Priority Health	BILLING POLICY No. 027
RADIATION ONCOLOGY	
Date of origin: July 2024	**Review dates: 2/2025, 3/2025, 6/2025, 8/2025, 3/2026, 6/2026, 9/2026**

POLICY OVERVIEW

This policy provides guidelines for billing, coding, and documentation for radiation oncology claims, ensuring claims are processed according to contractual agreements and industry standards.

DEFINITION

Radiation therapy uses high-energy radiation to shrink tumors and kill cancer cells. X-rays, gamma rays, and charged particles are types of radiation used for cancer treatment. The radiation may be delivered by a machine outside the body (external-beam radiation therapy), or it may come from radioactive material placed in the body near cancer cells (internal radiation therapy, also called brachytherapy). - from cancer.gov

- A course of radiation follows a process of care which can include the following:
- Clinical treatment planning CPT 77261-77263
- Simulation CPT 77280-77290
- Treatment planning (codes vary depending on the type of radiation; ex: brachytherapy, IMRT) - codes are outlined below
- Medical radiation physics, dosimetry, treatment devices and special services
- Radiation treatment management

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- Intensity modulated radiation therapy (IMRT)
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- Image guidance radiation therapy
- General documentation / coding requirements
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POLICY SPECIFIC INFORMATION

Clinical treatment planning

77261	Therapeutic radiology treatment planning; simple. Consists of a single area of malignancy with a single port or opposing ports parallel to each other and basic or no blocking.
77262	Therapeutic radiology treatment planning; intermediate. Consists of two separate areas of malignancy with three or more ports that converge, multiple blocks, or time or dosage considerations.
77263	Therapeutic radiology treatment planning; complex. Consists of three or more separate areas of malignancy with tangential ports, wedges or compensators, complex blocking, a combination of two or more modes of treatment, or rotating or other beam considerations.

Treatment simulation

77280	Therapeutic radiology simulation-aided field setting; simple. Done for a single area of malignancy with a single port or opposing ports parallel to each other and basic or no blocking.
77285	Therapeutic radiology simulation-aided field setting; intermediate. Done for two separate areas of malignancy with three or more ports and multiple blocks.
77290	Therapeutic radiology simulation-aided field setting; complex. Done for three or more areas of malignancy with tangential ports and complex blocking that may require customized shielding blocks, rotation or arc therapy, brachytherapy source and hyperthermia probe verification, and use of contrast materials.
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)
G0562	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)

A typical course of radiation therapy will require between one and three simulations, with no more than one simulation reported on any given day.

Verification simulations (77280) for intensity modulated radiation therapy (IMRT) are not billable with IMRT courses of therapy.

A single simulation code (77280, 77285, or 77290) may be used for the initial set-up of fields for a course of superficial treatment.

A simulation (77280, 77285, or 77290) should not be billed for daily placement of treatment fields for superficial radiation therapy.

Dosimetry

77300	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 • Only one calculation is billable per port/beam angle or arc for 3D and IMRT external beam treatments. • Multiple calculations per beam angle, when billable, are not allowed due to linear accelerator limitations (e.g. split carriage fields). • Monitor unit calculations (CPT 77300) are considered bundled into brachytherapy isodose planning codes (CPT 77316, 77317, 77318)
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician. Special dosimetry uses measuring and monitoring devices when the physician deems it necessary to calculate the total amount of radiation that a patient has received at any given point. The results determine whether to uphold or alter the current treatment plan. • This type of dosimetry is mainly used as a source of independent dose verification, and can be performed using film, diodes, or TLDs, among other tools. • If performed, special dosimetry measurements may occur only once per port/field, when supported by medical necessity, and should not be performed as a routine procedure. • CPT 77331 is not billable for QA or output measurements associated with IMRT or stereotactic procedures. Special dosimetry (i.e., TLD, microdosimetry) (specify), only when prescribed by the treating physician. To support a claim for CPT 77331, the healthcare provider must document the following information: • The prescription from the treating physician for special dosimetry • The type of dosimetry used, such as TLD or microdosimetry • The date and time of the dosimetry procedure • The results of the dosimetry measurements • Any adjustments made to the treatment plan based on the dosimetry results • Signature of the healthcare provider performing the dosimetry procedure
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services • When requested, rationale and documentation must be submitted for review. • Unlisted services should not be used for a service that is packaged or bundled into other services.

