

Reimbursement Change for Image Guidance Code 77014

On June 1, 2017, UnitedHealthcare revised our Intensity Modulated Radiation Therapy (IMRT) Policy to no longer allow separate reimbursement for seven radiation therapy services when billed 30 days before or after IMRT plan code 77301. Those seven codes are 77014, 77295, 77306, 77307, 77321, 77331 and 77370.

However, as of Oct. 8, 2017, we've determined that image guidance code 77014 may be separately reimbursed even after IMRT planning when done in conjunction with image-guided radiation therapy (IGRT). To be reimbursed, the code must be reported on a CMS-1500 claim form or its electronic equivalent under one of two conditions:

- The code is on the same date of service as codes G6015 or G6016 and codes 77385 or 77386, when reported with modifier 26, in a nonfacility place of service.
- Modifier 26 is used with the code in a facility place of service, when the hospital reports the correct IMRT code and the physician reports the professional component of IGRT.

We're currently overturning applicable denials for claims processed between June 1 and Oct. 8, 2017. If one of your claims was denied over the former policy, you don't need to take any action. Your claim will be reprocessed automatically. However, code 77014 may still be subject to other reimbursement policy edits, coverage and/or benefit determinations.

To find out more about the policy, please visit UHCCommunityPlan.com > For Health Care Professionals > (click on the appropriate state) > Reimbursement Policies.

We're Here to Help

If you have questions about this policy, please call Provider Services at the number listed on the back of the member's health care ID card.

Note Regarding Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include but are not limited to federal and/or state regulatory requirements, physician or other provider contracts, and/or the member's benefit coverage documents.

Unless otherwise noted as follows, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies do not address all issues related to reimbursement for services rendered to our members, such as the member's benefit plan documents; our medical policies; and the UnitedHealthcare Community Plan Physician, Health Care Professional, Facility and Ancillary Provider

Administrative Guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

In the event of an inconsistency or conflict between the information in this Provider Notification and the posted policy, the provisions of the posted reimbursement policy prevail. If you have any questions, please contact your Health Plan Representative or call the number on your Provider Remittance Advice/Explanation of Benefits.