Radiation Oncology
Payment Policy

Policy

Blue Cross Blue Shield of Massachusetts (Blue Cross®) reimburses contracted health care providers for covered, medically necessary radiation oncology services.

General Benefit Information

Services and subsequent payment are based on the member’s benefit plan and provider Agreement. Providers and their office staff may use our electronic technologies to verify effective dates and member copayments before initiating services. Please visit our eTools page to access links that provide information on member eligibility and benefits. Member liability may include, but is not limited to, copayments, deductibles, and co-insurance, and will be applied depending upon the member’s benefit plan.

Certain services may require prior authorization or referral. Please refer to the member’s subscriber certificate for more information and Authorization Requirements by Product.

Payment Information

Blue Cross reimburses health care providers based on:
- Network provider reimbursement or contracted rates and
- Member benefits

Claims are subject to payment edits, which Blue Cross updates regularly.

Blue Cross reimburses:
- Professional only services including:
  - Clinical treatment planning once per course of therapy when performed directly by the radiation oncologist.
  - Treatment management including review of dosimetry, dosage delivery, review of set up, and examination for medical management and review of port films.
  - Weekly treatment management once every five treatment sessions regardless of time elapsed during sessions.
    - If, at the end of the billing treatment course, there are three or four fractions beyond a multiple of five, those three or four fractions are reimbursed as a week.
    - If there are one or two fractions remaining beyond a multiple of five, they are not reportable. Payment for these fractions is considered as having been made via prior payments.
  - Two or more treatment fractions furnished on the same day when there is a distinct break in sessions.
  - Tumor mapping.
- Technical only services including:
  - Treatment delivery.
  - Radiation physics consults.
  - Proton beam therapy.
- Services that are both professional and technical in nature:
  - Intensity modulated radiotherapy planning.
  - Teletherapy isodose planning.
  - Brachytherapy.
  - Treatment devices.
  - Radiation dosimetry calculations whenever necessary during a course of radiation therapy.
- Acute care facilities with a global payment that includes both technical and professional services.

Blue Cross does not reimburse:
- Port films submitted by professional providers.
- The professional component of radiation physics, dosimetry, treatment devices, and special services when billed by physician practices that are contracted and credentialed as a free-standing radiation oncology facility.
- Separately billed professional or technical component radiation oncology services to an acute care facility.
- Any additional reimbursement outside the acute care global payment to the facility or any other provider.

**General reimbursement information:**
- All reimbursement is subject to medical necessity and medical authorization where indicated.
- In the acute care setting, radiation oncology services’ compensation is global in nature, covering the professional and technical components. No additional payments will be made to the hospital or other provider.
- Reimbursement for the technical component of medical radiation physics, dosimetry, treatment devices, and special services is available only through a global payment to Blue Cross-credentialed and contracted free-standing radiation oncology facilities and acute care hospitals. Physician practices will be reimbursed for the technical component of these codes under the global payment only if they are also contracted and credentialed as a free-standing radiation oncology facility.
- Preliminary consultation and evaluation of the patient prior to the decision to treat is reported with an evaluation and management code.

When submitting claims for reimbursement, report all services with:
- Up-to-date industry-standard procedure and diagnosis codes.
- Modifiers that affect payment in the first modifier field, followed by informational modifiers.

