Keystone First
Community HealthChoices

Radiation Oncology

Reimbursement Policy ID: RPC.0070.72KF

Recent review date: 09/2026

Reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses reimbursement of external beam radiation therapy that includes the following: intensity modulated radiation therapy (IMRT), brachytherapy, proton beam radiation therapy (PBRT), and stereotactic body radiation therapy (SBRT).

Exceptions

N/A

Reimbursement Guidelines

Reimbursement of the various radiation oncology services are as follows:

Treatment Management

- Services such as review of port images, dosimetry, dose delivery, review of patient set-up, and treatment parameters in radiation treatment management or clinical brachytherapy are considered to be included and are not separately reimbursable when billed on the same date of service as the radiation treatment management/clinical brachytherapy.
- Radiation treatment management code (77427,1-5 treatments) will be denied when billed more than once in a five-day period by any provider.
- Clinical treatment planning (77261-77263) for the same diagnosis may be billed once within 8 weeks.
- A 3-dimensional radiotherapy plan including dose-volume histograms (77295) is not reimbursable when more than three visits are billed in eight weeks.

Dosimetry

Billing of basic radiation dosimetry calculation (77300) is limited to ten units in eight weeks with a qualifying diagnosis; while special dosimetry (77331) reimbursement is limited to six units in eight weeks.

Treatment Devices

- Treatment devices (simple, intermediate, or complex – codes 77332-77334) are limited to twelve units in eight weeks by any provider.

Simulation

Therapeutic radiology simulation-aided field settings (77280-77290) are reimbursable up to five units in eight weeks.

Radiology

MRIs and CTs are not reimbursed when appended with a professional component and billed with therapeutic radiology treatment planning. Therapeutic port film(s), 77417, are reimbursable once per week.

Special treatment procedure

Special treatment procedures, code 77470, include total body irradiation, hemibody radiation, per oral or endocavitary irradiation. The code is used to cover the additional physician effort and work required for:

- 3D CRT
- Any other special time-consuming treatment plan
- Brachytherapy
- Heavy particles (e.g. protons/neutrons)
- Hyperfractionation
- Hyperthermia
- IMRT
- Intracavitary cone use
- Intra-operative radiation therapy and hemibody irradiation
- Planned combination with chemotherapy or another combined modality therapy
- Radiation response modifiers
- Stereotactic radiosurgery
- Total body irradiation

Reimbursement for any of the above services will be denied when billed without a qualifying diagnosis on the claim, and a complex therapy service (3 or more separate treatment areas, custom blocking, tangential ports, sedges, rotational beam, field-in-field or other tissue compensation that does not meet IMRT guidelines, or electron beam).

Intensity modulated radiation therapy (IMRT)
IMRT services are reimbursable for cancers of bone, brain and central nervous system, colorectal, gastrointestinal, gynecological, head and neck (including thyroid), lung, Hodgkin's and non-Hodgkin's lymphoma, prostate, sarcoma, thymoma, thymic carcinoma and pediatric tumors. For appropriate reimbursement a qualifying diagnosis is required for reimbursement.

Reimbursement for services identified by CPT codes 77014, 77280, 77285, 77290, 77295, 77306, 77307, 77321 and 77331 may not be requested separately. They are included in the payment for CPT code 77301 (IMRT planning). If the IMRT is billed two weeks prior to the IMRT plan, the claim will be denied. The IMRT plan (77301) will be denied when billed for more than one (1) date of service in eight weeks.

Brachytherapy
Brachytherapy is used to treat cancers of the head and neck, breast, cervix, prostate, and eye.
It is a type of internal radiation therapy in which seeds, ribbons, or capsules that contain a radiation source are placed in the body, in or near the tumor. Reimbursement for the brachytherapy isodose plan (simple, intermediate, or complex – codes 77316-77318) is limited to ten units in eight weeks by any provider. The brachytherapy element, Q3001, is only reimbursable when billed in an office (POS 11), a free-standing radiological facility (POS 49) or an independent clinic (POS 49).

Proton beam radiation therapy (PBRT)
PBRT is used to treat brain and spine tumors, breast cancer, prostate cancer, liver cancer, lung cancer, head and neck cancers, esophageal cancer, anal, colon, and rectal cancer, pancreatic cancer, eye melanoma, lymphoma, sarcoma, tumors of the base of the skull. A qualifying diagnosis is required for reimbursement.

Stereotactic body radiation therapy (SBRT)
SBRT is used to treat tumors in the lungs, spine, liver, neck, lymph nodes, soft tissues and other parts of the body. It is used to treat both cancerous and benign tumors. A qualifying diagnosis is required for reimbursement.

Definitions

N/A

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. Healthcare Common Procedure Coding System (HCPCS)
III. cms.gov/medicare-coverage-database/lcd_attachments/34652_13/L34652_RAD014_BCG.pdf
IV. International Classification of Diseases,10th Revision, Clinical Modification (IdCD-10-CM)
V. https://www.astro.org/Daily-Practice/Coding/Coding-Guidance/Coding-Guidance-Articles/77301
VI. https://www.astro.org/News-and-Publications/ASTROnews/2023/2023-Winter-ASTROnews.
VII. Applicable Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

RPC.0063.72KF Place of Service

Policy History

09/2026	Reimbursement Policy Committee Approval
08/2026	Annual Review • Removed the “Next Review Date” • Replaced the plan name with “the health plan”
12/2025	Reimbursement Policy Committee Approval
12/2025	Annual review • No major changes
07/2025	Reimbursement Policy Committee Approval