



FIDELIS CARE®



NIA

Fidelis Care
Medical Specialty Solutions – Radiation Oncology
Utilization Review Matrix 2021

The matrix below contains the CPT4 codes for which National Imaging Associates, Inc. (NIA)¹ manages for the Radiation Oncology program on behalf of Fidelis Care. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by NIA. 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 re-bundling 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: Services rendered in an emergency room, urgent care, surgery center, or for patients seen in a hospital on observation or inpatient status are not managed by NIA.**

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

| CPT Codes Requiring Authorization | Description | Allowable Billed Groupings |
|-----------------------------------|---|-----------------------------------|
| 77014 | CT Guidance - Planning & IGRT | 77387, G6001, G6002, 77014, G6017 |
| 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 |

¹ National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

| CPT Codes Requiring Authorization | Description | Allowable Billed Groupings |
|--|--|---|
| 77386 | Treatment Deliveries - IMRT - Complex | 77385, 77386, G6015, G6016 |
| 77387 | IGRT | 77387, G6001, G6002, 77014, G6017 |
| 77401 | Treatment Deliveries - EBRT | 77401 |
| 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 |
| 77417 | Port Films | 77417 |
| 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 |

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