

# Intensity Modulated Radiation Therapy (IMRT)

Noridian Healthcare Solutions, LLC

Jump to Section...



**Please Note: This is a Proposed LCD.**

Proposed LCDs are works in progress and not necessarily a reflection of the current policies or practices. Proposed LCDs in an approval status display on the CMS MCD for public review.

### Contractor Information



**Contractor Name** Noridian Healthcare Solutions, LLC

**Contract Number** 03102

**Contract Type** A and B MAC

**Associated Contract Numbers** (A and B MAC - 03201 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03301 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03401 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03501 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03601 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03202 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03302 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03502 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03602 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03402 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 03101 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 02201 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 02101 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 02301 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 02401 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 02202 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 02102 - J - F) Noridian Healthcare Solutions, LLC, (A and B MAC - 02402 - J - F) Noridian Healthcare Solutions, LLC,

**Proposed LCD Information**



**Source LCD ID** L34080

**Proposed LCD ID** DL34080

**Original ICD-9 LCD ID** N/A

**Proposed LCD Version** 3

**Proposed LCD Title** Intensity Modulated Radiation Therapy (IMRT)

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Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A) states that no Medicare payment shall be made for items or services that “are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.”

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

IOM 100-04, Medicare Claims Processing Manual, Chapter 4, Section 200.3:  
200.3 - Billing Codes for Intensity Modulated Radiation Therapy (IMRT) and  
Stereotactic Radiosurgery (SRS)  
200.3.1 - Billing for IMRT Planning and Delivery

National Correct Coding Initiative Policy Manual for Medicare Services

**Jurisdiction** Arizona

**Super MAC  
Jurisdiction** J - F

**Coverage Guidance**



Intensity Modulated Radiation Therapy (IMRT) is a computer-based method of planning for, and delivery of generally narrow, patient specific, spatially and often temporally modulated beams of radiation to solid tumors within a patient. IMRT planning and delivery uses an approach for obtaining the highly conformal dose distributions needed to irradiate complex targets positioned near, or invaginated by, sensitive normal tissues, thus improving the therapeutic ratios. IMRT delivers a more precise radiation dose to the tumor while sparing the surrounding normal tissues by using non-uniform radiation beam intensities that are determined by various computer-based optimization techniques.

**Coverage  
Indications,  
Limitations and/or  
Medical Necessity**

The computer based optimization process is referred to as "inverse planning." Inverse planning develops a dose distribution based on the input of specific dose constraints for the planned treatment volume (PTV) and nearby clinical structures and is the beginning of the IMRT treatment planning process. The gross tumor volume (GTV), the PTV and surrounding normal tissues must be identified by a contouring procedure and the optimization must sample the dose with a grid spacing of 1 centimeter or less.

**Indications of Coverage:**

IMRT is clinically indicated when highly conformal dose planning is required. IMRT planning may be clinically indicated when one or more of the following conditions are present:

- An immediately adjacent area has been previously irradiated and abutting portals must be established with high precision.

- Dose escalation is planned to deliver radiation doses in excess of those commonly utilized for similar tumors with conventional treatment.
- The target volume is concave or convex, and the critical normal tissues are within or around that convexity or concavity.
- The target volume is in close proximity to critical structures that must be protected.
- The volume of interest must be covered with narrow margins to adequately protect immediately adjacent structures.

According to the coding guide (ASTRO, 2015), the most common sites that currently support the use of IMRT include:

- Carcinoma of the prostate
- Primary, metastatic or benign tumors of the central nervous system, including the brain, brain stem, and spinal cord.
- Primary, metastatic tumors of the spine where spinal cord tolerance may be exceeded by conventional treatment.
- Primary, metastatic or benign lesions to the head and neck area, including:
  - Aerodigestive tract

- Orbits
- Salivary glands
- Sinuses
- Skull base
- Re-irradiation that meets the requirements for medical necessity (as noted above).
- Selected cases of thoracic and abdominal malignancies
- Selected cases (i.e., not routine) of breast cancers with close proximity to critical structures
- Other pelvic and retroperitoneal tumors that meet requirements for medical necessity (as noted above).

IMRT may be necessary in lung cancer cases involving bilateral mediastinal involvement, extension to the midline of the mediastinum, cardiac involvement, or tumor abutting or involving vertebrae or brachial plexus, or great vessels.

Although not routinely indicated in breast cancer, IMRT may be necessary when more than 2 gantry angles are required to meet dose constraints or when internal mammary nodes must be treated.

