, Non-Stranded, High Activity Iodine 125
C2640	Brachytherapy source, Stranded Palladium 103
C2641	Brachytherapy source, Non-Stranded Palladium 103
C2635	Brachytherapy source, Non-Stranded, High Activity Palladium 103
C2642	Brachytherapy source, Stranded Cesium 131
C2643	Brachytherapy source, Non-Stranded Cesium 131

#### **NON-MEDICARE PAYERS and FREE STANDING CENTERS**

Q3001	Brachytherapy source, each
-------	----------------------------

### **ESTABLISHING APPROPRIATE CHARGES**

The charge per source/seeds must be based upon your cost per source and your standard charge methodology applied. Medicare hospital outpatient reimbursement will be based upon the hospitals cost to charge ratio (CCR).

Medicare freestanding and ASC reimbursement will be based upon actual invoice cost. Check with the local carrier to determine the appropriate billing requirements. An invoice may be requested by the payer and should be provided based upon the additional information request.

### **BILLING FOR SEED QUANTITIES**

Some facilities order more sources/seeds than the prostate volume study indicates allowing for necessary changes during the implant. The sources/seeds are considered a prescription and should accurately reflect the number ordered, number implanted, and number disposed or decayed. When billing for stranded sources, providers should bill the number of units according to the number of sources in the strand, and not one unit per strand.

If a facility applies both stranded and non-stranded sources to a patient in a single treatment, the facility should bill the stranded and non-stranded sources separately using the appropriate HCPCS code.