

The following payment policy applies to Tufts Health Plan contracted facilities and providers performing professional radiation oncology services. This policy applies to commercial¹ products.

Note: Audit and disclaimer information is located at the end of this document.

Policy

Tufts Health Plan covers radiation oncology services when medically necessary. Tufts Health Plan aligns its business practices with the American Medical Association's definition of radiation oncology.

Definition

Radiation oncology is defined as teletherapy and brachytherapy to include initial consultation, clinical treatment planning, simulation, medical radiation physics, dosimetry, treatment devices, special services and clinical treatment management procedures. This includes normal follow-up care during the course of treatment and for three months following its completion.

General Benefit Information²

Services and subsequent payment are based on the member's benefit plan document. Providers and their office staff are required to use self-service channels to verify effective dates and copayments for commercial members prior to initiating services.

Refer to the [Electronic Services](#) section of our website for our self-service channel options. Benefit specifics should be verified prior to initiating services by logging on to our [website](#) or by contacting [Provider Services](#).

Member Responsibility

Copayments, deductible and/or coinsurance may apply pursuant to the member's benefit plan document.

Tufts Health Plan recommends not billing the member for the coinsurance and/or deductible amount until the claim has processed so that the appropriate member responsibility can be determined. Both the provider's Statement of Account (SOA) and the Electronic Remittance Advice (ERA) will reflect the member's responsibility amount.

Authorization Requirements

Refer to the [Authorization Policy](#) for specific referral and authorization requirements. Refer to the [Stereotactic Radiosurgery Medical Necessity Guidelines](#) for information on stereotactic radiosurgery.

Services Requiring Prior Authorization

Depending upon the service, while you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

Some procedures may require prior authorization from the Tufts Health Plan Precertification Department. Refer to the [Clinical Resources](#) section of our website for additional information. Refer to the [CareLinkSM Prior Authorization List](#) for a list of procedures, services and items requiring prior authorization for CareLink members.

For a complete description of Tufts Health Plan's commercial authorization and notification requirements, refer to the Authorization chapter within the [Tufts Health Plan Commercial Provider Manual](#).

¹ Commercial products include [HMO, POS, PPO & CareLinkSM when Tufts Health Plan is Primary Administrator](#).

² Eligibility is subject to retroactive reporting of disenrollment.

Billing Information

- Submit the most updated industry-standard codes.
- Submit the appropriate ICD-9 diagnosis and/or CPT/HCPCS procedure codes.
- Submit standard CPT and HCPCS modifiers in accordance with the appropriate CPT or HCPCS procedure code(s).
- For more information regarding modifiers refer to the [Modifier Payment Policy](#).

Note: Annually and quarterly, HIPAA medical code sets³ undergo revision by CMS, AMA and CCI. Revisions typically include adding, deleting or redefining the description or nomenclature of new HCPCS, CPT procedure and ICD-9 diagnosis codes. As these revisions are made public, Tufts Health Plan will update its system to reflect these changes.

EDI Claim Submitter Information

- Submit claims in appropriate HIPAA compliant format. Claims billed with non-standard codes will reject if billed electronically.

Paper Claim Submitter Information

- Submit claims on an appropriate paper claim form. Claim line(s) billed with non-standard codes will deny.

Radiation Oncology Services

The following table lists radiation oncology CPT/HCPCS procedure codes that are accepted by Tufts Health Plan. The absence and/or presence of a CPT/HCPCS procedure code is not an indication and/or guarantee of coverage and/or compensation.

Procedure Code	Description
61796*	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
61797*	each additional cranial lesion, simple (List separately in addition to code for primary procedure)
61798*	1 complex cranial lesion
61799*	each additional cranial lesion, complex (List separately in addition to code for primary procedure)
77261	Therapeutic radiology treatment planning; simple
77262	intermediate
77263	complex
77280	Therapeutic radiology simulation-aided field setting; simple
77285	intermediate
77290	complex
77295	3-dimensional
77299	Unlisted procedure, therapeutic radiology clinical treatment planning
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
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
77305	Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)
77310	intermediate (3 or more treatment ports directed to a single area of interest)
77315	complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)

³ HIPAA medical code sets include HCPCS, CPT Procedure and ICD-9 diagnosis codes.

Procedure Code	Description
77321	Special teletherapy port plan, particles, hemibody, total body
77326	Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)
77327	intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)
77328	complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician
77332	Treatment devices, design and construction; simple (simple block, simple bolus)
77333	intermediate (multiple blocks, stents, bite blocks, special bolus)
77334	complex (irregular blocks, special shields, compensators, wedges, molds or casts)
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
77370	Special medical radiation physics consultation
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*	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
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
77401	Radiation treatment delivery, superficial and/or ortho voltage
77402	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5
77403	6-10 MeV
77404	11-19 MeV
77406	20 MeV or greater
77407	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; up to 5 MeV
77408	6-10 MeV
77409	11-19 MeV
77411	20 MeV or greater
77412	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 MeV
77413	6-10 MeV
77414	11-19 MeV
77416	20 MeV or greater
77417	Therapeutic radiology port film(s)
77418	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
77421	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy
77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking
77423	1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)
77427	Radiation treatment management, 5 treatments

Procedure Code	Description
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only
77432*	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
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
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)
77499	Unlisted procedure, therapeutic radiology treatment management
77520	Proton treatment delivery; simple, without compensation
77522	simple, with compensation
77523	intermediate
77525	complex
G0173*	Linear accelerator based stereotactic radiosurgery, complete course of therapy in one session
G0251*	Linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, maximum five sessions per course of treatment
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

Note: An asterisk (*) indicates prior authorization is required.

