Radiation Oncology Medical Policy
Frequently Asked Questions for providers

This document addresses frequently asked questions about the Radiation Oncology Medical Policy, a new medical policy developed by Blue Shield of California. Based on best practices, this policy outlines general principles and is designed to assist radiation oncology providers in the use of 3-Dimensional Radiation Therapy and Intensity Modulated Radiation Therapy.

Contents

General information about the policy

1. **Why was the Radiation Oncology policy developed?**

   There are many components to radiation therapy, involving complex and sometimes variable services provided to our members. The policy was developed to bring order to this complexity. Blue Shield receives claims for a wide variety of CPT4 codes for the treatment of the same conditions (e.g., breast cancer). There are industry standards for which codes are necessary to treat various cancers. This policy establishes uniform standards for the treatment of these cancers to help ensure that our members receive appropriate treatment for their cancer.

2. **Was this policy developed in response to a federal or state law regulation?**

   No. However, Medicare has mandated a new payment model, Radiation Oncology Alternative Payment Model, based on case rates set to begin on or after July 1st, 2021 (the final date is subject to change). Blue Shield's medical policy is consistent with the national perception that Radiation Oncology coding and payment needs standardization.

3. **Does this policy apply to all Blue Shield plan members?**

   With two exceptions, Medicare and Medi-Cal, this policy applies across all lines of business, including commercial HMO and PPO plan members, ASO and ACO members. For Medicare, Blue Shield of California medical policy only applies if there is no Medicare NCD (National Coverage Determination) or LCD (Local Coverage

Determination) addressing the service. For Medi-Cal, California Medi-Cal guidelines apply.

4. **When will the policy become effective?**

   This policy became effective for new cases started on and after November 20, 2020.

5. **Have providers been notified of this new policy?**

   Yes, in mid-June 2020, Blue Shield sent a letter asking providers to comment on a draft of our new Radiation Oncology medical policy: BSC 8.06 Radiation Oncology. After reviewing provider comments, Blue Shield revised the draft policy. Blue Shield sent a letter on September 14 to providers including the updated draft policy, an outline of the changes, tables listing the 3D-CRT and IMRT CPT4 code allowances and documentation requirements.

6. **Has the final version of the policy been published?**

   Yes, the policy went into effect for all new cases starting on or after 11/20/2020. We may further modify the policy based on feedback from our provider partners.

7. **Will the Radiation Oncology policy cover the use of image guidance?**

   The restrictions on image guided radiation therapy (IGRT) coverage published in the first draft of the policy have been removed. IGRT is not specifically mentioned in the policy, and there are no restrictions on its use.

8. **Is hypofractionation in the initial treatment of breast and prostate cancer required under this policy?**

   Yes, in most cases hypofractionation is required in the initial treatment of prostate cancer, but not salvage or adjuvant therapy after prostatectomy. Likewise, hypofractionation is required in most cases of breast cancer after breast conservation surgery, but not after mastectomy or other select circumstances. Hypofractionation may not be the best treatment for every patient. In these instances, Blue Shield will cover conventional treatment if documentation is provided indicating why the patient required a longer treatment schedule.

   Hypofractionation is when a higher dose of radiation per treatment is used than in conventional treatment, resulting in patients making fewer visits to receive full treatment. The National Comprehensive Cancer Network (NCCN) and American Society for Radiation Oncology (ASTRO) guidelines consider the use of hypofractionation for the treatment of most cases of breast cancer, and NCCN considers hypofractionation to be the preferred treatment method for the initial treatment of most cases of prostate cancer. The advantages of hypofractionation include fewer trips to the facility (for breast cancer, 16 vs. up to 30 to 33 treatments), less risk of exposure to infections at healthcare facilities (e.g. COVID 19), and equivalent outcomes. Fewer treatments also help reduce the cost of healthcare.

