

Payment Policy

Image Guided Radiation Therapy	
Original effect date:	Revision date:
05/14/2023	

IMPORTANT INFORMATION

Blue Shield of California payment policy may follow industry standard recommendations from various sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), Current Procedural Terminology (CPT) and/or other professional organizations and societies for individual provider scope of practice or other coding guidelines. The above referenced payment policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms or their electronic equivalent. This payment policy is intended to serve as a general overview and does not address every aspect of the claims reimbursement methodology. This information is intended to serve only as a general reference regarding Blue Shield's payment policy and is not intended to address every facet of a reimbursement situation. Blue Shield of California may use sound discretion in interpreting and applying this policy to health care services provided in a particular case. Furthermore, the policy does not address all payment attributes related to reimbursement for health care services provided to a member. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy such as coding methodology, industry-standard reimbursement logic, regulatory/legislative requirements, benefit design, medical and drug policies. Coverage is subject to the terms, conditions, and limitation of an individual member's programs benefits.

Application

This payment policy applies to the hospital outpatient and professional claims billed for Radiation Oncology treatment services.

Intensity Modulated Radiation Therapy (IMRT) uses computer-based optimization techniques with non-uniform radiation beam intensities to create highly conformal dose distributions that can be delivered by a radiotherapy treatment machine. The complexity of IMRT may vary depending on the area being treated or the technique being used.

image guided radiation therapy (IGRT) may be used to direct the radiation beam and to reflect motion during treatment. A variety of techniques may be used to perform this guidance including imaging (e.g., ultrasound, CT, MRI, stereoscopic imaging) and non-imaging (e.g., electromagnetic, or infrared) techniques.

Stereotactic Radiosurgery (SRS) is a type of radiotherapy. When it is performed on the body rather than the brain, this procedure is sometimes called stereotactic body radiotherapy (SBRT) or stereotactic ablative radiotherapy (SABR). SRS is typically a single treatment session. There are two technologies to deliver radiation during SRS:

- Linear accelerator (LINAC) machines, which use X-rays (photons)
- Proton beam (charged particle)

Stereotactic Body Radiotherapy (SBRT) uses 3D imaging to target high doses of radiation to the affected area. The procedure uses many precisely focused radiation beams to treat tumors and other problems all over the body. SBRT is used to treat tumors in the lungs, spine, liver, neck, lymph node or other soft tissues.

Guidance may be used with any radiation treatment delivery technique and is typically used with IMRT delivery.

- IMRT (77385 and 77386) and SBRT (77373) delivery codes include the technical component of guidance or tracking, if performed.
- Because only the technical portion of IGRT is bundled into IMRT, the physician involvement in guidance or tracking may be reported separately.

Policy

This policy explains the reimbursement for the claims billed for Radiation Oncology Treatment Delivery and Guidance:

Hospital Outpatient Facility Claims:

When billing port images or IGRT alongside Intense-Modulated Radiation Therapy (IMRT) or Stereotactic body radiation therapy (SBRT) treatment delivery:

- The codes 77014, G6001, & G6002 (-26, -TC, or Global) will be denied as bundled into IMRT or SBRT treatment delivery codes; and will not be reimbursed separately.
- There is no technical component for procedure codes G6017 & 77387, hence will be denied.

When billing port images or IGRT alongside Stereotactic radiosurgery (SRS) treatment delivery:

- The codes 77014, 77387, G6001, G6002, and G6017 (-26, -TC, or Global) will be denied.

Professional Claims:

When billing port images or IGRT alongside Intense-Modulated Radiation Therapy (IMRT) or Stereotactic body radiation therapy (SBRT) treatment delivery:

- Only the professional component of the codes 77014, G6001, & G6002 may be allowed. Global billing without the modifier -26 will be denied.
- Procedure codes G6017 & 77387 are professional component only and may be allowed.

When billing port images or IGRT alongside Stereotactic radiosurgery (SRS) treatment delivery:

- The codes 77014, 77387, G6001, G6002, and G6017 (-26, -TC, or Global) will be denied.

Rationale

All radiation treatment delivery codes are reported once per treatment session.

- The treatment delivery codes recognize technical-only services and contain no physician work (the professional component).
- The treatment management codes contain only the professional component.

The technical component (TC) of IGRT codes is not reimbursed separately in the hospital setting because it is packaged into the Ambulatory Payment Classification (APC) with the treatment delivery service with which it is performed.

Stereotactic treatments, such as stereotactic radiosurgery (SRS), or stereotactic body radiation therapy (SBRT) require precise localization of the intended treatment target. IGRT is considered an inherent part of the SRS (performed as a single treatment) and SBRT procedure; for that reason, IGRT guidance should not be billed with SRS or SBRT treatments.

When guidance is required with conventional radiation treatment delivery, both the professional and technical components may be reported when performed because neither component of guidance is bundled into conventional radiation treatment delivery services.

Reimbursement Guideline

Blue Shield of California will reference national or regional industry standards, such as Centers for Medicare & Medicaid Services' (CMS) National Correct Coding Initiative (NCCI) and MUE (Medically Unlikely Edits) rules, and American Medical Association's (AMA) CPT guidelines, as coding standards and as guidance for payment policy. In claims payment scenarios where CMS and/or CPT reference is lacking or insufficient, the Payment Policy Committee (PPC) may develop customized payment policies that are based on other accepted or analogous industry payment standards and or expert input.

Resources

- **American Medical Association**
<https://www.ama-assn.org/ama>
- **Centers for Medicare & Medicaid Services**
<https://www.cms.gov/>
- **American Society for Radiation Oncology (ASTRO)**
[IGRT in 2016 - American Society for Radiation Oncology \(ASTRO\) - American Society for Radiation Oncology \(ASTRO\)](#)

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Payment Policy.

Effective Date	Action	Reason
05/14/2023	New Policy Adoption	Payment Policy Committee

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under an enrollee's contract.

These Policies are subject to change as new information becomes available.