



## Capital Blue Cross Radiation Oncology Utilization Review Matrix 2025

The matrix below contains the CPT-4 codes for which Evolent (formerly National Imaging Associates, Inc.) manages for the Radiation Oncology program on behalf of Capital Blue Cross. 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.

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 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 <sup>i</sup>  |
| 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 <sup>1</sup>                | 3D Simulation Plan                                  | 77295, +77293                     |
| 77300 <sup>1</sup>                | Dosimetry - Calculation                             | 77301, +77293                     |
| 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               |
| 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               |

| CPT Codes Requiring Authorization | Description  | Allowable Billed Groupings  |
|-----------------------------------|--|---|
| 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   |
| 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   |

| CPT Codes Requiring Authorization | Description   | Allowable Billed Groupings        |
|-----------------------------------|---|-----------------------------------|
| 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                 |
| 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                             |

<sup>1</sup> +77293 added for claims payment only. (Effective 04/01/2023)

<sup>1</sup>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](http://www.RadMD.com) or call Evolent’s call center toll free.