Image fusions associated with routine treatment planning are considered bundled and will be denied as not separately payable.
Image fusion should not be routinely billed.
Image fusion is separately billable only when all the following criteria are met and supported by clear documentation:

- The service is clearly distinct from routine planning and not inherent to or included in standard treatment plan development
- The medical record includes physician documentation demonstrating the clinical necessity for the image fusion service
- The service is supported by separate identifiable documentation and results distinguishable from other services performed

Isodose and port plans

Dosimetry calculations (77300) are inclusive of the below plans and not separately reportable.

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)
77321	Special teletherapy port plan, particles, hemibody, total body. A special teletherapy port plan calculates the dosage level of the treatment portal for the use of electrons or heavy particles when used in a portion of or as the main mode of treatment for the field of interest.

Treatment devices

77332	Treatment devices, design and construction; simple (simple block, simple bolus)
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

- Treatment device services contain professional and technical components.
    - The professional component is based upon the physician's participation in the actual design of the block.
    - The technical component is based on each individual block requiring time and materials to be fabricated.

- There are 2 types of treatment devices: immobilization and beam-modifying.
    - Immobilization devices assist in establishing and maintaining a reproducible treatment position for the patient to undergo treatments
    - Beam-modifying devices assist in creating the shape of the treatment portal and also protect critical structures near or inside the area receiving radiation.
    - Simple blocks are considered pre-made electron block, breast board or a standard bolus
    - Intermediate blocks are considered bite blocks or a customized bolus
    - Complex blocks are considered Alpha cradles, Vac-locks, Aquaplast mask, MLCs or both custom shields and custom molds. These devices are any item molded or created for a

particular patient and cannot be used for another patient's treatment but have the ability to be re-designed for another patient at a later time.

- Use of passive restraints such as straps, pillows, sandbags, etc., is not billable
- Only one beam-modifying device is billable per port/field
- A mirrored pair of devices is billable as one professional and one technical device between the two ports. Mirrored devices are treatment fields that are parallel, opposed to which the devices are a mirror image of each other.
- Only 1 unit of 77338 is billable per IMRT plan regardless of the number of ports constructed for the plan.
- One unit of 77338 is allowed per 8-week period. Anything in excess will require an appeal with supporting documentation

Medical physics consults

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 • May be reported after every 5 radiation treatments. Complete, short courses of therapy (1-2 fractions), 77336 may be billed for a quantity of 1 • Review of the medical record by the physicist well after the treatment has been finalized is not billable.

77370	Special medical radiation physics consultation • Done at direct request of the radiation oncologist when the complexity of the treatment plan is great. • Requires a written analysis on the course of treatment • Allowed 1 time per course of therapy • 77370 is not reportable for IMRT QA as the QA is a necessary and required function of the IMRT planning Special medical radiation physics consultation required under special circumstances (e.g., radiation to a pregnant patient); technical component only. To support a claim for CPT code 77370, the following documentation is required: • A request from the treating physician to the physicist for a written analysis of how to deal with the specific treatment problem • A customized written report from the physicist, including details such as dose calculation, blocking, and other necessary information for delivering treatment • Inclusion of the report in the patient's chart CPT code 77370 should be reported once under the following circumstances: brachytherapy, stereotactic radiosurgery (SRS) or stereotactic body radiation therapy (SBRT), use of radioisotopes, patient has an implanted cardiac devices, reconstruction of previous radiation therapy plan, pregnant patient undergoing radiation therapy, or fusion of three-dimensional image sets such as positron emission tomography (PET) scan or magnetic resonance imaging (MRI) scan. IMRT planning (77301) includes a fusion of three-dimensional image sets such as a PET scan or an MRI scan. (ASTRO, 2023)

Special / associated services

77470	Special treatment procedure (i.e., total body irradiation, hemibody radiation, per oral or endocavitary irradiation) This code covers circumstances requiring extra and inordinate amounts of time and effort, managed throughout the course of treatment. These special circumstances are not considered routine for the service being performed. The maximum quantity of special treatment procedures (77470) allowed per course of treatment is one (1). To support a claim for CPT 77470, the following information should be documented: • Request from the provider • Patient's medical history and diagnosis, indicating the need for a special treatment procedure. • Detailed treatment plan, including advanced radiation physics, medical imaging, and special dose calculations.

