

## ConnectiCare Radiation Oncology Utilization Review Matrix 2020

The matrix below contains all of the CPT 4 codes for which Magellan Healthcare<sup>1</sup> manages for the Radiation Oncology program on behalf of ConnectiCare. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by Magellan Healthcare. The “Allowable Billed Groupings” is meant to outline that if a given procedure is authorized, that any of the listed procedures codes could be submitted on a claim representing that service. This assumes that the member is eligible at the time of the service, that appropriate rebundling rules are applied, that the claim includes an appropriate diagnosis code for the CPT code and that the service is performed within the validity period.

If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

Medicare created temporary HCPCS G codes which will not be authorized but are payable as part of the allowed billable group if the corresponding CPT code is authorized.

**\*\*Please note:** Radiation services that are initiated while the patient is in a hospital inpatient setting are not managed by Magellan Healthcare. Services initiated before the patient’s coverage by this plan or before the start date of this program are also not managed by Magellan Healthcare. Please complete the Radiation Therapy Treatment Notification/Transitional form on RadMD for these cases.

CPT Codes Requiring Authorization	Description	Allowable Billed Groupings
77371	Treatment Deliveries - Gamma Knife	77371
77372	Treatment Deliveries – Stereotactic Radiation Therapy	77372, 77373, G0339, G0340
77373	Treatment Deliveries - Stereotactic Radiation Therapy	77372, 77373, G0339, G0340
77385	Treatment Deliveries - IMRT - Simple	77385, 77386, G6015, G6016
77386	Treatment Deliveries - IMRT - Complex	77385, 77386, G6015, G6016
77401	Treatment Deliveries - EBRT	77401

<sup>1</sup> National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

<b>CPT Codes Requiring Authorization</b>	<b>Description</b>	<b>Allowable Billed Groupings</b>
77402	Treatment Deliveries – EBRT > 1 MeV; simple	77402, 77407, 77412, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014
77407	Treatment Deliveries – EBRT > 1 MeV; intermediate	77402, 77407, 77412, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014
77412	Treatment Deliveries – EBRT > 1 MeV; complex	77402, 77407, 77412, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014
77423	Treatment Deliveries - Neutron Beam	77423
77424	Treatment Deliveries –IORT, Xray or Electron, Single Treatment Session	77424,77425
77425	Treatment Deliveries –IORT, Xray or Electron, Single Treatment Session	77424,77425
77520	Treatment Deliveries - Proton Beam	77520, 77522, 77523, 77525
77522	Treatment Deliveries - Proton Beam	77520, 77522, 77523, 77525
77523	Treatment Deliveries - Proton Beam	77520, 77522, 77523, 77525
77525	Treatment Deliveries - Proton Beam	77520, 77522, 77523, 77525
77600	Treatment Deliveries - Hyperthermia	77600, 77605, 77610, 77615, 77620
77605	Treatment Deliveries - Hyperthermia	77600, 77605, 77610, 77615, 77620
77610	Treatment Deliveries - Hyperthermia	77600, 77605, 77610, 77615, 77620
77615	Treatment Deliveries - Hyperthermia	77600, 77605, 77610, 77615, 77620
77620	Treatment Deliveries - Hyperthermia	77600, 77605, 77610, 77615, 77620
77761	Treatment Deliveries - Brachytherapy, LDR	77761, 77762, 77763, 77778, 77789
77762	Treatment Deliveries - Brachytherapy, LDR	77761, 77762, 77763, 77778, 77789
77763	Treatment Deliveries - Brachytherapy, LDR	77761, 77762, 77763, 77778, 77789
77767	Treatment Deliveries – Brachytherapy , HDR – Skin Surface	77767, 77768

<b>CPT Codes Requiring Authorization</b>	<b>Description</b>	<b>Allowable Billed Groupings</b>
<b>77768</b>	<b>Treatment Deliveries - Brachytherapy, HDR – Skin Surface</b>	<b>77767, 77768</b>
<b>77789</b>	<b>Treatment Deliveries - Brachytherapy, LDR</b>	<b>77761, 77762, 77763, 77778, 77789</b>
<b>77799</b>	<b>Treatment Deliveries - Brachytherapy - Unspecified</b>	<b>77799</b>
<b>77770</b>	<b>Treatment Deliveries - Brachytherapy, HDR – Intracavitary – Interstitial</b>	<b>77770,77771,77772</b>
<b>77771</b>	<b>Treatment Deliveries - Brachytherapy, HDR – Intracavitary – Interstitial</b>	<b>77770,77771,77772</b>
<b>77772</b>	<b>Treatment Deliveries - Brachytherapy, HDR– Intracavitary – Interstitial</b>	<b>77770,77771,77772</b>
<b>77778</b>	<b>Treatment Deliveries - Brachytherapy, LDR</b>	<b>77761, 77762, 77763, 77778, 77789</b>
<b>0394T</b>	<b>Treatment Deliveries - Brachytherapy, HDR Electronic - Skin</b>	<b>0394T</b>
<b>0395T</b>	<b>Treatment Deliveries - Brachytherapy, HDR Electronic – Intracavitary – Interstitial</b>	<b>0395T</b>
<b>C2616</b>	<b>Brachytherapy source, non-stranded, yttrium-90</b>	<b>C2616</b>