

Intensity Modulated Radiation Therapy Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

This policy does not apply to UnitedHealthcare® Oxford.

United Healthcare Commercial

This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange

This Reimbursement Policy applies to all Individual Exchange benefit plans.

Policy

Overview

The Intensity Modulated Radiation Therapy (IMRT) Policy addresses when an IMRT simulation is performed on the same tumor within 90 days prior to an IMRT plan, reimbursement of the simulation will be included in the reimbursement for the IMRT plan whether the simulation is reported on the same or different date of service. In addition, the IMRT policy addresses certain radiation therapy services that may be performed 30 days prior to, on, or as part of the development of the IMRT plan.

For purposes of this policy, the Same Group Physician and/or Other Qualified Health Care Professional is defined as all physicians and/or Other Qualified Health Care Professionals of the same group reporting the same Federal Tax Identification number.

Reimbursement Guidelines

IMRT is an advanced form of conformal external beam radiation therapy that uses computer-controlled linear accelerators to deliver precise radiation doses to the target area while minimizing the dose to surrounding normal critical structures.

There are 3 stages of service:

1. Simulation: process of defining relevant normal and abnormal target anatomy and acquiring the images and data necessary to develop the optimal radiation treatment process, without actually delivering a treatment. Simulation defines the exact treatment position for the patient. (CPT codes 77280-77290)
2. Treatment Planning: work of imaging and contouring the treatment target, radiation dose prescribing and dosimetric planning, calculation, and verification. (CPT code 77301)
3. Treatment Delivery: work of delivering IMRT including guidance and tracking (CPT codes 77402, 77407, 77412).

In accordance with the American Society for Radiation Oncology (ASTRO), the IMRT plan, CPT 77301, includes other related radiation therapy services performed prior to or as part of the development of the IMRT plan. Therefore, IMRT plan-related radiation therapy services include Image-guided radiation therapy (77387), treatment simulations (77280-77290), external beam isodose planning (77295, 77306, and 77307), special teletherapy port plan (77321), special dosimetry (77331) and medical physics consultation (77370).

In accordance with the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) Policy Manual, UnitedHealthcare considers the IMRT plan, CPT 77301, to include the work of all simulation services, CPT 77280-77290, performed in the development of the IMRT plan on the same or different dates of service for the same tumor. To report simulation services for a different tumor on a different date of service, use the appropriate modifier to identify that it is separate, distinct and unrelated to the IMRT plan. For UnitedHealthcare purposes, IMRT simulation services reported with a date of service within 90 days prior to the date of service reported for the IMRT plan will be considered included in the IMRT plan when reported by the Same Group Physician and/or Other Qualified Health Care Professional.

In addition, UnitedHealthcare considers the IMRT plan (77301) to include the work of related radiation therapy services (77295, 77306, 77307, 77321, 77331 and 77370). To report these services for a different tumor on a different date of service, use the appropriate modifier to identify that it is separate, distinct and unrelated to the IMRT plan. For UnitedHealthcare purposes, radiation therapy services related to the development of the IMRT plan reported with a date of service 30 days before, on, or after the IMRT plan will be considered included in the IMRT plan when reported by the Same Group Physician and/or Other Qualified Health Care Professional. Note: Image-guided radiation therapy (code 77387) will not be separately reimbursed when billed on the same date of service as IMRT treatment plan (code 77301); please refer to UnitedHealthcare's CCI Editing policy.

Although procedure-to-procedure edits based on this principle exist for procedures performed on the same date of service, these edits should not be circumvented by performing the two procedures described by a code pair edit on different dates of service. See UnitedHealthcare's Rebundling or CCI Editing policies for simulation services reported on the same date of service.

Definitions	
Intensity Modulated Radiation Therapy (IMRT)	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
Same Group Physician and/or Other Qualified Health Care Professional	All physicians and/or Other Qualified Health Care Professionals of the same group reporting the same Federal Tax Identification number.
Boost Treatment	One or more extra treatments targeted at the tumor bed. This extra dose covers a small area and affects the tissue where cancer is most likely to return. Radiation Boost Treatments are given after the regular sessions of radiation are complete. A different treatment field is used for the boost dose, so a separate planning and set-up session is usually required before the boost radiation is started.

Questions and Answers	
1	<p>Q: There are NCCI edits that address IMRT simulation and planning codes; how does this policy differ from NCCI?</p> <p>A: Current NCCI procedure-to-procedure edits between CPT code 77301 and pre-IMRT plan simulation codes (77280-77290) address codes reported on the <u>same</u> date of service and do not address simulation codes billed on different dates of service.</p>
2	<p>Q: Will UnitedHealthcare reimburse an IMRT simulation after an IMRT plan has been executed to accommodate changes to the tumor(s) or when tumor(s) have appeared in a new location?</p> <p>A: Yes. UnitedHealthcare understands the need to perform subsequent IMRT simulation(s) after treatment has begun to adjust for changes to the patient's condition and will reimburse IMRT simulations reported after treatment has begun.</p>
3	<p>Q: Will UnitedHealthcare reimburse more than one subsequent IMRT simulation?</p> <p>A: A simulation service after an IMRT has been performed may be reimbursed when reported with modifier 59 or XU to indicate it was performed in support of a separate and distinct non-IMRT radiation therapy for a different tumor.</p>
4	<p>Q: Will UnitedHealthcare reimburse for an additional IMRT treatment plan if the patient's care requires a Boost Treatment?</p> <p>A: Yes. If the patient's condition requires a Boost Treatment, an additional IMRT treatment may be reimbursed when reported with modifier 59 or XU to indicate it was performed separate and distinct from the original IMRT plan.</p>
5	<p>Q: When will UnitedHealthcare consider image guidance (CPT 77387) for separate reimbursement after an IMRT plan (77301) has been executed?</p> <p>A: Image guidance may be considered for separate reimbursement when not performed on the same date of services as the IMRT plan (77301).</p>

Modifiers	
59	XU

Resources	
American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services	
Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications	
American Society for Radiation Oncology (ASTRO)	

History	
2/1/2026	Policy Version Change Reimbursement Guidelines, Questions and Answers: Updated History Section: Entries prior to 2/1/2024 archived
8/1/2025	Policy Version Change Verbiage updated to reflect “Qualified” Health Care Professional
5/25/2025	Anniversary review and version change History Section: Entries prior to 5/25/2023 archived
4/1/2024	Template Update <ul style="list-style-type: none"> • Transferred content to shared policy template that applies to both UnitedHealthcare Commercial and Individual Exchange benefit plans. • Updated Application section to indicate this Reimbursement Policy applies to: <ul style="list-style-type: none"> ○ All UnitedHealthcare Commercial benefit plans ○ All Individual Exchange benefit plans
6/1/2016 – 12/31/2016	Policy implemented by UnitedHealthcare Employer & Individual
2/10/2016	Policy approved by the Payment Policy Oversight Committee