

Therapeutic Radiology Services Payment Policy

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct – Health Connector
- Tufts Health RITogether – A RI Medicaid Plan
- Tufts Health Together – Includes MassHealth Plan and Accountable Care Partnership Plans
- Tufts Health Unify – OneCare Plan

The following payment policy applies to Tufts Health Plan contracting therapeutic radiology services providers who render services for Tufts Health Public Plans products.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary therapeutic radiology services, as described below.

DEFINITION

Therapeutic radiology services are the radiation and nuclear medicine therapy a radiologist provides for the evaluation and/or treatment of a medical condition, injury, or illness.

Therapeutic radiology services include:

- Initial consultation
- Clinical-treatment planning
- Treatment stimulation
- Radiation-treatment management

AUTHORIZATION REQUIREMENTS

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained.

Tufts Health Direct, Tufts Health Together and Tufts Health Unify

Prior authorization is required for an inpatient stay before a provider may render therapeutic radiology services. Prior authorization is required for all outpatient therapeutic radiology services.

Tufts Health RITogether

Prior authorization is not required for therapeutic radiology services.

For more information refer to the [Specialty Services Payment Policy](#).

BILLING INSTRUCTIONS

Tufts Health Plan reimburses for therapeutic radiology services in accordance with applicable regulations or contracted reimbursement rates. Tufts Health Plan does not reimburse for interpretation services performed solely for the purpose of quality control or experimental treatment.

Tufts Health Plan requires providers to submit all professional charges on a CMS-1500 form and all hospital charges on a UB04 form, including appropriate CPT/HCPCS codes and the following modifiers: professional component (26), technical component (TC), left (LT), or right (RT). Providers may submit charges via HIPAA-compliant electronic formats.

Refer to the [Radiology Imaging Services Payment Policy](#) for information about radiology imaging services reimbursement.

COMPENSATION/REIMBURSEMENT INFORMATION

Complex Therapeutic Radiology Treatment Planning

Tufts Health Plan does not routinely compensate MRIs and CTs when billed with 77263 (Therapeutic radiology treatment planning; complex).

Intensity Modulated Radiotherapy

- Tufts Health Plan does not routinely compensate intensity modulated radiation therapy (IMRT) when billed without a qualifying diagnosis.
- Tufts Health Plan does not routinely compensate radiation oncology services when billed with IMRT services and a qualifying diagnosis has not also been billed.

Radiation Therapy Treatment Devices

- Tufts Health Plan does not routinely compensate 77332-77334 (Treatment devices, simple; intermediate; complex) when billed greater than twelve units within 53 days by any provider.
- Tufts Health Plan does not routinely compensate 77332-77334 (Treatment devices, simple; intermediate; complex) when billed greater than ten units per day by any provider, same claim type and the diagnosis is not head and neck cancer, or prostate cancer, and a complex therapy service has not been billed for the same date of service or within two weeks (before or after).
- Tufts Health Plan does not routinely compensate 77332-77334 (Treatment devices, simple; intermediate; complex) when billed greater than ten units in 53 days by any provider, same claim type and the diagnosis is not head neck cancer, or prostate cancer, and a complex therapy service has not been billed for the same date of service or within two weeks (before or after).
- Tufts Health Plan does not routinely compensate 77427 (Radiation treatment management) when billed more than one (1) unique date of service during a 5 day period.

DOCUMENT HISTORY

- January 2020: Updated authorization requirements
- March 2018: Template updates
- October 2017: Updated to include RITogether; added previously communicated edits for complex therapeutic radiology treatment planning, intensity modulated radiotherapy and radiation therapy treatment devices
- February 2017: Template updates

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, Tufts Health Plan will expect your office/facility to refund all payments related to non-compliance. For more information about Tufts Health Plan's [audit policies](#), refer to our website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.