

Image Guided Radiation Therapy

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

This policy outlines reimbursement guidelines for image guided radiation therapy. Image-guided radiation therapy (IGRT) ensures precise identification of the tumor's position. It can be utilized with both conventional radiation treatment delivery and Intensity-Modulated Radiation Therapy (IMRT). The professional component of IGRT may be reported in addition to IMRT, while the technical component of IGRT is bundled into IMRT. For conventional radiation treatment delivery, IGRT may be reported for both the professional and technical components.

Reimbursement Guidelines

Accurate coding of the professional component of IGRT requires the use of codes G6001, G6002, G6017, or 77014, depending on the method employed. Modifier –26 should be appended to these codes when billing for the professional component, except for G6017, which pertains exclusively to professional services and cannot be billed with modifier 26.

The IGRT code 77387 is not considered valid for Medicare purposes by CMS concerning professional services. Reimbursement according to CMS guidelines does not cover 77387. Furthermore, federal Medicaid NCCI rules bundle 77387 into IMRT services.

Procedure Codes (CPT & HCPCS)

Code	Code Description
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed
77014	Computed tomography guidance for placement of radiation therapy fields
G6001	Ultrasonic guidance for placement of radiation therapy fields
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment

Supplemental Information

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.

State Exceptions

State	Exception

Documentation History

Type	Date	Action
Initial Creation Date	11/20/2020	New Policy
Revised Date	10/19/2022	Code description table added
Revised Date	08/16/2023	Verified links-TP
Revised Date	12/12/2024	Verified links and Updated Template
Revised Date	08/04/2025	Updated Template

References

References This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
CMS	https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched
Professional Society Guidelines and Other Publications	https://www.astro.org/Daily-Practice/Coding/Coding-Guidance/Coding-Guidance-Articles/IGRT-in-2016

***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for



reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.