

UnitedHealthcare Medicare Advantage Reimbursement Policy Update Bulletin: December 2024

New																																																										
Policy Title	Effective Date	Policy Summary																																																								
Radiation Therapy - Dosimetry, Simulation/Devices and Management Policy, Professional and Facility	February 1, 2025 Reminder	<ul style="list-style-type: none"> Effective for dates of service on or after February 1, 2025, UnitedHealthcare will implement the new Radiation Therapy - Dosimetry, Simulation/Devices and Management Policy, Professional and Facility. Radiation therapy dosimetry, simulation, and management services, identified with select CPT® codes, will have unit limitations during a 90-day episode of care, as noted below Units billed in excess of the Reimbursable Units will not be considered for reimbursement. <table border="1"> <thead> <tr> <th>Procedure Code</th> <th>Reimbursable Units</th> <th>Description</th> <th>Treatment Description</th> </tr> </thead> <tbody> <tr> <td>77280</td> <td>4</td> <td>THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE</td> <td>Simulation</td> </tr> <tr> <td>77285</td> <td>2</td> <td>THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED</td> <td>Simulation</td> </tr> <tr> <td>77290</td> <td>3</td> <td>THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX</td> <td>Simulation</td> </tr> <tr> <td>77295</td> <td>2</td> <td>3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS</td> <td>3-D Radiotherapy</td> </tr> <tr> <td>77300</td> <td>10</td> <td>BASIC RADIATION DOSIMETRY CALCULATION</td> <td>Basic Dosimetry</td> </tr> <tr> <td>77301</td> <td>5</td> <td>NTSTY MODUL RADTHX PLAN DOSE-VOL HISTOS</td> <td>IRMT Dose Planning</td> </tr> <tr> <td>77332</td> <td>10</td> <td>TX DEVICES DESIGN & CONSTRUCTION SIMPLE</td> <td>Treatment Devices</td> </tr> <tr> <td>77333</td> <td>10</td> <td>TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE</td> <td>Treatment Devices</td> </tr> <tr> <td>77334</td> <td>10</td> <td>TX DEVICES DESIGN & CONSTRUCTION COMPLEX</td> <td>Treatment Devices</td> </tr> <tr> <td>77338</td> <td>5</td> <td>MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN</td> <td>MLT Device for IMRT</td> </tr> <tr> <td>77427</td> <td>9</td> <td>RADIATION TREATMENT MANAGEMENT 5 TREATMENTS-3D IMRT</td> <td>Radiation Therapy Treatment Management</td> </tr> <tr> <td>77431</td> <td>1</td> <td>RT MGMT WITH COMPLETE COURSE OF THERAPY</td> <td>Radiation Therapy Treatment Management</td> </tr> <tr> <td>77435</td> <td>1</td> <td>STEROTACTIC BODY RADIATION MANAGEMENT</td> <td>Radiation Therapy Treatment Management</td> </tr> </tbody> </table> <ul style="list-style-type: none"> These limits apply only to codes for the dosimetry, simulation, and management aspect of radiation therapy treatment planning and not to radiation therapy treatment itself. A 90-day episode of care begins when one of the therapeutic radiology treatment planning CPT® codes (77261, 77262 and 77263) are billed. A new episode of care begins again if a radiology treatment planning code is submitted before the previous 90-day episode of care ends. 	Procedure Code	Reimbursable Units	Description	Treatment Description	77280	4	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	Simulation	77285	2	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	Simulation	77290	3	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	Simulation	77295	2	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	3-D Radiotherapy	77300	10	BASIC RADIATION DOSIMETRY CALCULATION	Basic Dosimetry	77301	5	NTSTY MODUL RADTHX PLAN DOSE-VOL HISTOS	IRMT Dose Planning	77332	10	TX DEVICES DESIGN & CONSTRUCTION SIMPLE	Treatment Devices	77333	10	TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	Treatment Devices	77334	10	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Treatment Devices	77338	5	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	MLT Device for IMRT	77427	9	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS-3D IMRT	Radiation Therapy Treatment Management	77431	1	RT MGMT WITH COMPLETE COURSE OF THERAPY	Radiation Therapy Treatment Management	77435	1	STEROTACTIC BODY RADIATION MANAGEMENT	Radiation Therapy Treatment Management
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Revised		
Policy Title	Effective Date	Summary of Changes
Rebundling and NCCI Edits, Professional Policy Reminder	February 01, 2025	<ul style="list-style-type: none"> • Effective for dates of service on or after Feb 1, 2025, UnitedHealthcare will align with The Centers for Medicare and Medicaid (CMS) by enhancing the existing Rebundling and NCCI Edits, Professional policy to support claim line denials when there are two shoulder arthroscopic procedures performed on the same shoulder. • In accordance with the CMS National Correct Coding Initiative (NCCI) CPT codes 29805-29828 Procedure to Procedure (PTP) edit, code pairs consisting of two codes describing two shoulder arthroscopy procedures performed on the same shoulder will not be considered for separate reimbursement regardless if the code is appended with an NCCI PTP associated modifier. This includes the use of modifier 59. • PTP edit code pairs will be considered for separate reimbursement when performed on opposite shoulders and appended with an appropriate NCCI PTP associated modifier. • There are three exceptions which are described in Chapter IV, Section E (Arthroscopy), Subsection 7 of the NCCI manual. The following CPT codes will be considered for separate reimbursement when submitted in addition to code 29823 if extensive debridement is completed in a different area of the same shoulder. <ul style="list-style-type: none"> o 29824 (Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)) o 29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair) o 29828 (Arthroscopy, shoulder, surgical; biceps tenodesis)

Code Updates		
Policy Title	Effective Date	Summary of Changes
Reimbursement Policy Code Updates – Multiple Policies	N/A	<p>In response to provider feedback and in an effort to provide more transparency, UnitedHealthcare is providing additional information regarding code updates that impact reimbursement policies. These updates are not changing the intent or the coding requirements of the policy, but reflect changes made to industry standard code sets.</p> <ul style="list-style-type: none"> The following UnitedHealthcare policies have recently been updated to include code changes: <ul style="list-style-type: none"> 2024 Hospital Acquired Conditions Policy, Facility Anniversary Review 2024 From - To Date, Professional Anniversary Review 2024 Reduced Services (Mod 52), Professional Anniversary Review 2024 Time Span Codes Policy, Professional Anniversary Review Anatomical Modifier Requirement Policy, Professional Information regarding these code updates can be found in the history section which is located at the end of the posted policy. Code sections/lists/tables within a policy may not be comprehensive but may be provided as examples. Please review the full policy to understand applicability. Code updates could include, for example, CPT, HCPCS, ICD-10, Modifiers, Revenue Codes, or other industry standard code sets.

Published reimbursement policies are intended to ensure reimbursement based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member’s benefit plan and any applicable federal or state regulatory requirements.



The complete library of UnitedHealthcare Medicare Advantage Reimbursement Policies is available UHCprovider.com > Policies and Protocols > Medicare-Advantage-Policies > [Medicare-Advantage-Reimbursement Policies](#).