IMRT is also indicated in pancreatic cancer, anal cancer and for

postoperative use in endometrial, cervical and advanced rectal cancer.

**Limitations of Coverage:**

IMRT is not considered reasonable and necessary when at least one of the criteria listed in the "Indications and Limitations of Coverage and/or Medical Necessity" section or one of the diagnoses listed in the "ICD-10-CM Codes that Support Medical Necessity" section of this policy are not present.

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review.

**Proposed Process Information**



**Changes**

**Fields Changed**

**Synopsis of Changes**

Jurisdiction E and Jurisdiction F LCDs are combined to create a uniform LCD between jurisdictions.

[CMS National Coverage Policy](#)  
[Sources of Information and Basis for Decision](#)  
[ICD-10 Codes that Support Medical Necessity](#)

Documentation in the patient's medical records **must** support:

1. The reasonable and necessary requirements as outlined under the Indications and Limitations of Coverage and/or Medical Necessity section of this policy and must be available to Medicare for review upon request.
2. The prescription must define the goals and requirements of the treatment plan, including the specific dose constraints for the target(s) and nearby critical structures.
3. A statement by the treating physician documenting the special need for performing IMRT on the patient in question, rather than performing conventional or 3-dimensional treatment planning and delivery.
4. Signed and dated IMRT inverse plan that meets prescribed dose constraints for the planning target volume (PTV) and surrounding normal

**Associated Information**

tissue using either dynamic multi-leaf collimator (DMLC) or segmented multi-leaf collimator (SMLC) (average number of "steps" required to meet IMRT delivery is 5), or inverse planned IMRT solid compensators to achieve intensity modulation radiation delivery.

5. The target verification methodology that includes the following:

- a. Documentation of the clinical treatment volume (CTV) and the planning target volume (PTV).
- b. Documentation of immobilization and patient positioning.
- c. Means of dose verification and secondary means of verification.

6. The monitor units (MUs) generated by the IMRT treatment plan must be independently checked before the patient's first treatment.

7. Documentation of fluence distributions re-computed in a phantom is required, or an equivalent methodology consistent with Patient Specific IMRT Treatment Verification described above.

8. Documentation that accounts for structures moving in and out of high and low dose regions created by respiration. Voluntary breath holding **is not** considered appropriate and the solution for movement can best be accomplished with gating technology.

9. Documentation for clinical treatment planning (77261-77263) should evidence the criteria are met which are outlined in The ASTRO/ACR Guide to Radiation Oncology Coding 2015.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1) of the Social Security Act.

The Section titled "Does the 'CPT 30% Rule' apply" needs clarification. This rule comes from the AMA (American Medical Association), the organization that holds the copyrights for all CPT codes. The rule states that if, in a given section (e.g., **surgery**) or subsection (e.g., surgery, **integrumentary**) of the CPT Manual, more than 30%

This policy is subject to the reasonable and necessary guidelines and the limitation of liability provision.

**Sources of Information and Basis for Decision** 1. ASTRO Model Policy for IMRT, 2013.  
 2. The ACR/ASTRO Guide to Radiation Oncology Coding 2015.  
 3. Other contractors' LCDs

	<b>Meeting Date</b>	<b>Meeting Information</b>	<b>State</b>
<b>Open Meetings</b>	02/04/2016	Noridian Healthcare Solutions Room W3 900 42nd Street S Fargo, ND 58108-6704	Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming

	<b>Meeting Date</b>	<b>Meeting Information</b>	<b>State</b>
<b>Part B MAC Contractor Advisory Committee (CAC) Meetings</b>	02/11/2016	Anchorage	Alaska
	02/16/2016	Phoenix	Arizona
	02/17/2016	Boise	Idaho
	02/10/2016	Montana/Wyoming - Teleconference Only	Wyoming
	02/10/2016	Fargo	North Dakota
	02/13/2016	Portland	Oregon
	02/11/2016	Sioux Falls	South Dakota
	02/18/2016	Salt Lake City	Utah
	02/23/2016	Renton	Washington

**Comment Period Start Date** 02/04/2016

**Comment Period End Date** 04/10/2016

**Released to Final LCD Date** Not yet released.

**Reason for Proposed LCD** Creation of Uniform LCDs...  
 Creation of Uniform LCDs Within a MAC Jurisdiction

**Proposed LCD Contact** Noridian Healthcare Solutions, LLC JF Part B Contractor Medical Director(s)  
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**Coding Information**