	• Procedure notes, describing the steps taken during the special treatment procedure and any complications or issues encountered. • Post-procedure assessment and follow-up care plan, if applicable. Circumstances where CPT 77470 is not appropriately reported • CPT is not intended to report IMRT, 3-D conformal radiotherapy treatment planning or contouring, or due to co-morbidities. • Receipt only concurrent or recently completed chemotherapy. In order to report 77470, documentation must include the extensive work done for the management of concurrent chemotherapy in combination with radiation therapy.
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services CPT code 77399 should only be reported if no other code adequately describes the procedure or service in question.

Superficial radiation therapy

Conventional radiation therapy

77402	Radiation treatment delivery: Level 1 (e.g., single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed
77407	Radiation treatment delivery; Level 2, single-isocenter (e.g., 3D or IMRT), photons, including imaging guidance, when performed
77412	Radiation treatment delivery: Level 3, multiple isocenters with photon therapy (e.g., 2D, 3D, or IMRT) or a single-isocenter photon therapy (e.g., 3D or IMRT) with active motion management, or total skin electrons, or mixed-electron/photon field(s), including imaging guidance, when performed

Brachytherapy

Brachytherapy is a type of radiation therapy that utilizes natural or manufactured radioactive isotopes or radionuclides that are temporarily or permanently implanted to treat malignancies or certain benign conditions and derives a physical advantage based upon the inverse square law of physics. Brachytherapy is accomplished by implanting a sealed radioactive source directly in or adjacent to the tumor or treatment site. The basic clinical brachytherapy formats are superficial, interstitial, intracavitary, or intraluminal therapy. “Electronic” brachytherapy, which utilizes miniature X-ray sources operating at low-kilovoltage energies to approximate dose distributions achieved with radionuclide brachytherapy for selected cases, is an emerging treatment modality and not subject to this Model Policy. Brachytherapy may use a solid radioactive source, such as a ‘seed’ or liquid colloid isotopes, and may be either temporary or permanent. Further, brachytherapy may be called high-dose-rate or low-dose-rate depending on the dose of delivery per hour.

0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed.' To support a claim for CPT 0395T, the provider must document the following information: • Specific details of the procedure performed, including the placement of the catheter and the use of the radioactive substance • Date and duration of the procedure • Calculation of the dose of the radioactive substance before loading it into the catheter • Any additional relevant information, such as the type and stage of cancer being treated • Signature of the provider performing the procedure

Intensity modulated radiation therapy (IMRT)

Intensity Modulated Radiation Therapy (IMRT) is 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.

77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications • Consistent with industry-standard billing practices, services reported with CPT codes 77014, 77280, 77285, 77290, 77295, 77306, 77307, 77321, and 77331 are considered integral components of CPT code 77301 and are included in the payment for IMRT planning. Separate billing of these codes is not appropriate when the services are furnished prior to or during the development of the IMRT plan.

Proton beam therapy (PBT)

Proton Beam Therapy (PBT) is a technology for delivering conformal external beam radiation with positively charged subatomic particles to a well-defined treatment volume. PBT is approved by the U.S. Food and Drug Administration. PBT has unique dose deposition characteristics and can deliver radiation to specified anatomic targets while giving less collateral dose to surrounding normal tissues in comparison to photon/X-ray-based forms of external beam radiotherapy.

