Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
# Radiation Oncology

**Applies to:**

**Commercial Products**

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

**Public Plans Products**

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

**Senior Products**

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

## Policy

Point32Health reimburses contracted providers for radiation oncology services performed in the outpatient setting or rendered in a contracted facility, based on guidance from The American Society of Therapeutic Radiation Oncology and CMS policies. The services must be furnished within the scope of practice in the state in which the physician or non-physician practitioner is licensed to practice.

## Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

Providers and Members enrolled with Harvard Pilgrim Health Care may reference the OncoHealth guidelines for oncology indications (See Related Policies and Resources).

## General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

## Point32Health Reimburses

### Professional-Only Services

- Stereotactic radiation treatment management of cerebral lesions
- 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
- Tumor mapping and clinical treatment planning (simple, intermediate, or complex) one time unless a new area of disease requires treatment
- 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.)

**Technical-Only services**

- Proton beam therapy
- Radiation physics consultation
- Treatment delivery

**Professional, Technical, or Global services**

- 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.
- Clinical brachytherapy, including prostate brachytherapy using permanently implanted palladium/iodine seeds
- Hyperthermia treatment
- Intensity modulated radiotherapy planning
- MRI, CT guided planning
- Robotically assisted stereotactic radiosurgery (Cyberknife)
- Special dosimetry for each field monitored
- 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
- Treatment devices

*Only services that have a professional and technical component may be billed with modifiers 26 and TC as applicable. Procedures that are defined as a professional or technical component only do not require a modifier and should not be billed with modifiers TC and/or 26.

## Point32Health Does *Not* Reimburse

- 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 more 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
- Brachytherapy sources when billed without an associated brachytherapy procedure
- 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
- 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 service has been billed for the same date of service or with two weeks, before or after
- 77470 (special treatment procedure ([e.g., total body irradiation, hemibody radiation, per oral or endocavitary irradiation]) when billed by any provider, unless billed with a qualifying diagnosis, and a complex therapy service has not been billed for the same date of service or within 14 days, before or after
- Professional radiology services when billed by radiation oncologists in an inpatient or outpatient hospital setting
- MRIs and CTs when billed with 77263 (therapeutic radiology treatment planning; complex)

## Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules.

**Coding**
These code tables may not be all inclusive

| Code | Description |
|---|---|
| 0333 | Radiology therapeutic- radiation therapy; bill with CPT/HCPCS |
| 77261-77263 | Tumor mapping and clinical treatment planning; bill with count of 1 |

| Code | Description |
|---|---|
| 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 |

**Frequency Limits**

| Code | Description |
|---|---|
| 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 (except if billed for more 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) |
| 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); 7 units in 53 days |
| 77336 | Continuing medical radiation physics consultation; 1 unit in 5 days |
| 77338 | Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan; 1 DOS in 56 days |
| 77417 | Therapeutic port film(s); 1 unit in 7 days |
| 77427, 77431 | Radiation treatment management services; 1 unit in 5 days |
| 77470 | Special treatment procedure (e.g., total body irradiation, hemibody radiation, per oral or endocavitary irradiation); 1 date of service in 56 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 DOS.
- 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 and Resources

**Payment Policies**

- Chemotherapy Oncology
- Clinical Trials
- Radiology

**Clinical Policies**

- Oncology (OncoHealth/Oncology Analytics)
- Outpatient Diagnostic Imaging/Advanced Imaging (Evolent)
- Proton Beam Therapy
- Stereotactic Radiosurgery and Stereotactic Body Radiotherapy

**Additional Resources**

- MassHealth Radiation Oncology Center Provider Manual

## Publication History

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|---|---|
| 10/01/2026: | Annual policy review; administrative edits |
| 10/01/2025: | Annual policy review; administrative edits |
| 10/01/2024: | Annual review; no changes |
| 02/01/2024: | Under Frequency Limits section, removed code 77738 and corrected to 77338 |
| 09/29/2023: | Policy moved to new template, includes all lines of business; Added Intensity-Modulated Radiation Therapy (IMRT), Proton Beam Therapy, and Stereotactic Radiosurgery and Stereotactic Body Radiotherapy to related policies; clarified frequency limits for 77332, 77333, 77334; Archived Therapeutic Radiology Services Payment Policy; administrative edits |

## Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.