
Radiation Oncology

Policy

Harvard Pilgrim reimburses radiation oncology services provided by contracted providers in the outpatient setting or rendered in a Harvard Pilgrim-contracted facility.

Policy Definition

Radiation Oncology is the specialty of medicine that utilizes high-energy ionizing radiation in the treatment of malignant neoplasms and certain non-malignant conditions. It uses several distinct modalities; teletherapy, brachytherapy, hypothermia, hyperthermia, robotic and stereotactic guided radiation. These modalities can be directed at either malignant or benign lesions.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to [Referral, Notification and Authorization](#) for more information.

HMO/POS/PPO

- A referral is required for HMO and in-network POS members.
- An authorization is required for out-of-network HMO/POS services.
- A physician order is required for services.
- Notification by the ordering physician to NIA is required for non-emergency, outpatient advanced imaging services. (Refer to [Outpatient Advanced Imaging Services Notification](#) for specific requirements.)
- Prior authorization is required through OncoHealth (formerly Oncology Analytics) for outpatient chemotherapy (infused and/or injected) or radiation therapy for members with a cancer diagnosis. For more information, please refer to the Prior Authorization section of the Harvard Pilgrim provider website, including the clinical/authorization policy and the Vendor Programs page.

Open Access HMO and POS

For [Open Access HMO](#) and [Open Access POS](#) products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses¹

HMO/POS/PPO

Professional-Only Services

- Tumor mapping and clinical treatment planning (simple, intermediate or complex) one time unless a new area of disease requires treatment.
- Treatment management which includes review of port films, review of dosimetry, dose delivery and treatment parameters, review of treatment set up, and examination of patient for medical evaluation and management.
- Weekly treatment management (simple, intermediate or complex) once every five treatment sessions, regardless of actual time period during which the sessions were furnished. (Sessions need not be on consecutive days.)
- Two treatment management sessions furnished on the same day if there is a break in therapy sessions and the sessions would usually be furnished on different days.
- Stereotactic radiation treatment management of cerebral lesions.

Technical-Only Services

- Proton beam therapy
- Radiation physics consultations
- Treatment delivery

Professional, Technical or Global Services

- Therapeutic radiology simulated-aided field setting once per simulation but may be reimbursed additional simulations when fields are added or changed during a course of therapy.
- Special dosimetry for each field monitored.
- Clinical brachytherapy, including prostate brachytherapy using permanently implanted palladium/iodine seeds.
- Basic radiation and dosimetry including intensity modulated radiotherapy plans, radiation dosage point calculations, simple, intermediate or complex teletherapy dose planning.
 - Complex teletherapy dose planning includes custom blocking resulting in off-axis isodose calculations and irregular field dosimetry; wedges compensators and other field attenuating devices; electrons combined with photon fields; rotational and arc plans; tangential ports; five or more ports converging on a single area; and use of CT or MRI images.
- Treatment devices.
- Hyperthermia treatment.
- Intensity modulated radiotherapy planning.
- MRI, CT guided planning.
- Robotically assisted stereotactic radiosurgery (Cyberknife).

Harvard Pilgrim Does Not Reimburse

HMO/POS/PPO

- Professional services for port films.
- Services provided at an outpatient imaging/radiation therapy facility to a member during an inpatient admission. These are inclusive of the admitting hospital's inpatient rate and should be billed to the admitting hospital.
- Treatment device design and construction which is derived from the computerized IMRT (intensity modulated radiation therapy) plan.
- Basic radiation dosimetry calculation if billed for more than six units per day by any provider unless the diagnosis is head and neck cancer, prostate cancer or Hodgkin's disease and a complex therapy service has not been billed for the same date of service or within two weeks, before or after.
- Basic radiation dosimetry calculation if billed for than six units in eight weeks by any provider and unless the diagnosis is not head and neck cancer, prostate cancer or Hodgkin's disease, and a complex therapy service has not been billed for the same date of service or within two weeks, before or after.
- Treatment devices (simple, intermediate or complex when billed for more than 7 units per day or more than 7 units in 53 days by any provider unless the diagnosis is head and neck cancer or prostate cancer and a complex therapy services has been billed for the same date of service or with two weeks, before or after

Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

Provider Billing Guidelines and Documentation

Coding²

Code	Description	Comments
0333	Radiology therapeutic—radiation therapy	Bill with CPT/HCPCS
77261–77263	Tumor mapping and clinical treatment planning	Bill with count of one; TC/26 modifier is not appropriate
77280–77299	Therapeutic simulation-aided field setting	Bill one time per day
77332–77334	Treatment devices	Bill devices at beginning of course of treatment; bill again when new or additional devices added
77336–77370	Radiation physics consultation	TC/26 modifier is not appropriate

