



Radiation Treatment Management: Billing Clarification

Radiation treatment management is currently submitted using the *Current Procedural Terminology* (CPT) code 77427 (Radiation treatment management; 5 treatments). Per 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 has been updated and claims for procedure code 77427 will deny with error 168 (Deny span date/UVS is greater than 1) if billed with more than "1" in the units field. Spanning of dates for this procedure code will also 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 will not be recycled. Original claims, or claim adjustments processed on or after the July 15, 2014 date above, regardless of date of service, will process using this new claims processing logic. Providers should take the steps necessary to ensure that billing staff are aware of these changes.

For questions related to this information as it pertains to legacy Medicaid or Bayou Health Shared Savings Plans claims processing, please contact Molina Medicaid Solutions Provider Services at (800) 473-2783 or (225) 924-5040.