

Three-dimensional Radiotherapy

Coding Specifications

Codes required to document patient has prostate cancer without a secondary malignant neoplasm diagnosis of a specified site (respiratory, digestive, and of other specified sites) and is receiving external beam radiotherapy:

A line item ICD-9-CM diagnosis code for prostate cancer without an ICD-9 diagnosis code for a secondary malignant neoplasm and a CPT code are required to identify patients to be included in this measure.

All measure-specific coding should be reported ON THE SAME CLAIM.

Prostate cancer line item ICD-9-CM diagnosis codes

- 185 (malignant neoplasm of prostate)

WITHOUT

ICD-9 diagnosis codes

- 197.0, 197.1, 197.2, 197.3, 197.4, 197.5, 197.6, 197.7, 197.8 (secondary malignant neoplasm of respiratory and digestive systems)
- 198.0, 198.1, 198.2, 198.3, 198.4, 198.5, 198.6, 198.7, 198.81, 198.82, 198.89 (secondary malignant neoplasm of other specified sites)

AND

CPT codes

- 77427

Quality codes for this measure:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code or combination of codes.)

- **CPT II 4200F:** External beam radiotherapy to prostate only
- **CPT II 4201F:** External beam radiotherapy for prostate cancer to region(s) other than prostate only
- **CPT II 4165F:** Three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT) received
- **CPT II 4165F-8P:** Patients who did not receive three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT), reason not otherwise specified

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