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August 7, 2017

James Cross, MD, FACMQ Head of National Medical Policy and Operations Aetna 151 Farmington Avenue, Hartford, CT 06156 crossr@aetna.com (Submitted electronically)

Re: Computed Tomography Guidance Related to of Intensity Modulated Radiation Therapy (IMRT) Planning and Treatment Delivery

Dear Dr. Cross:

The following information is provided to clarify the use of CPT Code 77014 (Computed tomography guidance for placement of radiation therapy fields) with the delivery of Intensity Modulated Radiation Therapy (IMRT). We understand that there have recently been denials of CT image guidance as part of the delivery of IMRT. This denial is incorrect, and we believe that much of the confusion stems from a January 2017 CMS NCCI edit that no longer allows physicians to bill 77014 with 77301 (IMRT Treatment Planning). This exclusion does not apply to the use of CT image guidance in the delivery of IMRT (G6015, G6016, 77385 or 77386).

Computed Tomography and IMRT Treatment Delivery

CPT Code 77014 may be billed to describe the CT image guidance used to direct the radiation beam or to track motion during the process of IMRT treatment delivery. CT guidance is utilized for target localization and to determine positioning adjustments in the daily delivery of IMRT treatments. A radiation oncologist, or a medical physicist or trained therapist under the supervision of the radiation oncologist, reviews the automated image fusion and makes manual or automatic adjustments as necessary. These images may be used for subsequent planning target volume (PTV) determination adapting to patient-specific PTV or online guidance. The physician must review any necessary patient positioning adjustments and review all CT images in near real time. Image guidance is a critical component in IMRT treatment delivery, ensuring maximum patient safety and treatment efficacy. One method of doing this is with Cone Beam CT using CPT Code 77014.

Reporting IMRT Treatment Delivery

IMRT treatment delivery reporting is based upon the radiation oncologist's practice setting. Under the Medicare Physician Fee Schedule (MPFS), HCPCS code G6015 (IMRT treatment delivery) and G6016 (Compensator-based IMRT delivery) are billed in the freestanding radiation oncology setting. In the Hospital Outpatient Payment System (HOPPS), IMRT treatment delivery is divided between two codes based on complexity: simple (CPT code 77385) and complex (CPT code 77386). Both 77385 and 77386 include the technical component of image guidance. When reporting the professional component of image guidance with IMRT, physicians must use HCPCS code G6001, G6002 or CPT code 77014 with the -26 modifier attached.

Computed Tomography Guidance Related to of Intensity Modulated Radiation Therapy (IMRT) Planning and Treatment Delivery

Enclosed is the American Society for Radiation Oncology's (ASTRO)¹ Coding Guidance for Use of CT Image Guidance Related to IMRT Planning and Treatment Delivery, which provides further explanation on how to appropriately report IMRT with Image Guidance Radiation Therapy (IGRT) across practice settings, and provides greater detail on IMRT planning and the use of CPT Code 77014.

In light of the above, we urge Aetna to edit their Radiation Therapy Policy to say, "The IMRT policy will not allow for reimbursement for radiation therapy services (CPT codes 77014, 77295, 77306, 77307, 77321, 77331, 77370) when performed with the work of IMRT treatment planning, regardless if billed on the same or a different date of service, as IMRT plan code 77301," and remit payment for these claims.

Thank you for your consideration of our comments. Should you have any questions or wish to discuss our recommendations further, please contact Jessica Adams, Health Policy Analyst (703) 839-7396 or via email at <u>Jessica.adams@astro.org</u>.

Sincerely,

Laura Theverst

Laura I. Thevenot Chief Executive Officer

Enclosed: Aetna Radiation Therapy Policy ASTRO Coding Guidance for Use of CT Image Guidance Related to IMRT Planning and Treatment Delivery

¹ ASTRO members are medical professionals, who practice at hospitals and cancer treatment centers in the United States and around the globe, and make up the radiation therapy treatment teams that are critical in the fight against cancer. These teams often include radiation oncologists, medical physicists, medical dosimetrists, radiation therapists, oncology nurses, nutritionists and social workers, and treat more than one million cancer patients each year. We believe this multi-disciplinary membership makes us uniquely qualified to provide input on the inherently complex issues related to Medicare payment policy and coding for radiation oncology services.