Unlisted Procedure Codes

- Submit the most appropriate unlisted procedure code(s) available on an appropriate paper claim form.
- Submit supporting clinical documentation to accurately describe the unlisted procedure code(s). Unlisted procedure codes submitted without documentation will be denied. Electronic claims for unlisted procedure codes will be denied, as attachments are not accepted electronically at this time.

Note: Unlisted procedure code(s) are subject to Medical Director Review. Refer to the [Provider Payment Dispute Policy](#) for additional information on the dispute process.

Compensation/Reimbursement Information

Providers are compensated according to the Tufts Health Plan network physician or contracted rates regardless of where the service is rendered. Claims are subject to payment edits that are updated at regular intervals and generally based on Centers for Medicare & Medicaid Services (CMS), specialty society guidelines, drug manufacturers' package label inserts and National Correct Coding Initiative (CCI).

Frequency Policies and Descriptions

Tufts Health Plan sets frequency limits on certain procedures based on medical necessity. The following are policies that fall within frequency limitations.

Policy	Description
Clinical Treatment for Planning	Tufts Health Plan will cover CPT procedure codes 77261–77263 (Clinical treatment for planning) once within a 56-day period per diagnosis. Reference the Regional CMS Policy for additional information.
Therapeutic radiology simulation — aided field setting	Tufts Health Plan will cover CPT procedure codes 77280–77290 (Therapeutic radiology simulation — aided field setting) up to 5 times in a 56-day period. Refer to the Regional CMS Policy for additional information.
Therapeutic port film[s]	Tufts Health Plan will cover CPT procedure code 77417 (Therapeutic port film[s]) once in a 7-day period. Refer to the Regional CMS Policy for additional information.
Continuing medical radiation physics consultation	Tufts Health Plan will cover CPT procedure code 77336 (Continuing medical radiation physics consultation) once in a 6-day period. Refer to the AMA CPT Manual for additional information.

Professional, Technical and Global

Only services that have a professional and technical component may be billed with [modifiers](#) 26 and TC respectively. Refer to the AMA Principles of CPT Coding for additional information.

Procedures, which are defined as technical component only in nature, do not require a [modifier](#) and therefore should not be billed with modifier TC or 26. Refer to the CMS National Physician Relative Value File for additional information.

Statement of Account (SOA)

The SOA is sent to all providers to provide information on the status of the claim(s) submitted to Tufts Health Plan. The SOA indicates status of claims payments, denials and pending claims.

If the procedure code(s) submitted is not used in processing, the SOA will reflect the actual procedure code(s) utilized by Tufts Health Plan to process the claim.

Effective January 1, 2012, paper Statements of Account and the Summary of Account on Tufts Health Plan's secure Provider website will no longer display embedded procedure code modifiers or any Tufts Health Plan unique characters.

Electronic Remittance Advice (ERA)

The HIPAA compliant 835 ERA is an EDI transaction that providers may request to electronically post paid and denied claims information to their accounts receivable system.

When an industry-standard code(s) is submitted and accepted by Tufts Health Plan, the electronic remittance advice will reflect the code(s) submitted and the actual procedure code(s) utilized by Tufts Health Plan for claims processing.

Document History

February 2008: Revised general benefit information with self-service channels information.

September 2009: Revised to include facility providers and added CPT/HCPCS codes.

May 2010: Added: **Effective for facility claims adjudicated on or after July 1, 2010**, Tufts Health Plan will reimburse CPT procedure code 77417 (Therapeutic port film[s]) once in a 7-day period.

August 2010: Removed: **Effective for facility claims adjudicated on or after July 1, 2010**, Tufts Health Plan will reimburse CPT procedure code 77417 (Therapeutic port film[s]) once in a 7-day period.

October 2011: Template updates, no content changes

December 2011: Revised policy to align with actual coverage update for CPT procedure codes 77261–77263 (Clinical treatment for planning), covered once within a 56-day period per diagnosis.

Audit and Disclaimer Information

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, Tufts Health Plan will expect your office/facility to refund all payments related to non-compliance.

This policy provides information on Tufts Health Plan claims adjudication processing guidelines. As every claim is unique, the use of this policy is not a guarantee of payment nor a final prediction 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 guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.

This policy does not apply to Tufts Medicare Preferred HMO or Private Health Care Systems (PHCS) network also known as Multiplan members. This policy applies to CareLink when CIGNA HealthCare is Primary Administrator for providers in Massachusetts and Rhode Island service areas for pricing purposes only. Providers in the New Hampshire service area are subject to CIGNA HealthCare's provider arrangement for the purpose of CareLink members.