AMERICAN SOCIETY FOR RADIATION ONCOLOGY

ASTRO
TARGETING CANCER CARE

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William Alexander, MD
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RE: CPT code 77014: Computed Tomography Guidance Related to Intensity Modulated Radiation Therapy (IMRT) Planning and Treatment Delivery

Dear Dr. Alexander:

The American Society for Radiation Oncology (ASTRO)¹ is providing the following information to clarify the use of CPT code 77014 (Computed tomography guidance for placement of radiation therapy fields) with Intensity Modulated Radiation Therapy (IMRT) treatment delivery. ASTRO members report receiving denials from Amerigroup Real Solutions (Amerigroup) which state that CPT 77014 cannot be billed within 14 days of CPT 77301. This policy has no clinical basis and is causing unnecessary delays in cancer treatment. ASTRO's *Coding Guidance for Use of CT Image Guidance Related to IMRT Planning and Treatment Delivery* (enclosed) explains why it is appropriate to bill CT image guidance (77014) with IMRT treatment delivery (G6015, G6016, 77385 or 77386) and clarifies CMS' guidance with regard to image guidance and IMRT treatment planning (77301).

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 CPT codes 77385 and 77386 include the technical component of image guidance. When reporting the professional component of image guidance with IMRT, physicians must use HCPCS codes G6001, G6002 or CPT code 77014 with the -26 modifier attached.

Computed Tomography and IMRT Treatment Delivery

CPT code 77014 is utilized for target localization and to determine positioning adjustments in the daily delivery of IMRT treatments. A radiation oncologist, a medical physicist, or trained radiation therapist under the supervision of the radiation oncologist, reviews the automated image fusion and performs 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 used in patients whose tumors are directly adjacent to critical structures to direct the radiation

¹ ASTRO members are medical professionals practicing at hospitals and cancer treatment centers in the United States and around the globe. They make up the radiation treatment teams that are critical in the fight against cancer. These teams include radiation oncologists, medical physicists, medical dosimetrists, radiation therapists, oncology nurses, nutritionists and social workers. They treat more than one million cancer patients each year.

American Society for Radiation Oncology CPT code 77014: Computed Tomography Guidance Related to Intensity Modulated Radiation Therapy (IMRT) Planning and Treatment Delivery Page 2

beam or to track motion during IMRT treatment delivery. It is a crucial component in IMRT treatment delivery, ensuring maximum patient safety and treatment efficacy.

Much of the confusion surrounding billing for CT image guidance stems from a CMS National Correct Coding Initiative (NCCI) edit that precludes physicians from billing 77014 with 77301 (IMRT *Treatment Planning*). It is important to note that the NCCI restriction does **NOT** apply to the use of CT image guidance (77014) in the *delivery* of IMRT, recognized by CPT codes G6015, G6016, 77385 or 77386.

Amerigroup's requirement of 14 days between IMRT treatment planning and CT image guidance causes a significant delay for cancer patients waiting to begin Intensity Modulated Radiation Therapy. This is particularly alarming given research linking each week of delay in starting cancer treatment with a 1.2% to 3.2% increased risk of death². In light of the above, we urge Amerigroup to cease these denials and to remit payment to practices.

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 Jessica.adams@astro.org.

Sincerely,

Laura I. Thevenot Chief Executive Officer

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Enclosed: Coding Guidance for Use of CT Image Guidance Related to IMRT Planning and Treatment Delivery

² Khorana AA, Tullio K, Elson P, Pennell NA, Grobmyer SR, et al. (2019) Correction: Time to initial cancer treatment in the United States and association with survival over time: An observational study. PLOS ONE 14(4): e0215108. https://doi.org/10.1371/journal.pone.0215108