healthfirst
Health Insurance for New Yorkers

Reimbursement Policy

Subject:	Intensity-Modulated Radiation Therapy (IMRT)		
Policy Number:	PO-RE-123v2		
Effective Date:	12/01/2024	**Last Approval Date:**	12/5/2025

I. Policy Description

This policy outlines the reimbursement guidelines for Intensity Modulated Radiation Therapy (IMRT) services provided by healthcare providers. IMRT is a specialized form of radiation therapy that allows for precise targeting of radiation to cancerous tumors while minimizing exposure to surrounding healthy tissue. Coverage for IMRT is subject to specific clinical indications as defined by the Centers for Medicare & Medicaid Services (CMS) policy.

This policy applies to the following lines of business:

- Child Health Plus (CHP)
- Medicaid Managed Care (MMC)
- Medicare Advantage
- Medicare HMO and PPO
- Essential Plan (EP)
- Medicaid Advantage Plus/MAP (CompleteCare)
- Qualified Health Plan (QHP)
- Personal Wellness Plan (HARP)

Policy Scope

This policy applies to all healthcare providers submitting claims for IMRT services to Healthfirst for reimbursement. IMRT services are subject to coverage limitations outlined by CMS and claims for IMRT and related radiation oncology services must meet specific criteria to be eligible for reimbursement.

1. There are no CMS Local Coverage Determination (LCD) for Jurisdiction K that covers IMRT diagnosis. This policy is based on LCDs outside of Jurisdiction K. Please see the LCD in the reference section of this policy.

2. Coverage for IMRT (CPT codes 77301, 77338, 77385, 77386, G6015, G6016) is limited to specific clinical indications, unless the treatment involves re-irradiation for a previously radiated cancer. Claims for other radiation oncology services billed in conjunction with IMRT will be denied unless a qualifying diagnosis for IMRT is present on the claim.
    a. Examples of Qualifying Diagnoses for IMRT:
        - Malignant neoplasm of the anal canal (C21.1)

- Malignant neoplasm of the lip (C00.0-C00.4, C00.6, C00.8)
- Cerebral or spinal meningioma (D32.0-D32.1)
- Carcinoma in situ of the breast (D05.01-D05.02, D05.11-D05.12, D05.81-D05.82, D05.91-D05.92)

Adjudication and Appeal Process

1. Reimbursement for IMRT services will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.

2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.

3. If the line of business (LOB) is not mentioned in this policy, the services are not covered and not eligible for reimbursement.

4. This policy is a provider resource for understanding Healthfirst's reimbursement guidelines. It does not guarantee coverage or payment. Final reimbursement decisions depend on benefit coverage, state/federal mandates, medical necessity, and provider contract.

5. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

Please be advised that all services provided are subject to the member's individual benefit coverage.

II. Applicable Codes

Code	Description	Comment
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	
G6015	Intensity modulated treatment delivery, single or multiple	

	fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	

III. Definitions

Term	Meaning

IV. Related Policies

Policy Number	Policy Description
PO-RE-119	Intensity-Modulated Radiation Therapy (IMRT) Frequency Limitations

Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

https://www.astro.org/daily-practice/coding/coding-resource
CMS Radiation Therapies LCD
CMS Intensity Modulated Radiation Therapy (IMRT) LCD

VI. Revision History

Revision Date	Summary of Changes
12/5/2025	Added Adjudication and Appeals section

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.