Radiation Oncology Payment Policy

Applies to the following CarePartners of Connecticut products:

☒ CareAdvantage Preferred

☒ CarePartners Access

The following payment policy applies to providers who render radiation oncology services to members of the CarePartners of Connecticut plans selected above. For information on oncology services, refer to the Oncology Payment Policy.

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

Policy

CarePartners of Connecticut covers medically necessary radiation oncology[1] services, in accordance with the member's benefits, the American Society of Therapeutic Radiation Oncology and CMS policies.

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting CarePartners of Connecticut Provider Services at 888-341-1508.

Referral/Prior Authorization/Notification Requirements

No referrals, prior authorizations or inpatient notifications are required for in-network services. Referrals are required for out-of-network services rendered for HMO members.

Billing Instructions

Unless otherwise stated, CarePartners of Connecticut follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Use of labs not participating in the member's applicable network(s) may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, CarePartners of Connecticut may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Compensation/Reimbursement Information

Providers are compensated according to the applicable contracted rates and applicable fee schedules.

Frequency Policies and Descriptions

CarePartners of Connecticut sets the following frequency limits on certain procedures:

Policy	Code(s)	Units	Time Frame
Clinical treatment for planning	77261, 77262, 77263	1	56 days (per diagnosis)
Therapeutic radiology simulation, aided field setting	77280, 77285, 77290, 77295	5	56 days
Basic radiation dosimetry	77300	10	
Intensity modulated radiotherapy (IMRT)	77301	1 date of service	

[1] CarePartners of Connecticut aligns its business practices with the AMA definition of radiation oncology.

Policy	Code(s)	Units	Time Frame
Special dosimetry	77331	6	
Treatment devices (simple, intermediate, complex)	77332, 77333, 77334	7	53 days
Continuing medical radiation physics consultation	77336	1	6days
Therapeutic port film(s)	77417	1	7 days
Radiation treatment management services	77427, 77431	1	5 days

CarePartners of Connecticut does not routinely compensate for the following:

Policy	Description
Basic radiation and special dosimetry	Basic radiation dosimetry calculation billed for more than six units per day by any provider unless the diagnosis is head & neck cancer, prostate cancer or Hodgkin's disease and a complex therapy service has not been billed for the same date of service or within 14 days, before or after.
	Basic radiation dosimetry calculation billed for more than six units in eight weeks by any provider unless the diagnosis is head & neck cancer, prostate cancer or Hodgkin's disease, and a complex therapy service has not been billed for the same date of service or within 14 days, before or after.
Brachytherapy Services	Brachytherapy sources if billed without an associated brachytherapy procedure.
Intensity modulated radiotherapy (IMRT)	IMRT unless a qualifying diagnosis, recognized by CMS Local Coverage Determinations (LCDs) is also present on the claim.
	Radiation oncology services when billed with IMRT unless a qualifying diagnosis, recognized by CMS LCDs is present on the claim.
Radiation therapy treatment devices	Treatment devices (simple, intermediate, or complex) when billed for more than 7 units per day or more than 7 units in 53 days by any provider unless the diagnosis is head and neck or prostate cancer and a complex therapy service has been billed for the same date of service or within 14 days, before or after.
Special treatment procedure	77470 (special treatment procedure ([e.g., total body irradiation, hemibody radiation, per oral or endocavitary irradiation]) unless billed with malignant neoplasms of any the following and a complex therapy service has not been billed for the same date of service or within 14 days, before or after: • Tongue • Gum • Floor of mouth • Other and unspecified parts of mouth • Oropharynx or testis • Lymphosarcoma • Reticulosarcoma • Multiple myeloma • Leukemia • Immunoproliferative neoplasms • Lymphoid leukemia • Neoplasm of uncertain behavior of unspecified sites and tissues • Unspecified disorders of metabolism • Disorders involving the immune mechanism or aplastic anemia • Other bone marrow failure syndromes

Procedure Code Guidelines

CarePartners of Connecticut compensates for the following when billed for one date of service within 56 days, per clinical guidelines:

- 77470 (special treatment procedure [e.g., total body irradiation, hemibody radiation, per oral or endocavitary irradiation])
- Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

Note: This is based on the AMA CPT and HCPCS Level II Manuals.

Professional, Technical and Global Services

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 that 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.

Additional Resources

- Clinical Trials Payment Policy
- Imaging Services Payment Policy
- Oncology Payment Policy

Document History

- October 2024: Annual policy review; added payment policies to Additional Resources
- May 2024: Updated frequency for CPT 77336 from 5 to 6 days to reflect existing edits
- October 2023: Annual policy review; removed procedure code tables
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- September 2020: Reviewed by Committee; template updates
- January 2020: Eliminate referral requirements for in-network providers effective January 1, 2020
- January 2019: Document created

Audit and Disclaimer Information

CarePartners of Connecticut 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 a provider/facility did not comply with this payment policy, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance. For more information about CarePartners of Connecticut's audit policies, refer to the CarePartners of Connecticut public Provider website.

This policy provides information on CarePartners of Connecticut claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication 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 requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.