

Radiation Therapy Planning, Dosimetry, Simulation/Devices and Management Policy, Professional and Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage reimbursement policies 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.

This reimbursement policy applies to all health care services billed on UB04 forms (CMS 1450) and to those billed on CMS 1500 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Medicare Advantage enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the facility or other provider contracts, the enrollee's benefit coverage documents**, and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Facilities can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

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** For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.

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Application

This reimbursement policy applies to all Medicare Advantage products and for network provider services reported using the UB04 and CMS 1500 form or its electronic equivalent or its successor form.

Policy

Overview

Therapeutic radiology clinical treatment planning (CPT Codes 77261, 77262, and 77263) is part of a series of services or procedures performed on a patient receiving radiation therapy. Clinical treatment planning is a separate and discrete step in the process of care that represents services that are unique and distinct from those provided within other planning codes. Within clinical treatment planning, the radiation oncologist develops the parameters of the therapeutic management plan, including the overall clinical, physical, and technical aspects of radiation treatment required for safe and effective therapy for each patient. This includes determining the treatment modality, total dose, fractionation and the need for planned field changes.

This policy addresses the reimbursable units for procedures and services performed within the 90-day episode of care and applicable reimbursement guidelines. During an episode of care, it may become necessary to perform additional clinical treatment planning, due to changes in the patient's condition. A new 90-day episode of care starts each time a therapeutic radiology treatment planning code (77261, 77262, or 77263) is billed.

Reimbursement Guidelines

An episode of care begins when the first therapeutic radiology clinical treatment planning code (77261, 77262, or 77263) is billed and extends up to 90 days or when a new planning code is billed. Within the episode of care, UnitedHealthcare will consider reimbursement for the services, procedures, and units outlined below under the Treatment Management Codes section of the Applicable Codes. The reimbursable units per treatment planning episode are designed to capture all of the reimbursable work a provider does associated with these codes as part of treatment planning. Units billed in excess of the reimbursable units per treatment planning episode will not be considered for reimbursement. Additional reimbursement policies may be applicable to these codes, including but not limited to: Intensity Modulated Radiation Therapy (IMRT), CCI (procedure- to-procedure) and Maximum Frequency Per Day (MFD).

Applicable Codes

Treatment Planning Codes

77261

77262

77263

Treatment Management Codes

CPT Code	Reimbursable Units Per Treatment Planning Episode	CPT Code	Reimbursable Units Per Treatment Planning Episode	CPT Code	Reimbursable Units Per Treatment Planning Episode
77280	4	77301	5	77338	5
77285	2	77332	10	77427	9
77290	3	77333	10	77431	1
77295	2	77334	10	77435	1
77300	10				

Definitions	
Episode of Care	An episode of care begins when the first therapeutic radiology clinical treatment planning code is billed and extends up to 90 days or when a new planning code is billed.

Questions and Answers	
1	<p>Q: How do I know when a new episode of care begins?</p> <p>A: An episode of care begins when one of the therapeutic radiology treatment planning CPT ® codes (77261, 77262, 77263) is billed. Coding standards allow for only one of the planning codes per episode of care. Additional use of these treatment planning codes before a 90-day episode is completed would be due to changes in the patient's condition.</p>
2	<p>Q: Will modifiers influence the accumulation of reimbursable units?</p> <p>A: Professional (26 modifier) and Technical (TC modifier) components, billed with the same code will be considered together when calculating the units allowed. Other modifiers may be appended but do not impact the accumulation of units.</p>
3	<p>Q: What happens if a provider bills over the unit limits?</p> <p>A: If the provider bills more than the reimbursable units within a 90-day episode of care, the reimbursable units allowed would be considered for reimbursement. The units over the reimbursable units will be denied.</p>
4	<p>Q: What if brachytherapy services are billed within the 90-day episode of care?</p> <p>A: When brachytherapy services are present within the 90-day episode care, unit limitations described in this policy are not applicable.</p>

Resources
American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services.
Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications.
American Society for Radiation Oncology (ASTRO).

History	
2/1/2026	Policy Version Change Anniversary Review
8/14/2025	Policy Version Change Updated Questions and Answers sections
2/01/2025	Policy implemented by UnitedHealthcare Medicare and Retirement
1/22/2025	Policy approved by the Payment Policy Oversight Committee