



## **RADIATION THERAPY SERVICES**

Origination: 4/2021  
Last Review: 11/2024

### **Description**

The American Society for Radiation Oncology (ASTRO) defines Intensity Modulated Radiation Therapy (IMRT) as a technology for delivering highly conformal external beam radiation to a well-defined treatment volume with radiation beams whose intensity varies across the beam. IMRT is particularly useful for delivering a highly conformal radiation dose to targets positioned near sensitive normal tissues.

In line with the American Society for Radiation Oncology (ASTRO), CPT® 77301, which represents the IMRT also includes other related radiation therapy services performed as part of the development of the IMRT plan.

According to CMS, CPT® 77014, 77280, 77285, 77290, 77295, 77306, 77307, 77321, 77331 and 77370 may not be billed separately if they are performed as part of developing an IMRT treatment plan, regardless of whether they are billed on the same or a different date of service (CMS Manual, chapter 4, §§ 200.3.1 and 200.3.2).

Superficial Radiation Therapy (SRT) delivers radiation therapy using low energy x-rays. This technology avoids deep tissue damage by only penetrating the skin.

This reimbursement policy applies to professional and facility claims for radiation therapy services related to, or as part of, IMRT or SRT plan development.

Same group practice is defined as a physician and/or other qualified health care professional of the same specialty with the same Federal Tax ID number.

### **Policy**

**Blue Cross Blue Shield North Carolina (Blue Cross NC) will reimburse radiation therapy related services according to the criteria outlined in this policy.**

### **Reimbursement Guidelines**

#### **Brachytherapy**

Brachytherapy element is not separately reimbursable when billed with remote after-loading high intensity brachytherapy. Brachytherapy isodose planning is limited to ten times per 60 days by any provider.

#### **Dosimetry and Simulation**

Basic radiation dosimetry calculation is limited to ten units per 60 days by any provider. Special dosimetry is limited to six units per 60 days by any provider.

Simulation reimbursement is limited to five units per 60 days.

For superficial radiation treatment (SRT), basic radiation dosimetry calculation and simulation are only reimbursable once per 60 days.

3-dimensional radiotherapy planning is limited to three times per 60 days.

Image guidance is not reimbursable when performed with SRT.

### **Intensity Modulated Radiotherapy Plan**

Intensity modulated radiotherapy dose planning is only reimbursable once per 60 days.

Individual services performed as part of the development of intensity modulated radiotherapy dose planning are not separately reimbursable when performed the day of or within 30 days (prior to, or after) of a billed intensity modulated radiotherapy dose planning service by the same group practice for the same member.

Modifier 59 is appropriate to represent a distinct procedural service for a different tumor on a different date of service, and unrelated to the intensity modulated radiotherapy dose planning.

Design and construction of multi-lead collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT) is reported once per IMRT plan and is limited to 3 units per 60 days.

### **Radiation Therapy and Treatment Management Services**

A radiation therapy management complete course that is 2 or less fractions is limited to 1 session per 60 days.

Radiation therapy treatment device reimbursement is limited to seven units per 60 days. An additional 5 units may be reimbursed for services with a head, neck or prostate cancer diagnosis or when performed within two weeks before or after IMRT or stereotactic body radiation treatment (SBRT).

Therapeutic radiology treatment planning is limited to one unit per 60 days when performed by any provider for the same course of treatment. Diagnostic professional radiology services (i.e., MRI and CT) are not separately reimbursable from complex therapeutic radiology treatment planning.

Radiation treatment management services should only be reported once per week by any provider. Services integral to radiation treatment management services and brachytherapy are not separately reimbursable.

Special treatment procedures are only reimbursable within two weeks of a complex therapy as defined by the American Society for Radiation Oncology (ASTRO).

Therapeutic port films are only reimbursable once per week.

### **Stereotactic Radiosurgery**

Stereotactic Radiosurgery (SRS) for cranial lesions (simple or complex) is reported once per course of treatment and is only reimbursable one unit per two weeks. Additional cranial lesions should not be reported more than four times for an entire course of treatment (two weeks) regardless of the number of lesions treated and may be reported only once per lesion.

