



Intensity-Modulated Radiation Therapy Issue Guide for Providers

This information was developed by the Wisconsin Department of Health Service (DHS) – Office of the Inspector General (OIG) to help educate providers on federal and state program requirements. Featured topics include the rules and regulations providers must follow, as well as program guidance, best practices, and helpful resources to support program participation efforts.

Overview

Intensity-Modulated Radiation Therapy (IMRT) is a procedure that delivers radiation to a treatment area with adjusted intensity to preserve the surrounding tissue. Treatment covers a range of bundled services, which are provided in two phases through planning and delivery. This Issue Guide is designed to help educate radiology providers on program requirements related to billing IMRT services, including the potential for billing errors when bundled services are billed on different Dates of Service (DOS).



Simulations are included in IMRT treatment planning and should not be billed separately from the treatment plan.

Program Requirements

Under Wis. Admin. Code § [DHS 106.03\(2\)\(a\)](#), providers must use applicable procedure and diagnosis codes to identify services billed on the claim for reimbursement. Wis. Admin. Code § [DHS 106.03\(2\)\(b\)](#) also states that claims must be submitted in accordance with the claim submission requirements, claim form instructions, and coding information provided by DHS.



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Billing Requirements

To ensure Medicaid claims are properly billed, the federal Centers for Medicare and Medicaid Services (CMS) requires providers to use correct billing codes and have controls in place to address potential errors. To help providers comply with this requirement, CMS adopted the National Correct Coding Initiative (NCCI) Policy Manual for Medicaid Services.

The NCCI Policy Manual for Medicaid Services* requires reporting procedures using the most comprehensive Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes that describe the services performed. Providers also may not unbundle services described under CPT/HCPCS codes.

According to NCCI Policy Manual for Medicaid Services Chapter 9, Section F, Number 14, CPT code 77301 includes therapeutic radiology simulations for IMRT treatment planning. As a result, IMRT simulations should not be reported separately using CPT codes 77280—77290. Although NCCI Procedure-to-Procedure (PTP) edits exist to prevent the improper billing of both services on the same DOS, improper payments could result from performing and billing two procedures on different DOS.

*NCCI Policy Manual for Medicaid Services can be found at <https://www.cms.gov/ncci-medicaid/medicaid-ncci-policy-manual>

Get Help

- OIG advises providers to seek help with billing questions before submitting claims by contacting Provider Services at 800-947-9627.
- If you need assistance with an OIG audit or review, please contact the staff person listed on your letter.

Report Fraud

OIG encourages everyone to report suspected fraud within DHS programs at 877-865-3432 or www.reportfraud.wisconsin.gov.