Intensity Modulated Radiation Therapy (IMRT) Policy

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Annual Approval Date</th>
<th>Approved By</th>
<th>UnitedHealthcare Medicare Reimbursement Policy Committee</th>
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<tbody>
<tr>
<td>2016R0130A</td>
<td>11/18/2015</td>
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**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 and, when specified, to those billed on UB04 forms (CMS 1450). 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 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 healthcare 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 healthcare 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. Services requiring prior authorization can be found at UnitedHealthcareOnline.com > Notifications/Prior Authorizations.

*CPT® is a registered trademark of the American Medical Association.

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

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This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) and UB04 Form or their electronic equivalents or their successor forms. This policy applies to all Medicare and Retirement products, all network and non-network providers, including, but not limited to, network hospitals, non-network authorized and percent of charge contract hospitals, ambulatory surgical centers, physicians and other qualified health care professionals.

Payment Policies for Employer & Individual and for Community and State please use this link. Employer & Individual are listed under Reimbursement Policies-Commercial. Community and State are listed under UnitedHealthcare Community Plan Reimbursement Policies.

Policy

Overview

The Intensity Modulated Radiation Therapy (IMRT) Policy addresses when an IMRT simulation is performed 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 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 & Retirement 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 & Retirement 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. (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 (CPT codes 77385-77386; HCPCS codes G6015-G6016; Note: These codes are set to Pay Code Status as “Refer Medical Policy.” This procedure code is used to
describe a service that requires manual review based on information in specific medical and/or drug policies. This list is owned by the Pay Code Status Review Team (combination of Medical Claim Review, Medical Policy Development and Operations, and Pharmacy and Therapeutics Unit for drug policies).

Consistent with the AMA, the CMS NCCI Manual, Medicare Claims Processing Manual and American Society for Radiation Oncology (ASTRO), 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

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<thead>
<tr>
<th>Intensity Modulated Radiation Therapy (IMRT)</th>
<th>Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications</th>
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### Questions and Answers

1. Q: There are NCCI edits that address IMRT simulation and planning codes; how does this policy differ from NCCI?
   A: Current NCCI procedure-to-procedure edits between CPT code 77301 and pre-IMRT plan simulation codes (77280-77290) address codes reported on the same date of service and do not address simulation codes billed on different dates of service.

2. Q: Will UnitedHealthcare Medicare & Retirement 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?
   A: Yes. UnitedHealthcare Medicare & Retirement 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.

### Codes

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<tr>
<td>77301</td>
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## Resources

**CMS Claims Processing Manual**
- Chapter 1: § 80.3.2.2 Consistency Edits for Institutional Claims
- Chapter 4: § 200.3 Billing Codes for Intensity Modulated Radiation Therapy (IMRT) and Stereotactic Radiosurgery (SRS), 200.3.1 Billing Instructions for IMRT Planning

**CMS Transmittals**
- Transmittal # 3471, Change Request 9549, Dated 02/26/2016 (April 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS))
- Transmittal # 3425, Change Request 9486, Dated 12/18/2015 (January 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS))
- Transmittal # 215, Change Request 9486, Dated 12/18/2015 (January 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS))

**UnitedHealthcare Medicare & Retirement Policy Guidelines**
- Delivery of IMRT/SRS/SBRT

**MLN Matters**
- Article MM 9486, January 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS)

**Others**
- *National Correct Coding Initiative Policy Manual for Medicare Services, Chapter IX, Section F. Radiation Oncology, item number 15*
- NCCI Modifier 59 Article
- American Society for Radiation Oncology (ASTRO)

## History

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<tr>
<th>Date</th>
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<tr>
<td>05/11/2016</td>
<td>Version Change</td>
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<td>- Transferred bundling information for 77280-77290 and 77301 from M&amp;R Policy Guideline Delivery of IMRT/SRS/SBRT into Reimbursement Policy template</td>
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<td>11/18/2015</td>
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