77520	Proton treatment delivery; simple, without compensation. To support a claim for CPT 77520, the provider must document the following information: • Details of the proton therapy treatment delivered • Specific use of a single non-tangential port • Absence of compensators during the treatment

77522	Proton treatment delivery; simple, with compensation. To support a claim for CPT 77522, the provider must document the following information: • Details of the treatment performed, including the use of a proton beam and compensators • Specifics of the simple treatment delivery, such as the use of a single non-tangential port • Date and duration of the treatment • Any additional relevant information, such as the location of the tumor and proximity to sensitive structures
77523	Proton treatment delivery; intermediate. To support a claim for CPT 77523, the provider must document the following information: • Specific details of the treatment performed, including the number of treatment areas irradiated and the number of ports or tangential ports used • Use of custom blocks and compensators, if applicable • Date and duration of the treatment session • Signature of the provider performing the treatment
77252	Proton treatment delivery; complex. To support a claim for CPT 77525, the provider must document the following information: • Patient's diagnosis and the need for complex proton therapy treatment • Treatment plan, including the treatment areas, number of ports per treatment area, and use of multiple isocenters or patch fields • Date and duration of the treatment session • Details of the treatment delivery, including the use of custom blocks and compensators • Progress made by the patient and any additional treatment sessions scheduled • Provider's signature

PBT is considered reasonable in instances where sparing the surrounding normal tissue is of added clinical benefit to the patient and cannot be adequately achieved with photon-based radiation therapy.

Stereotactic Body Radiation Therapy (SBRT) and Stereotactic Radiosurgery (SRS)

SBRT is a radiation treatment modality that couples a high degree of anatomic targeting accuracy and reproducibility with very high doses of extremely precise, externally generated, ionizing radiation. The therapeutic intent of SBRT is to maximize cell-killing effect on the target(s) while minimizing radiation-related injury in adjacent normal tissues. Stereotactic Radiosurgery (SRS) is similar in concept to SBRT; however, SRS generally refers to stereotactically guided radiation therapy delivered to intracranial targets and selected tumors near the base of the skull, whereas SBRT generally describes stereotactic therapy to extracranial sites.

Stereotactic Radiosurgery (SRS) is a distinct discipline that utilizes externally generated ionizing radiation to ablate or eradicate definite target(s) in the head without the need to make an incision. To ensure quality of patient care, the procedure involves a multidisciplinary team that may consist of a radiation oncologist, medical physicist, radiation therapist, and a neurosurgeon.

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. CPT 77373 should not be reported in conjunction with certain other codes, such as 77402, 77407, and 77412. For single fraction cranial lesions, a different code, such as 77371 or 77372, should be used.
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.
G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions

In alignment with CMS, Codes 77373, G0339, and G0340 will pay **only once per day of treatment regardless of the number of sessions or lesions**.

Standards for CPT 77432 and 77435

77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session) To support a claim for CPT 77432, the provider must document the following information: • Identification of the target area inside the brain using the stereotactic method • Review of previously taken CT or MRI images to locate the small targets or lesions • Date and duration of the treatment session • Patient's response to treatment • Coordination of care and treatment • Review of imaging and/or lab test results • Review of port films, dosimetry, dose delivery, and other treatment parameters • Evaluation of treatment set up and the use of blocks and wedges One (1) stereotactic management (CPT® 77432) may be approved when one stereotactic treatment delivery fraction of a cranial lesion is authorized for the provider.
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions To support a claim for CPT 77435, the provider must document the following information: • Identification of the target area and the number of lesions being treated • Details of the image guidance used during the treatment • Date and duration of each treatment session • Assessment of the patient's response to treatment • Coordination of care and treatment • Review of imaging and/or lab test results • Review of port films, dosimetry, dose delivery, and other treatment parameters • Evaluation of treatment set up and the use of blocks and wedges **CPT code 77435 code will pay only once per course of therapy** • One (1) stereotactic body radiation therapy (SBRT) management (CPT 77435) may be approved when one (1) fraction of stereotactic radiosurgery is authorized for sites other than the cranium OR when two (2) to five (5) stereotactic delivery fractions are authorized for any site. • The maximum number of stereotactic deliveries is five (5). Requests for stereotactic management in which the treatment course is greater than five (5) treatments will not be authorized as stereotactic management. SRS is typically performed in a single session. If more than one session is required, SBRT codes must be used.

Image guided radiation therapy

Image Guided Radiation Therapy (IGRT) uses imaging technology to modify treatment delivery, which accounts for changes in the target position.