PAYMENT POLICIES

Code	Description	Comments
77401-77402, 77407, 77412	Radiation treatment delivery	TC/26 modifier is not appropriate
77417	Therapeutic radiology port films	TC/26 modifier is not appropriate
77423	Neutron radiation treatment delivery	TC/26 modifier is not appropriate
77427	Radiation treatment management, 5 treatments	TC/26 modifier is not appropriate
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	TC/26 modifier is not appropriate
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	TC/26 modifier is not appropriate
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	TC/26 modifier is not appropriate
77520–77525	Proton beam therapy	TC/26 modifier is not appropriate

Frequency Limits

Code(s)	Description	Comments
77261,77262,77263	Clinical treatment for planning	1 unit (per diagnosis) in 56 days
77280,77285,77290,77295	Therapeutic radiology simulation, aided field settings	5 units in 56 days
77300	Basic radiation dosimetry	10 units in 56 days
77301	Intensity modulated radiotherapy (IMRT)	1 date of service in 56 days
77331	Special dosimetry	6 units in 56 days
77332,77333,77334	Treatment devices (simple, intermediate, complex)	12 units in 53 days
77336	Continuing medical radiation physics consultation	1 unit in 5 days
77417	Therapeutic port film(s)	1 unit in 7 days
77427,77431	Radiation treatment management services	1 unit in 5 days

Other Information

- Bill each treatment delivery on a separate line with a separate date of service—not a date range.
 - Use the start date of the first fraction of therapy as the date of service.
- Bill CPT code 77427 with a count of one using a date range when five treatment sessions are provided. When more than one session is provided on the same day, it is counted toward the five sessions. (Sessions need not be on consecutive days.)
- Bill CPT code 77427 with a count of one at the end of a course of treatment when there are three or four sessions beyond the multiple of five at the end of a course of treatment. Do not use CPT 77427 when there are only one or two sessions to complete the treatment course.
- Bill CPT code 77431 for radiation therapy management with a count of one when the entire course of treatment consists of only one or two sessions.

Related Policies

Payment Policies

- Clinical Trials
- Positron Emission Tomography Scan
- Radiology

Clinical Policies

- Medical Drug Program
- New Technology Assessment and Non-Covered Services
- Oncology and Radiation Oncology (OncoHealth)
- Outpatient Advanced Imaging Services

Notification Policies

- Notification Policy

PUBLICATION HISTORY

01/01/01	original documentation
09/01/00	original documentation
06/01/01	inpatient authorization requirement changed to notification
04/01/02	updated codes; added intensity modulated radiotherapy coding
07/01/03	annual review; added prostate brachytherapy information
04/01/04	annual coding review; added NIA notification
10/01/05	annual review; enhanced definition, covered services
01/31/06	annual coding update
10/31/06	annual review; added reimbursement for Cyberknife, no reimbursement for SIRT
01/31/07	2007 annual coding update
01/31/08	annual review; removed port films from technical-only services
10/31/08	annual review; added no reimbursement for treatment device design and construction which is derived from the computerized IMRT plan
10/15/09	annual review; no changes
09/15/10	annual review; no changes
10/15/10	annual review; report F-codes for prostate cancer diagnosis
12/15/10	clarified F-code reporting by specialty
01/01/12	removed First Seniority Freedom information from header
02/15/12	deleted SIRT from HP does not reimburse
09/15/12	annual review; removed prostate cancer F codes from billing guidelines
10/15/13	annual review; administrative edits only
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to prerequisites
10/15/14	annual review; no changes
01/15/15	annual coding update
10/15/15	annual review; no changes
10/15/16	annual review; added related medical policy IMRT; administrative edits
10/15/17	annual review; no changes
02/01/18	annual coding update; updated Open Access Product referral information under Prerequisites
10/01/18	annual review; added related medical policies

PAYMENT POLICIES

10/01/19	annual review; no changes
11/02/20	annual review; updated Provider Billing Guidelines and Documentation
03/01/21	clarified billing for delivery of radiation treatment / therapy management
05/01/21	added frequency limits, updated HPHC does not reimburse
10/01/21	annual review: removed references to IMRT medical policy; Removed Proton Beam Therapy Medical Policy, IMRT Medical Policy and Stereotactic Radiosurgery Medical Policy from Related Policies.
11/05/21	updated "Oncology Analytics" to "OncoHealth (formerly Oncology Analytics)"

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

²The table may not include all provider claim codes related to radiation oncology.