9. Under this policy, can radiation therapy be used to treat common skin cancers?

While not addressed in this policy, Blue Shield does not cover the treatment of common skin cancers (basal and squamous cell carcinoma) with radiation therapy. Standard surgical treatment is available for these cancers. Please see the following medical policy for further details: 8.01.62: Electronic Brachytherapy for Nonmelanoma Skin Cancer.

Allowable CPT Codes

10. Can Blue Shield provide a clear document that lists which codes, and how many, will be covered during a course of radiation therapy for both 3-Dimensional Conformal Radiation Therapy (3D CRT) and Intensity Modulated Radiation Therapy (IMRT)?

Yes, Blue Shield has developed standard tables (code sets) for 3D CRT and IMRT that indicate which codes are covered, how many are covered and any documentation requirements. This was included in notifications to providers, and is in the Policy Guidelines section of the medical policy, which can be accessed at: blueshieldca.com/provider

11. What kind of coding issues has Blue Shield commonly seen?

The table below contains a detailed example of typical coding issues in the treatment of prostate cancer submitted for prior authorization. A description of each coding controversy is detailed below:

Code	Description	Start date	End date	Total
77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	09/09/2020	03/07/2021	1
77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	09/09/2020	03/07/2021	2
77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	09/09/2020	03/07/2021	1
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION	09/09/2020	03/07/2021	1
77300	BASIC RADIATION DOSIMETRY CALCULATION	09/09/2020	03/07/2021	30
77301	NTSTY MODUL TADTHX PLN DOSE VOL HISTOS	09/09/2020	03/07/2021	2
77307	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	09/09/2020	03/07/2021	1
77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	09/09/2020	03/07/2021	4
77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	09/09/2020	03/07/2021	9
77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	09/09/2020	03/07/2021	2
77370	SPEC MEDICAL RADJPHYSICS CONSLTJ	09/09/2020	03/07/2021	2
77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	09/09/2020	01/06/2021	45
77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	09/09/2020	01/06/2021	45
77387	GUIDANCE FOR LOCL2J TARGET VOL FOR RADJ TX DLVR	09/09/2020	01/06/2021	45
77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	09/09/2020	01/06/2021	9

In this example, CPT4 codes 77280 and 77290 were requested as shown above. These are codes for simulation, which is done to determine the size of the tumor and how best to treat it. However, these codes can't be used with IMRT. Simulation is considered a part of the IMRT radiotherapy plan, which is billed with a different code (77301). Simulation codes aren't separately covered for this type of radiation therapy (IMRT)

Code 77293: This is to calculate the effects of breathing-related movements during radiation therapy. This request was for the treatment of prostate cancer. Respiratory motion simulation for prostate cancer is considered not medically necessary.

Code 77300: This is to measure the dose of radiation needed. We approve 2 of these treatments automatically. The number requested here is considered excessive (30).

Code 77301: This is for the initial radiotherapy plan. Two radiation therapy plans were requested; rarely is more than one needed. Additional documentation of the medical necessity for a second plan would be required before this would be covered.

Code 77307: This is for an additional radiotherapy plan. This is considered not medically necessary, especially since two similar codes for radiotherapy plans have also been requested (77301 and 77300).

Code 77334: This is a code for a custom device that helps aim the radiation beam. It is not used with IMRT since another code, 77338, is standard for this purpose, and was also requested. It is also used for immobilization devices. Generally, only one of these devices is needed.

Code 77370: This is a special Physics consultation code. This is only needed in unusual cases and would need additional documentation before it would be covered. Rarely would it be necessary to bill this code, as was requested.

Code 77386: The code for simple IMRT, 77385, is the correct code for the treatment of prostate cancer. Complex IMRT (77386) isn't needed for prostate cancer, and both IMRT delivery codes (77385 and 77386), as requested, are not used together.