77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed
77417	Therapeutic radiology port image(s)

Priority Health follows standard bundling rules for imaging services.

- CPT 77417 (port images) may be billed 1 time for each 5 fractions of therapy
- CPT 77417 is billed as 1 unit regardless of the number of images taken
- Only 1 type of imaging may be allowed for the same site of treatment
- IGRT precise target localization requirements are not met for superficial, orthovoltage treatment of image guidance cannot be reported.

General documentation / coding requirements

Healthcare providers should ensure that the necessary documentation is in place to support the procedure performed.

This may include:

- Treatment goal must be documented (curative, palliative or tumor control) in medical record
- Record must contain patient's informed consent to treatment
- Medical records are logical and clear (recommend flow charts, where helpful)
- Prescription or treatment plan designed by radiation oncologist must be on file and signed
- Treated illness/clinical management level
- Treatment type, delivery, changes
- Designation - treatment site and isotope
- Designation - number of source positions
- Planned dose to each point
- Reports
- Simulation, physicist, dosimetry, radiological, etc.
- Any patient referrals/consultations
- Records or pictures may use colored lines for film-based and black to show calculated dose distribution

IMRT documentation requirements

- Reasonable and necessary requirements as outlined under Indications and Limitations of Coverage and/or Medical Necessity section of this policy and must be available to Medicare for review upon request
- Prescription must define goals and requirements of treatment plan, including specific dose constraints for target(s) and nearby critical structures
- Statement by treating physician documenting special need for performing IMRT on patient in question, rather than performing conventional or 3-dimensional treatment planning and delivery
- Signed and dated IMRT inverse plan that meets prescribed dose constraints for planning target volume (PTV) and surrounding normal tissue using either dynamic multi-leaf collimator (DMLC) or segmented multi-leaf collimator (SMLC) (average number of "steps" required to meet IMRT

delivery is 5), or inverse planned IMRT solid compensators to achieve intensity modulation radiation delivery

- Target verification methodology includes:
    - Both PTV or Planning treatment volume and Clinical treatment volume (CTV)
    - immobilization and patient positioning
    - Means of dose verification and secondary means of verification
- Before patient's first treatment, monitor units (MUs), generated by IMRT treatment plan, must be independently checked
- Documenting fluence distributions; meaning fluence map from treatment planning system (TPS) from electronic portal imaging device (EPID) images must be validated for 10 head and neck IMRT cases

SBRT / SRS documentation requirements

- Support medical necessity and frequency
- Patient history/physical
- Functional status
- Karnofsky Status or Eastern Cooperative Oncology Group (ECOG) Performance
    - Measures patients' ability to survive chemotherapy, with performance scales of 100-0 and grades from 0-5. SBRT is not considered medically necessary for patients with poor performance status of Karnofsky (less than 40 or ECOG-3 or worse)
- Date and current treatment dose
- Radiation oncologist E/M decisions
- Document and sign

Coding

Diagnosis code(s) must be coded to the highest level of specificity to best describe the patient's condition for service performed. Unspecified diagnosis codes will be denied. Get additional information in our Provider Manual.

For diagnostic tests, report the definitive diagnosis of the test when available; otherwise, report signs and symptoms resulting in performance of the test.

Bundling

Priority Health follows CMS NCCI guidance for bundling of services. Some radiation oncology services bundle when performed as part of the treatment plan development and may be billed on different days. Get additional information on bundled services from CMS.

Modifiers

Priority Health follows standard billing and coding guidelines which include CMS NCCI. Please use Priority Health Provider Manual as a reference. See link below:
Using code modifiers | Priority Health

Place of Service

Coverage will be considered for services furnished in the appropriate setting to the patient’s medical needs and condition. Authorization may be required.