**Bill Type Codes** 999x Not Applicable



Revenue Codes 99999 Not Applicable

**Group 1: Paragraph**

**Group 1: Codes**

**CPT/HCPCS  
Codes**

77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN
77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX
G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION
G6016	COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED TREATMENT USING 3 OR MORE HIGH RESOLUTION (MILLED OR CAST) COMPENSATOR, CONVERGENT BEAM MODULATED FIELDS, PER TREATMENT SESSION

**Does the CPT 30%  
Coding Rule  
Apply?** No

**ICD-10 Codes that  
Support Medical  
Necessity** **Group 1: Paragraph**  
**Note:** Diagnosis codes are based on the current ICD-10-CM codes that are effective at the time of LCD publication. Any updates to ICD-10-CM codes will be reviewed by Noridian; and coverage should not be presumed until the results of such review have been published/posted.

**Note: Performance  
is optimized by  
using code ranges.** These are the only covered ICD-10-CM codes that support medical necessity:

**The following ICD-10-CM codes may be used alone:** (Only one

diagnosis code is required for payment.) in association with 77301, 77338, 77385 (compensator-based delivery only) 77386, and G6015 (for 2016):

**Group 1: Codes**

C01	Malignant neoplasm of base of tongue
C02.0	Malignant neoplasm of dorsal surface of tongue
C02.1	Malignant neoplasm of border of tongue
C02.2	Malignant neoplasm of ventral surface of tongue
C02.4	Malignant neoplasm of lingual tonsil
C02.8	Malignant neoplasm of overlapping sites of tongue
C04.0	Malignant neoplasm of anterior floor of mouth
C04.1	Malignant neoplasm of lateral floor of mouth
C04.8	Malignant neoplasm of overlapping sites of floor of mouth
C05.0	Malignant neoplasm of hard palate
C05.1	Malignant neoplasm of soft palate
C05.2	Malignant neoplasm of uvula
C05.8	Malignant neoplasm of overlapping sites of palate
C06.0	Malignant neoplasm of cheek mucosa
C06.1	Malignant neoplasm of vestibule of mouth
C06.2	Malignant neoplasm of retromolar area
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
C07	Malignant neoplasm of parotid gland
C08.0	Malignant neoplasm of submandibular gland
C08.1	Malignant neoplasm of sublingual gland
C09.0	Malignant neoplasm of tonsillar fossa
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
C09.8	Malignant neoplasm of overlapping sites of tonsil
C09.9	Malignant neoplasm of tonsil, unspecified
C10.0	Malignant neoplasm of vallecula
C10.1	Malignant neoplasm of anterior surface of epiglottis
C10.2	Malignant neoplasm of lateral wall of oropharynx
C10.3	Malignant neoplasm of posterior wall of oropharynx
C10.4	Malignant neoplasm of branchial cleft
C10.8	Malignant neoplasm of overlapping sites of oropharynx
C11.0	Malignant neoplasm of superior wall of nasopharynx
C11.1	Malignant neoplasm of posterior wall of nasopharynx
C11.2	Malignant neoplasm of lateral wall of nasopharynx

C11.3	Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx
C12	Malignant neoplasm of pyriform sinus
C13.0	Malignant neoplasm of postcricoid region
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
C13.2	Malignant neoplasm of posterior wall of hypopharynx
C13.8	Malignant neoplasm of overlapping sites of hypopharynx
C14.2	Malignant neoplasm of Waldeyer's ring
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct

C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C30.0	Malignant neoplasm of nasal cavity
C30.1	Malignant neoplasm of middle ear
C31.0	Malignant neoplasm of maxillary sinus
C31.1	Malignant neoplasm of ethmoidal sinus
C31.2	Malignant neoplasm of frontal sinus
C31.3	Malignant neoplasm of sphenoid sinus
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C32.0	Malignant neoplasm of glottis
C32.1	Malignant neoplasm of supraglottis
C32.2	Malignant neoplasm of subglottis
C32.3	Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx
C33	Malignant neoplasm of trachea
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C37	Malignant neoplasm of thymus

