

## Intensity Modulated Radiation Therapy (IMRT) Policy, Professional

### **IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

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 Medicare Advantage reimbursement policies 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. 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 resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage 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 Medicare Advantage 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, and/or the enrollee's benefit coverage documents\*\*. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other health care professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

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*\*\* For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.*

### **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 and 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.

### **Policy**

#### **Overview**

The Intensity Modulated Radiation Therapy (IMRT) Policy addresses when an IMRT simulation is performed with 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 unless these services are being performed in support of a separate and

distinct non-IMRT radiation therapy for a different tumor.

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

**Reimbursement Guidelines**

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 Medicare Advantage 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 unless these services are being performed in support of a separate and distinct non-IMRT radiation therapy for a different tumor. For UnitedHealthcare Medicare Advantage 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 Health Care Professional.

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.
2. Treatment Planning: work of imaging and contouring the treatment target, radiation dose prescribing and dosimetric planning, calculation, and verification.
3. Treatment Delivery

Consistent with the AMA, the CMS NCCI Manual, Medicare Claims Processing, an IMRT plan (CPT code 77301) includes therapeutic radiology simulation-aided field settings. Simulation field settings for IMRT should not be reported separately with CPT codes 77280-77290. Although procedure-to-procedure edits based on this principle exist for procedures performed on the same date of service for practitioner and outpatient facility providers, these edits should not be circumvented by performing the two procedures described by a code pair edit on different dates of service.

**Definitions**

<b>Intensity Modulated Radiation Therapy (IMRT)</b>	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications.
<b>Same Group Physician and/or Other Qualified Health Care Professional</b>	All physicians and/or other qualified health care professionals of the same group reporting the same Federal Tax Identification number.

**Questions and Answers**

<b>1</b>	<p><b>Q:</b> There are NCCI edits that address IMRT simulation and planning codes; how does this policy differ from NCCI?</p> <p><b>A:</b> 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>
<b>2</b>	<p><b>Q:</b> Will UnitedHealthcare Medicare Advantage 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><b>A:</b> Yes. UnitedHealthcare Medicare Advantage understands the need to perform subsequent IMRT simulation(s)</p>

	after treatment has begun to adjust for changes to the patient's condition and will reimburse IMRT simulations reported after treatment has begun.
<b>3</b>	<p><b>Q:</b> Will UnitedHealthcare Medicare Advantage reimburse more than one subsequent IMRT simulation?</p> <p><b>A:</b> 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>

Codes	
<b>CPT code section</b>	
<b>77301</b>	
<b>77280</b>	
<b>77285</b>	
<b>77290</b>	
<b>HCPCS code section</b>	
<b>G6015</b>	

Resources
<p><a href="http://www.cms.gov">www.cms.gov</a></p> <p>American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services</p> <p>Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications</p>

History	
3/1/2020	Annual Anniversary Date and Version Change <ul style="list-style-type: none"> <li>• Reimbursement Guideline section removed procedure codes from descriptions</li> <li>• Removed Code description from Code section from policy</li> <li>• Archived history from 2/1/2018 and older</li> <li>• Template change</li> </ul>
2/2/2019	Annual Anniversary Date and Version Change <ul style="list-style-type: none"> <li>• Application section verbiage updated and removed references to other policies</li> <li>• Title section: Removed Annual Approval information &amp; moved policy # to the header</li> <li>• Archived history from 2/1/2017 and older</li> </ul>
4/4/2016	Policy implemented.
11/18/2015	Policy approval