



BlueCross BlueShield of South Carolina Utilization Review Matrix 2025

The matrix below contains all of the CPT-4 codes for which Evolent (formerly National Imaging Associates, Inc.) manages for the Radiation Oncology program on behalf BlueCross BlueShield of South Carolina. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by Evolent. 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 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.

****Please note: Radiation services that are initiated while the patient is in a hospital inpatient setting are not managed by Evolent. Services initiated before the patient’s coverage by this plan or before the start date of this program are also not managed by Evolent. 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 ⁱ
19297	Brachytherapy Applicator Insertion (Breast Surgeon)	19296, 19297,19298
19298	Brachytherapy Applicator Insertion (Breast Surgeon)	19296, 19297,19298
77014	CT Guidance - Planning & IGRT	77387, G6001, G6002, 77014, G6017
77280	Simulation - Set Up Simple or Verification	77280
77285	Simulation - Set Up Complex/ Interm	77285, 77290
77290	Simulation - Set Up Complex/ Interm	77285, 77290
77295	3D Simulation Plan	77295
77300	Dosimetry - Calculation	77300
77301	IMRT Isodose Plan	77301
77306	Teletherapy Isodose Plan; simple	77306, 77307, 77321
77307	Teletherapy Isodose Plan; complex	77306, 77307, 77321
77316	Brachytherapy Isodose Plan; simple	77316, 77317, 77318

CPT Codes Requiring Authorization	Description	Allowable Billed Groupings
77317	Brachytherapy Isodose Plan; intermediate	77316, 77317, 77318
77318	Brachytherapy Isodose Plan; complex	77316, 77317, 77318
77321	Teletherapy Isodose Plan	77306, 77307, 77321
77331	Dosimetry - Special	77331
77332	Treatment Devices	77332, 77333, 77334
77333	Treatment Devices	77332, 77333, 77334
77334	Treatment Devices	77332, 77333, 77334
77336	Weekly Physics Consultation	77336
77338	Treatment Devices - IMRT (MLC)	77338
77370	Special Physics Consultation	77370
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
77387	IGRT	77387, G6001, G6002, 77014, G6017
77399	Dosimetry -Unlisted	77399
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
77427	Treatment Management - 5 Treatments	77427

CPT Codes Requiring Authorization	Description	Allowable Billed Groupings
77431	Treatment Management (1-2 tx)	77431
77432	Treatment Management - SRS	77432
77435	Treatment Management - SBRT	77435
77469	Treatment Management -IORT	77469
77470	Special Treatment Management	77470
77499	Radiation Therapy Management -Unlisted	77499
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
77790	Supervision Loading Handling Source	77790
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

CPT Codes Requiring Authorization	Description	Allowable Billed Groupings
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

Payment for + codes (add on codes) may depend upon the appropriateness of the application of such codes related to the approved primary code.

ⁱ 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 RadMD.com or call Evolent's call center toll free.