

Medical Coverage Policy | Intensity-Modulated Radiotherapy



EFFECTIVE DATE: 10|01|2025

POLICY LAST REVIEWED: 07|16|2025

OVERVIEW

Intensity-modulated radiotherapy (IMRT) has been proposed as a method of RT that allows adequate RT to the tumor while minimizing the radiation dose to surrounding normal tissues and critical structures.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Effective 10/1/2025, Intensity-modulated radiotherapy (IMRT) is covered for both Medicare Advantage Plans and Commercial Products.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable radiology benefits/coverage.

BACKGROUND

Not applicable

CODING

Medicare Advantage Plans and Commercial Products

The following CPT code(s) are covered for Medicare Advantage Plans and Commercial Products and prior authorization is not required:

- 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 (Institutional providers)
- 77386** Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex (Institutional providers)
- G6015** Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session (Professional providers)
- G6016** Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session (Professional providers)

The following code(s) are not separately reimbursed for Institutional Providers:

- A4648** Tissue marker, implantable, any type, each (Note: This code is not separately reimbursed for institutional providers.)

Note: To ensure correct pricing of HCPC code **A4648** for the Calypso 4D localization system, the procedure/clinical notes and the invoice must be submitted.

RELATED POLICIES

Non-Reimbursable Health Service Codes

PUBLISHED

Provider Update, September 2025

Provider Update, August/December 2024

Provider Update, June 2023

REFERENCES

Not applicable

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