Related denial language

- E2Q - Maximum frequency has been exceeded
- E1N - Maximum frequency has been exceeded

REFERENCES

- Radiation Oncology - JE Part B - Noridian (noridianmedicare.com)
- Medicare Claims Processing Manual – Chapter 13 – Radiology Services and Other Diagnostic Procedures
- Dosimetry Planning - Radiation Oncology Coding Standard (NIA)
- Treatment Devices - Radiation Oncology Coding Standard (NIA)
- Stimulations – Radiation Oncology Coding Standard (NIA)
- Physics – Radiation Oncology Coding Standard (NIA)
- CHAPTER IX - RADIOLOGY SERVICES - CPT CODES 70000 – 79999 – FOR MEDICARE NATIONAL CORRECT CODING INITIATIVE POLICY MANUAL
- Clinical Editing Billing Tips (BSN Provider News)
- Radiation Therapy: Fractionation, Image-Guidance and Special Services (United Healthcare)
- American College of Mohs Surgery comes out against use of image guidance and simulation with SRT (ASTRO)
- Radiation Therapy Services (Blue Cross North Carolina)

DISCLAIMER

CMS and/or MDHHS guidelines apply unless otherwise specified in this policy or provider manual. Where such guidance is absent, this policy applies. Priority Health's billing policies outline our guidelines to assist providers in accurate claim submissions and define reimbursement or coding requirements if the service is covered by a Priority Health member's benefit plan. The determination of visits, procedures, DME, supplies and other services or items for coverage under a member's benefit plan or authorization isn't being determined for reimbursement. Authorization requirements and medical necessity requirements appropriate to procedure, diagnosis and frequency are still required. We use Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), Michigan Department of Health and Human Services (MDHHS), and other defined medical coding guidelines for coding accuracy.

An authorization isn't a guarantee of payment when proper billing and coding requirements or adherence to our policies aren't followed. Proper billing and submission guidelines must be followed. We require industry-standard, compliant codes defined by CPT, HCPCS, and revenue codes for all claim submissions. CPT, HCPCPS, revenue codes, etc., can be reported only when the service has been performed and fully documented in the medical record to the highest level of specificity. Failure to document services rendered or items supplied will result in a denial. To validate billing and coding accuracy, payment integrity pre- or post-claim reviews may be performed to prevent fraud, waste and abuse. Unless otherwise detailed in the policy, our billing policies apply to both participating and non-participating providers and facilities.

If guidelines detailed in government program regulations, defined in policies and contractual requirements aren't followed, Priority Health may:

- Reject or deny the claim
- Recover or recoup claim payment

An authorization on file for an item or services doesn't supersede coding, billing or reimbursement requirements.

These policies may be superseded by mandates defined in provider contracts or state, federal or CMS contracts or requirements. We make every effort to update our policies in a timely manner to align these requirements or contracts. If there's a delay in implementation of a policy or requirement defined by state or federal law, as well as contract language, we reserve the right to recoup and/or recover claim payments to the effective dates per our policy. We reserve the right to update policies when necessary. Our most current policy will be made available in our Provider Manual.

CHANGE / REVIEW HISTORY

Date	Revisions made
Feb. 13, 2025	Added “Disclaimer” section
Mar. 17, 2025	• Treatment stimulation: Added code G0562 and additional information on use and billing for codes 77280, 77285 and 77290 • Superficial radiation therapy: Added information on use and billing for codes 77280, 77285 and 77290, as well as image guidance reporting with SRT. • Stereotactic Body Radiation Therapy (SBRT) and Stereotactic Radiosurgery (SRS): Added code G0563 • Image guided radiation therapy: Added information on IGRT precise target localization requirements • Added to References section
June 27, 2025	Added a “Related denial language” section, including the following prism denial codes: • E2Q - Maximum frequency has been exceeded • E1N - Maximum frequency has been exceeded
Aug. 27, 2025	Update for clarification with removal of: • 77338 is only billed once per MLC-based IMRT plan, regardless of the number of ports constructed for the plan. • 77338 may be allowed for a boost plan Addition of: • Only 1 unit of 77338 is billable per IMRT plan regardless of the number of ports constructed for the plan.
March 17, 2026	Updated for Q1 CPT HC/HCPCS codes
June 2026	Addition: • One unit of 77338 is allowed per 8-week period • Image fusion billing information under the Dosimetry section
Sept 2026	Addition of 77301 IMRT planning code and notation of bundling rules. Added a Modifier section with billing guidelines and a provider manual link, plus a Place of Service section on medical necessity and authorization requirements.