SRS for spinal lesions is reported once per course of treatment and is only reimbursable one unit per two weeks. Additional spinal lesions should not be reported more than two times for the entire course of treatment (two weeks) regardless of the number of lesions treated and may be reported only once per lesion.

Treatment management for SBRT is limited to one visit per two weeks.

SBRT and stereotactic radiosurgery treatment should not be reported more than five sessions for an entire course of treatment regardless of number of lesions treated. Since a treatment course is typically defined as two weeks, this combination of codes should only be reported up to five times per two weeks.



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Additionally, stereotactic radiation treatment delivery and stereotactic radiosurgery represent a complete course of stereotactic radiosurgery treatment and should not be reported more than once for a single two-week course of treatment.

Stereotactic radiation treatment management of cranial lesion(s), complete course of treatment consisting of 1 session should not be reported more than once in two weeks.

## Billing and Coding

Applicable codes are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see the Blue Cross NC web site at [www.bcbsnc.com](http://www.bcbsnc.com).

CPT® / HCPCS Code / Modifier	Description
77014	Computed tomography guidance for placement of radiation therapy fields
77280	Therapeutic radiology simulation-aided field setting; simple
77285	Therapeutic radiology simulation-aided field setting; intermediate
77290	Therapeutic radiology simulation-aided field setting; complex
77295	3-dimensional radiotherapy plan, including dose-volume histograms
77300	Basic radiation dosimetry calculation
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
77321	Special teletherapy port plan, particles, hemibody, total body
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan
77370	Special medical radiation physics consultation
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based



77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day
77427	Radiation treatment management, 5 treatments
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
C9794	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment
G6001	Ultrasonic guidance for placement of radiation therapy fields
Q3001	Radioelements for brachytherapy, any type, each
Modifier 59	Distinct Procedural Service

## Related Policy

### Bundling Guidelines

#### Outpatient Code Editor (OCE) Edits

**Intensity Modulated Radiation Therapy (IMRT) of the Chest (Medical Policy)**

**Intensity Modulated Radiation Therapy (IMRT) for Sarcoma of the Extremities (Medical Policy)**

**Intensity-Modulated Radiation Therapy (IMRT) of the Prostate (Medical Policy)**

**Intensity Modulated Radiation Therapy (IMRT) of Head and Neck (Medical Policy)**

**Intensity Modulated Radiation Therapy for Tumors of the Central Nervous System (Medical Policy)**

## References

ASTRO IMRP Planning [American Society for Radiation Oncology](#)

ASTRO Model Policies IMRT [IMRTMP](#)

Medicare Claims Processing Manual, Chapter 4 [Medicare Claims Processing Manual \(cms.gov\)](#)

ASTRO Basics of Coding [American Society for Radiation Oncology \(ASTRO\)](#)



[ASTRO 2024 Radiation Oncology Coding Resource](#)

**History**

4/20/2021	New policy developed. <b>Notification on 4/20/2021 for effective date 7/1/2021.</b> (eel)
10/1/2021	Policy renamed from “Intensity Modulated Radiation Therapy” to “Radiation Therapy Services“. Policy expanded from IMRT to include SRT. <b>Notification on 10/1/2021 for effective date 11/30/2021.</b> (eel)
12/30/21	Routine policy review. Medical Director approved. (eel)
6/1/22	Policy language updated throughout. Multi-lead collimator added to Reimbursement Guidelines. Listing of “Radiology Maximum Units/Frequency” added to Reimbursement Guidelines. Medical Director approved. <b>Notification on 3/31/2022 for effective date 6/1/2022.</b> (eel)
12/31/2022	Routine policy review. Minor revisions only. (ckb)
1/1/2024	Routine policy review. Code 77301 and proton beam therapy clarified. Medical Director approved. (ss)
2/01/2025	Maximum units and frequency language updated throughout policy. RPOC approved. <b>Notification on 12/01/2024 for effective date 2/01/2025.</b> (ss)

**Application**

These reimbursement requirements apply to all commercial, Administrative Services Only (ASO), and Blue Card Inter-Plan Program Host members (other Plans members who seek care from the NC service area). This policy does not apply to Blue Cross NC members who seek care in other states.

This policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this policy.

**Legal**

Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and Blue Cross NC reserves the right to review and revise its medical and reimbursement policies periodically.

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