### Billing Information

<table>
<thead>
<tr>
<th>Code</th>
<th>Service description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>0333</td>
<td>Radiation therapy revenue code</td>
<td>For radiation treatment delivery report with a valid CPT code from range 77401-77425</td>
</tr>
<tr>
<td>Z51.0</td>
<td>Encounter for antineoplastic radiation therapy</td>
<td>Report for encounter for members receiving radiation therapy\nReport additional procedure and diagnosis codes that describe the problem for which the services are being performed</td>
</tr>
<tr>
<td>77261-77263</td>
<td>Treatment planning</td>
<td>Do not report with a 26 or TC modifier\nReimbursed once per course of therapy\nReimbursement includes:\n  - Interpretation of special testing\n  - Tumor localization\n  - Treatment volume, time, dosage determination\n  - Choice of treatment modality\n  - Determination of number and size of ports\n  - Selection of treatment devices\n  - Other procedures</td>
</tr>
<tr>
<td>77280-77290</td>
<td>Simulation aided field setting (simple, intermediate, and complex)</td>
<td>One simulation procedure will be reimbursed per time of set-up procedure\nCan be reimbursed on more than one occasion during the course of therapy</td>
</tr>
<tr>
<td>77300</td>
<td>Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician</td>
<td></td>
</tr>
<tr>
<td>77301</td>
<td>Intensity modulated radiotherapy plan (IMRT)</td>
<td></td>
</tr>
<tr>
<td>77306-77307</td>
<td>Teletherapy isodose plan (simple or complex)</td>
<td></td>
</tr>
<tr>
<td>77321</td>
<td>Special teletherapy port plan, particles, hemibody, total body</td>
<td></td>
</tr>
<tr>
<td>77331</td>
<td>Special dosimetry</td>
<td></td>
</tr>
<tr>
<td>Code</td>
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</tr>
<tr>
<td>--------------</td>
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</tr>
</tbody>
</table>
| 77316-77318  | Brachytherapy isodose plan (simple, intermediate or complex)                         | The number of sites determines the number of ports  
Opposing fields such as AP and PA represent one site                                                                                                                                          |
| 77332-77334  | Treatment devices (simple intermediate and complex)                                  | Do not report with a 26 or TC modifier  
Report per week of therapy  
Technical service only                                                                                                            |
| 77336        | Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy | Do not report with a 26 or TC modifier  
Report per week of therapy  
Technical service only                                                                                                            |
| 77370        | Special medical radiation physics consultation                                       | Do not report with a 26 or TC modifier  
Technical service only                                                                                                                |
| 77371-77372  | Radiation treatment delivery, stereotactic radiosurgery (SRS),                       | Do not report with 26/TC modifier  
Technical service only  
Not reimbursed to professional providers                                                                                               |
| 77401-77402, 77407, 77412 | Radiation treatment delivery                                                     | Do not report with 26/TC modifier  
Technical service only  
Not reimbursed to professional providers                                                                                               |
| 77417        | Therapeutic radiology port images                                                    | Do not report with a 26 or TC modifier  
Not reimbursed to professional providers                                                                                               |
| 77423        | Neutron beam treatment delivery                                                      | Do not report with 26/TC modifier                                                                                                                                                    |
| 77427        | Radiation treatment management, five treatments                                      | Do not report with a 26 or TC modifier  
Report one time for each five treatment sessions/fractions directed to the same area regardless of the number of calendar days elapsing during treatment  
Submit claim after every fifth visit  
Multiple fractions representing two or more treatment sessions on the same day may be counted separately as long as there is a distinct break in therapy sessions, and the fractions are of the character usually furnished on different days  
May report at completion of therapy if three or four fractions of the five remain                                                                 |
| 77431        | Radiation therapy management with complete course of therapy consisting of one or two fractions only | Do not report with a 26 or TC modifier  
Not reportable at completion of a course of therapy when only one or two fractions remain                                                                                               |
<p>| 77432        | Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of one session) | Do not report with a 26 or TC modifier                                                                                                                                                    |
| 77435        | Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed five fractions | Do not report with a 26 or TC modifier                                                                                                                                                    |
| 77520-77525  | Proton beam therapy, simple medium and complex                                       | Do not report with a 26 or TC modifier                                                                                                                                                    |
| 77750-77799  | Brachytherapy                                                                        | Bill for the application of isotopes for internal radiation                                                                                                                                       |
| 77600-77620  | Hyperthermia treatment                                                              |                                                                                                                                                                                                 |</p>
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<tr>
<td>77385, 77386</td>
<td>Intensity modulated radiation treatment delivery (IMRT)</td>
<td>• Do not report with a 26 or TC modifier</td>
</tr>
<tr>
<td>79101</td>
<td>Radiopharmaceutical therapy, by intravenous administration</td>
<td>• Bill for non-antibody radiopharmaceutical therapy by IV administration alone</td>
</tr>
<tr>
<td>79403</td>
<td>Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion</td>
<td>• Bill for radiolabeled monoclonal antibody administration</td>
</tr>
<tr>
<td>G6012-G6014</td>
<td>Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam</td>
<td>• Do not report with a 26 or TC modifier</td>
</tr>
<tr>
<td>G6015</td>
<td>Intensity modulated treatment delivery, single or multiple fields or arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session</td>
<td></td>
</tr>
</tbody>
</table>

**Billing and coding scenarios**

**Weekly radiation therapy management billing**

**Scenario 1:**
If 18 fractions of therapy management are delivered over a month, bill for **four** weekly treatment management sessions with CPT 77427:
- The first three weeks of five treatments each = 15 fractions
- The remaining partial week (three fractions) are reported as one additional week

**Scenario 2:**
If 61 fractions of therapy management are delivered over three months’ time, bill for **twelve** weekly radiation management sessions with CPT 77427:
- Twelve weeks of five treatments per week = 60 fractions
- The remaining fraction is less than three and therefore not separately reported

**Scenario 3:**
If the entire course of therapy consists of two fractions, bill CPT 77431.

**Related Policies**

- CPT and HCPCS modifier payment policy
- General billing and coding payment policy
- Oncology payment policy

**Policy Update History**

- 01/01/2010 Policy effective date
- 10/01/2012 Documentation of existing policy with revisions for clarity
- 08/15/2014 Template update; edits for clarity
- 02/18/2015 Addition of information on professional reimbursement policy
- 11/23/2015 Template update; annual review; inclusion of information on hospital reimbursement; inclusion of information on billing guidelines for radiation oncology services
- 03/31/2017 Annual review; template update; inclusion of detailed documentation on existing policy and specific billing guidelines
- 01/01/2018 Annual review; coding update; removal of deleted code 77422
- 12/31/2018 Annual review; addition of billing scenarios; removal of bullet regarding provider restriction for CPT 77280-77290, inclusion of brachytherapy, 79101 and 79403 to coding grid

This document is designed for informational purposes only and is not an authorization, an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical technology is constantly changing, and we reserve the right to review and update our policies periodically.
Payment policies are intended to help providers obtain Blue Cross Blue Shield of Massachusetts’ payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration the terms of the participating provider’s contract; the scope of benefits included in a given member’s benefit plan; clinical rationale, industry-standard procedure code edits; and industry-standard coding conventions.