



## Provider Alert

### Reimbursement Change to Intensity Modulated Radiation Therapy (IMRT) Policy

As of June 1, 2017, UnitedHealthcare Community Plan of Tennessee revised our commercial IMRT policy to no longer reimburse seven radiation therapy services when billed 30 days before or after IMRT plan code 77301. The revised policy included reimbursement for codes 77014, 77295, 77306, 77307, 77321, 77331 and 77370 in the reimbursement for code 77301. However, we've since determined that image guidance code 77014 may be separately reimbursed even after IMRT planning when it accompanies codes G6015-G6016 or 77385-77386 for image-guided radiation therapy (IGRT). Any claim denials based on the former policy revision will be overturned.

#### Getting Reimbursed for Code 77014

To be separately reimbursed for code 77014, you must report the code on the same date of service as one of the following:

- Codes G6015 or G6016 in a nonfacility place of service
- Codes 77385 or 77386, when reported with modifier 26 in a nonfacility place of service

Code 77014 is also separately reimbursable when reported with modifier 26 in a facility place of service, when the hospital reports the correct IMRT code and the physician reports the professional component of IGRT.

We are currently overturning applicable denials for claims processed from June 1, 2017 to October 8, 2017. You don't need to take any action if your claim was denied for this reason. However, claims with code 77014 may still be denied due to other reimbursement policy edits or coverage or benefit determinations.

To learn more about the policy, please visit [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals (click on the appropriate state) > Reimbursement Policies.

#### 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

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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.

### 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 ID card. Thank you.