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<b>Title</b>	<b>Intensity Modulated Radiation Therapy (IMRT)/Proton Beam Therapy Planning and Treatment Coding – Outpatient Facility claims</b>		
<b>Number</b>	<b>CP.PP.427.v1.1</b>		
<b>Last Approval Date</b>	12/29/25	<b>Original Effective Date</b>	10/03/25
<b>Replaces</b>			
<b>Cross Reference</b>	<ul style="list-style-type: none"> <li>• <i>Modifier 59 – Distinct Procedural Service</i></li> <li>• <i>Modifiers XE, XS, XP and XU – Separate Encounter, Separate Structure, Separate Practitioner, and Unusual Overlapping service</i></li> </ul>		

Coverage of any service is determined by a member’s eligibility, benefit limits for the service or services rendered and the application of the Plan’s Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the Plan’s **professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

<b>Purpose/ Application</b>	To define how the Plan recognizes the services included in IMRT treatment plans when submitted on an outpatient facility claim form.
<b>Scope</b>	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products.
<b>Definitions</b>	<p><b>Intensity Modulated Radiation Therapy (IMRT)</b> - The American Society for Radiation Oncology (ASTRO) defines IMRT as a technology for delivering highly conformal external beam radiation to well-defined treatment volume with radiation beams whose intensity varies across the beam. IMRT is useful for delivering a highly conformal radiation dose to targets positioned near sensitive normal tissues.</p> <p>IMRT is a procedure that uses advanced computer programs to plan and deliver radiation to tumors with high precision. The intensity of the radiation can be adjusted to deliver higher doses to a treatment area while reducing exposure to surrounding healthy tissue.</p> <p>IMRT is provided in two treatment phases: planning and delivery. The planning phase is a multistep process in which imaging, calculations, and simulations are performed to develop an IMRT treatment plan (IMRT planning).</p>
<b>Policy</b>	<p>In line with the American Society for Radiation Oncology (ASTRO) guidelines and Centers for Medicare and Medicaid Services (CMS) Claims Processing Manual, Publication 100-04 Guidelines, CPT procedure code 77301- <i>Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications</i> (IMRT) includes other related radiation therapy services performed as part of the development of the IMRT plan.</p> <p>Effective with claim dates of service on and after October 3, 2025, CPT procedure codes 77014 (<b>code terminated effective January 1, 2026</b>), 77280, 77285, 77290, 77295, 77306, 77307, 77316, 77317, 77318, 77321, 77331, and 77370 are considered inclusive to CPT procedure code 77301 (IMRT planning) when submitted/billed 30-days prior/after or on the same date as the IMRT planning procedure code (77301)</p>

	<p>when submitted by the same facility. Override modifiers are not allowed per National Correct Coding Initiative (NCCI) edits <b>if treating the same tumor</b>.</p> <p>These procedure codes should not be reported separately by the same facility if they are performed as part of developing an IMRT treatment plan, whether billed on the same date of service as the IMRT treatment plan procedure code (77301) or within 30 days before or after the date of the IMRT procedure code.</p> <p>If the procedures represent a service for a <b>different tumor</b> on a different date of service <b>unrelated to the IMRT plan/service procedure code (77301)</b>, appending modifier <i>59-Distinct Procedural Service</i> or <i>XS-Separate Structure</i> to codes 77014 (<b>code terminated effective January 1, 2026</b>), 77280, 77285, 77290, 77295, 77306, 77307, 77316, 77317, 77318, 77321, 77331 or 77370 may be appropriate if the documentation and diagnosis(es) support a different tumor.</p>
<p><b>Codes and Coding Guidelines</b></p>	<p>The following CPT codes are referenced in the Policy statement:</p> <ul style="list-style-type: none"> <li>• <b>77301</b> - Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications</li> <li>• <b>77014</b> - Computed tomography guidance for placement of radiation therapy fields (<b>code terminated effective January 1, 2026</b>)</li> <li>• <b>77280</b> - Therapeutic radiology simulation-aided field setting; simple</li> <li>• <b>77285</b> - Therapeutic radiology simulation-aided field setting; intermediate</li> <li>• <b>77290</b> - Therapeutic radiology simulation-aided field setting; complex</li> <li>• <b>77295</b> - 3-dimensional radiotherapy plan, including dose-volume histograms</li> <li>• <b>77306</b> - Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)</li> <li>• <b>77307</b> - 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)</li> <li>• <b>77316</b> - Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)</li> <li>• <b>77317</b> - Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)</li> <li>• <b>77318</b> - Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)</li> <li>• <b>77321</b> - Special teletherapy port plan, particles, hemibody, total body</li> <li>• <b>77331</b> - Special dosimetry (e.g., TLD, microdosimetry) (specify), only when prescribed by the treating physician</li> <li>• <b>77370</b> - Special medical radiation physics consultation</li> </ul>
<p><b>Violations of Policy</b></p>	<p>Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be determined by the plan.</p>
<p><b>Exceptions</b></p>	<p>Exceptions to the policy may be made where a provider or employer group contract dictates otherwise.</p>

<b>Laws, Regulations &amp; Standards</b>	
<b>References and Resources</b>	<ul style="list-style-type: none"> <li>• CMS Claims Processing Manual, Publication 100-04, Ch 4, Section 200.3.1 and 200.3.2</li> <li>• National Correct Coding Initiative (NCCI) Manual, 2025, Ch 9, Section 11- Radiation Oncology</li> <li>• HHS OIG Report A-02-16-01006, November 2018, “Payment Made by Novitas Solutions, Inc., to hospitals for certain advanced radiation therapy services did not fully comply with Medicare requirements”</li> <li>• HHS OIG Report A-09-16-02033, August 2018, “Medicare Improperly Paid Hospitals Millions of Dollars for Intensity Modulated Radiation Therapy Planning Services”</li> <li>• American Medical Association (AMA) Current Procedural Terminology (CPC) codebook</li> </ul>

<b>Policy Owner Review</b>	Payment Integrity Oversight Committee	
<b>Contact</b>	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department	
<b>Annual Review Dates</b>	12/29/25; 06/11/25	
<b>Version History</b>	06/11/25	Creation of new policy
	12/29/25	Updated code 77014 with code termination date of January 1, 2026