C38.0	Malignant neoplasm of heart
C38.1	Malignant neoplasm of anterior mediastinum
C38.2	Malignant neoplasm of posterior mediastinum
C38.4	Malignant neoplasm of pleura
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium
C45.7	Mesothelioma of other sites
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C69.01	Malignant neoplasm of right conjunctiva
C69.02	Malignant neoplasm of left conjunctiva
C69.11	Malignant neoplasm of right cornea
C69.12	Malignant neoplasm of left cornea
C69.21	Malignant neoplasm of right retina
C69.22	Malignant neoplasm of left retina
C69.31	Malignant neoplasm of right choroid
C69.32	Malignant neoplasm of left choroid
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body
C69.51	Malignant neoplasm of right lacrimal gland and duct
C69.52	Malignant neoplasm of left lacrimal gland and duct
C69.61	Malignant neoplasm of right orbit
C69.62	Malignant neoplasm of left orbit

C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa
C69.91	Malignant neoplasm of unspecified site of right eye
C69.92	Malignant neoplasm of unspecified site of left eye
C70.0	Malignant neoplasm of cerebral meninges
C70.1	Malignant neoplasm of spinal meninges
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
C72.21	Malignant neoplasm of right olfactory nerve
C72.22	Malignant neoplasm of left olfactory nerve
C72.31	Malignant neoplasm of right optic nerve
C72.32	Malignant neoplasm of left optic nerve
C72.41	Malignant neoplasm of right acoustic nerve
C72.42	Malignant neoplasm of left acoustic nerve
C72.59	Malignant neoplasm of other cranial nerves
C73	Malignant neoplasm of thyroid gland
C74.01	Malignant neoplasm of cortex of right adrenal gland
C74.02	Malignant neoplasm of cortex of left adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C74.91	Malignant neoplasm of unspecified part of right adrenal gland
C74.92	Malignant neoplasm of unspecified part of left adrenal gland
C75.0	Malignant neoplasm of parathyroid gland
C76.0	Malignant neoplasm of head, face and neck
C76.1	Malignant neoplasm of thorax

C76.2	Malignant neoplasm of abdomen
C76.3	Malignant neoplasm of pelvis
C76.41	Malignant neoplasm of right upper limb
C76.42	Malignant neoplasm of left upper limb
C76.51	Malignant neoplasm of right lower limb
C76.52	Malignant neoplasm of left lower limb
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
C79.31	Secondary malignant neoplasm of brain
D32.0	Benign neoplasm of cerebral meninges
D33.3	Benign neoplasm of cranial nerves
D35.2	Benign neoplasm of pituitary gland
D35.3	Benign neoplasm of craniopharyngeal duct
D35.4	Benign neoplasm of pineal gland
D35.6	Benign neoplasm of aortic body and other paraganglia
Q28.2	Arteriovenous malformation of cerebral vessels
Q28.3	Other malformations of cerebral vessels

### **Group 2: Paragraph**

The following ICD-10-CM codes must be used in pairs, i.e., a primary diagnosis from the listing below and a secondary diagnosis of **Z74.09 or Z78.9** (Other specified conditions influencing health status), must also be on the claim to indicate the record has a specific entry clarifying why IMRT is necessary.

### **Group 2: Codes**

C52	Malignant neoplasm of vagina
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament

C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus
C67.8	Malignant neoplasm of overlapping sites of bladder
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
<a href="#">C81.00 -</a> <a href="#">C81.49</a>	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site - Lymphocyte-rich classical Hodgkin lymphoma, extranodal and solid organ sites
<a href="#">C81.70 -</a> <a href="#">C81.79</a>	Other classical Hodgkin lymphoma, unspecified site - Other classical Hodgkin lymphoma, extranodal and solid organ sites
<a href="#">C81.90 -</a> <a href="#">C81.99</a>	Hodgkin lymphoma, unspecified, unspecified site - Hodgkin lymphoma, unspecified, extranodal and solid organ sites
<a href="#">C82.00 -</a> <a href="#">C82.69</a>	Follicular lymphoma grade I, unspecified site - Cutaneous follicle center lymphoma, extranodal and solid organ sites
<a href="#">C82.80 -</a> <a href="#">C82.99</a>	Other types of follicular lymphoma, unspecified site - Follicular lymphoma, unspecified, extranodal and solid organ sites
<a href="#">C83.00 -</a> <a href="#">C83.09</a>	Small cell B-cell lymphoma, unspecified site - Small cell B-cell lymphoma, extranodal and solid organ sites
<a href="#">C83.30 -</a> <a href="#">C83.39</a>	Diffuse large B-cell lymphoma, unspecified site - Diffuse large B-cell lymphoma, extranodal and solid organ sites
<a href="#">C83.50 -</a> <a href="#">C83.59</a>	Lymphoblastic (diffuse) lymphoma, unspecified site - Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites



<a href="#"><u>C83.70 - C83.99</u></a>	Burkitt lymphoma, unspecified site - Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
<a href="#"><u>C84.01 - C84.09</u></a>	Mycosis fungoides, lymph nodes of head, face, and neck - Mycosis fungoides, extranodal and solid organ sites
<a href="#"><u>C84.11 - C84.19</u></a>	Sezary disease, lymph nodes of head, face, and neck - Sezary disease, extranodal and solid organ sites
<a href="#"><u>C84.40 - C84.49</u></a>	Peripheral T-cell lymphoma, not classified, unspecified site - Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
<a href="#"><u>C84.A0 - C84.A9</u></a>	Cutaneous T-cell lymphoma, unspecified, unspecified site - Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
<a href="#"><u>C84.Z0 - C84.Z9</u></a>	Other mature T/NK-cell lymphomas, unspecified site - Other mature T/NK-cell lymphomas, extranodal and solid organ sites
<a href="#"><u>C84.90 - C84.99</u></a>	Mature T/NK-cell lymphomas, unspecified, unspecified site - Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
<a href="#"><u>C85.10 - C85.29</u></a>	Unspecified B-cell lymphoma, unspecified site - Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
<a href="#"><u>C85.80 - C85.99</u></a>	Other specified types of non-Hodgkin lymphoma, unspecified site - Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
<a href="#"><u>C86.0 - C86.6</u></a>	Extranodal NK/T-cell lymphoma, nasal type - Primary cutaneous CD30-positive T-cell proliferations
C91.40	Hairy cell leukemia not having achieved remission
C91.41	Hairy cell leukemia, in remission
C91.42	Hairy cell leukemia, in relapse
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.2	Malignant mast cell tumor
C96.4	Sarcoma of dendritic cells (accessory cells)
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
Z74.09*	Other reduced mobility
Z78.9*	Other specified health status

**Group 2: Asterisk**

\*ICD-10-CM Z74.09 and Z78.9 must be billed as a secondary diagnosis to the non-asterisked ICD-10-CM codes listed above as primary diagnoses. (Two diagnoses are required for payment) - A relatively small number of gynecologic tumors, some lymphomas, some malignant lymph nodes and some sarcomas may need the added precision of IMRT in order to avoid critical adjacent structures. For these indications to be accepted for IMRT, the separate ICD-10-CM code Z74.09 and Z78.9 (Other specified conditions influencing health status) must also be on the claim to indicate the record has a specific entry clarifying why IMRT is necessary. Records must be submitted to Medicare on request.

**Group 3: Paragraph**

These indications are defined as “simple” for which IMRT treatment delivery is G6015 (for Physician Fee Schedule for 2016) and 77385 (for OPPTS):

**Group 3: Codes**

- C50.012\* Malignant neoplasm of nipple and areola, left female breast
- C50.022\* Malignant neoplasm of nipple and areola, left male breast
- C50.112\* Malignant neoplasm of central portion of left female breast
- C50.122\* Malignant neoplasm of central portion of left male breast
- C50.212\* Malignant neoplasm of upper-inner quadrant of left female breast
- C50.222\* Malignant neoplasm of upper-inner quadrant of left male breast
- C50.312\* Malignant neoplasm of lower-inner quadrant of left female breast
- C50.322\* Malignant neoplasm of lower-inner quadrant of left male breast
- C50.812\* Malignant neoplasm of overlapping sites of left female breast
- C50.822\* Malignant neoplasm of overlapping sites of left male breast
- C61 Malignant neoplasm of prostate

**Group 3: Asterisk**

ICD-10-CM Codes C50.012, C50.022, C50.112, C50.122, C50.212, C50.222, C50.312, C50.322, C50.812 and C50.822 - Indications will include some left breast tumors due to risk to immediately adjacent cardiac and pericardial structures, though IMRT would only rarely if ever be medically necessary.

**ICD-10 Codes that DO NOT Support Medical Necessity** **Group 1: Paragraph**  
**Group 1: Codes**

**Note: Performance  
is optimized by  
using code ranges.**

**Additional ICD-10  
Information**

**Associated Documents**



**Attachments**

There are no attachments for this LCD.

**Related Local Coverage  
Documents**

This LCD version has no Related Local Coverage Documents.

**Related National Coverage  
Documents**

This LCD version has no Related National Coverage Documents.