

Highmark Blue Cross Blue Shield of Western New York¹ Radiation Oncology Utilization Review Matrix 2022

The matrix below contains all of the CPT 4 codes for which Magellan Healthcare² manages for the Radiation Oncology program on behalf of Highmark of Blue Cross Blue Shield of Western New York. 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 one of the listed procedure 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
19296	Brachytherapy Applicator Insertion (Breast Surgeon)	19296, 19297, 19298 ³
19297	Brachytherapy Applicator Insertion (Breast Surgeon)	19296, 19297, 19298
19298	Brachytherapy Applicator Insertion (Breast Surgeon)	19296, 19297, 19298
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
77402	Treatment Deliveries – EBRT > 1 MeV; simple	77402, 77407, 77412, G6003, G6004, G6005,

CPT Codes Requiring Authorization	Description	Allowable Billed Groupings
		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
77768	Treatment Deliveries - Brachytherapy, HDR – Skin Surface	77767, 77768
77789	Treatment Deliveries - Brachytherapy, LDR	77761, 77762, 77763, 77778, 77789

CPT Codes Requiring Authorization	Description	Allowable Billed Groupings
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 – Intracavitary – Interstitial	0395T
C2616	Brachytherapy source, non-stranded, yttrium-90	C2616

¹ Highmark Blue Cross Blue Shield of Western New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association. The Blue Cross®, Blue Shield®, Cross and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Magellan Healthcare is a separate company.

² National Imaging Associates, Inc., is a subsidiary of Magellan Healthcare, Inc.

³ The radiation oncologist is required to obtain a medical necessity review for **Accelerated Partial Breast Irradiation (APBI)**. The **breast surgeon** will receive approval for the insertion of the catheters if APBI is approved as medically necessary. The surgeon can request a review for approval at www.RadMD.com or call NIA's call center toll free.