Code 77385: This is the correct code for delivery of radiation therapy in the treatment of prostate cancer. However, 45 treatments were requested. Hypofractionation may also be appropriate and would reduce the number from 45 to 20-28. Documentation of the need for conventional instead of hypofractionation would be required under the new Radiation Oncology medical policy.

Code G6015: This code is equivalent to another IMRT delivery code, 77385. Only one is needed, not both.

Code 77417: These are x-rays used to help aim the beam. The provider also requested coverage for image guidance, usually by CT scan. Both types of imaging are not needed.

12. Some of the restrictions in the number of codes allowed appear to be significant. How did Blue Shield arrive at these restrictions?

This policy was developed with the assistance of medical literature review, a consultant from a large medical center, independent radiation oncology consultants and review of National Comprehensive Care Network (NCCN) guidelines. We understand there are some coding limitations, but these will only be enforced if documentation of medical necessity is not provided.

Claims and authorizations

13. Under the new Radiation Oncology medical policy, is prior authorization required for radiation therapy?

Under the new policy, prior authorization is required only for IMRT. The Radiation Oncology policy covers two types of radiation therapy: 3-Dimensional Conformal Radiation Therapy (3D CRT) and Intensity Modulated Radiation Therapy (IMRT). Both are external beam treatments, meaning that radiation comes from an external source outside the individual.

Standard radiation therapy, or 3D CRT, does not require prior authorization, although we will review the need (medical necessity) for some of the codes submitted after the patient has been treated. Codes that are not documented as medically necessary will not be covered. The standard code sets in the medical policy indicate the codes and frequencies that will be approved without review. Additional codes not documented as medically necessary will not be covered.

IMRT is a more specialized type of radiation therapy used when there is a high risk of exposure of surrounding tissues to high levels of radiation. We have required prior authorization for IMRT for many years; this will not change. However, when prior authorization is approved, it will only be for a few of the procedure codes used for this treatment (radiation delivery, CPT code 77385, 77386, G6015 or G6016). When a claim is submitted, we will review these and other codes used during this treatment. As with 3D CRT, the IMRT code set in the medical policy indicates the codes and frequencies that will be approved without review. Additional codes that are not documented as medically necessary will not be covered.

14. If parts of a claim are denied, can the provider bill the member for the service?

If the provider is contracted with Blue Shield, they cannot bill the member for the service. If the provider is not contracted with Blue Shield, they may bill the member for the service.

15. How can providers or members dispute a claim for payment?

Providers or members may dispute a denied claim.

Providers: Blue Shield will review any provider disputes that arise from claims-based denials. This review will follow our standard provider dispute resolution process, detailed in the Guidelines and Resources section on our Provider Connection website. Note, you

may need to log in to Provider Connection to view some of the content on the website. Below are direct links to the Provider Dispute Resolution Request forms, including instructions for submitting completed forms by mail:

Provider Dispute Resolution request form - Blue Shield of California Promise providers

Provider Dispute Resolution request form - Blue Shield of California providers

Members: Members may appeal any denied claim by submitting a grievance through the Appeals and Grievance Department (AGD) as outlined on their Explanation of Benefits (EOB). Members may call the number on their ID card, visit http://www.blueshieldca.com/, or write to:

Blue Shield of California/Customer Service Grievances
P.O. Box 5588
El Dorado Hills, CA 957602-0011

Provider impact

16. What is the financial impact of this policy for providers?

This policy will cover all medically necessary radiation oncology services. Financial impact to providers depends on their baseline coding and utilization practices. For example, providers who were previously submitting claims and receiving reimbursement for services that were not medically necessary will see a reduction in reimbursement.

17. What is the operational impact of this policy for providers?

Providers should refer to the coding guidelines discussed in Question 9 in this document. There is no other operational impact to providers due to this policy.

Member impact

18. Will this policy result in reduced coverage for radiation therapy, which could result in needed services to our members being excluded?

No, members will continue to receive coverage for medically necessary radiation therapy. This policy requires providers to explain why certain services are needed (are medically necessary).

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