



# **HIGHMARK RADIATION THERAPY AUTHORIZATION PROGRAM**

## **ADMINISTRATIVE GUIDE**

**Program effective with service dates beginning April 20, 2015**

---

# TABLE OF CONTENTS

IN THIS  
MANUAL

TOPIC	SEE PAGE
Introduction	3
Program Guidelines	4
Submitting Authorization Requests	9
Consultations and Appeals	12
Radiation Therapy G-Codes Replacing CPT Codes for 2015-2016	13
Procedure Codes Requiring Authorization	15

## INTRODUCTION

---

### **Background**

Highmark Blue Cross Blue Shield Delaware (“Highmark Delaware”) developed the Radiation Therapy Authorization Program in an effort to help ensure that the radiation therapy services provided to our members are consistent with nationally recognized clinical guidelines. The program enhances quality and patient safety for our members who require radiation therapy services.

The development of this program was due, in large part, to increasing requests from our employer group customers for programs that promote medically appropriate care, quality, and value for their employees.

---

### **Program overview**

Effective with dates of service April 20, 2015, and beyond, authorizations will be required for select outpatient radiation therapy services performed in either a professional or facility setting. Specialists, such as radiation oncologists and urologists who formulate the treatment plan and provide and/or coordinate the radiation therapy treatment, will be responsible for requesting medical necessity determinations for Highmark Delaware members whose coverage requires authorization.

Highmark Delaware has contracted with eviCore healthcare (“eviCore” -- formerly CareCore National) to support the Radiation Therapy Authorization Program by completing medical necessity reviews and authorizations where applicable for select outpatient radiation therapy services.

EviCore is a specialty benefit management company that has provided specialized management of oncology drugs and therapeutic agents since 2007. They have developed disease-specific, evidence-based criteria to manage the appropriate utilization of radiation therapy services.

For general information about eviCore, visit [evicore.com](http://evicore.com).

---

## PROGRAM GUIDELINES

---

### Effective date

Effective with dates of service of April 20, 2015, and beyond, authorizations must be obtained for select radiation therapy services prior to performing the services for Highmark Delaware members whose coverage requires authorization.

---

### Applicable services and diagnoses

The prior authorization process applies to select outpatient radiation therapy services performed in either a professional or facility setting (i.e., office, outpatient hospital, and ambulatory surgical center). **A list of procedure codes is available at the end of this guide.**

Radiation therapy services for these diagnoses will require a medical necessity determination and authorization prior to rendering service:

- Adrenal Cancer
  - Anal Canal Cancer
  - Bile Duct Cancer
  - Bladder Cancer
  - Bone Metastases
  - Brain Metastases
  - Breast Cancer
  - Central Nervous System Lymphoma
  - Central Nervous System Neoplasm
  - Cervical Cancer
  - Endometrial Cancer
  - Esophagus Cancer
  - Gallbladder Cancer
  - Gastric (stomach) Cancer
  - Head or Neck Cancer
  - Hepatobiliary Cancer
  - Hodgkins Lymphoma
  - Kidney Cancer
  - Liver Cancer
  - Lung Cancer -- Non-Small Cell
  - Lung Cancer -- Small Cell
  - Multiple Myeloma\*
  - Non-Hodgkins Lymphoma
  - Pancreatic Cancer
  - Prostate Cancer
  - Rectal Cancer
  - Skin Cancer
  - Soft Tissue Sarcoma
  - Testicular Cancer\*
  - Urethral Cancer
  - Vulvar Cancer\*
  - Non-Cancerous Diagnosis
  - Other Cancer Types
- \* Effective July 15, 2016*

If a patient will require radiation therapy treatment for multiple sites at the same time (e.g., brain and bone), authorization requests can be submitted at the same time.

**Note:** This program addresses radiation oncology therapy and non-cancer radiation therapy services only; chemotherapy drugs are not included in this authorization program.

---

*Continued on next page*

## PROGRAM GUIDELINES, Continued

### Applicable products

The Radiation Therapy Authorization Program applies to all Highmark Delaware commercial products; however, exceptions may apply for certain self-funded employer groups who may elect to opt in to the program. Please use NaviNet® or the appropriate HIPAA electronic transaction to verify eligibility and benefits prior to rendering services.

### When Highmark Delaware coverage is not primary

If the patient has Highmark Delaware coverage that requires authorization for radiation therapy services but their primary coverage is through another insurer, an authorization is still required if a claim will be submitted to Highmark Delaware for any portion of payment.

### REMINDER: Verify eligibility and benefits

Please use NaviNet or the appropriate HIPAA electronic transaction to verify eligibility and benefits and to determine whether the member's coverage requires authorization for radiation therapy services.

In NaviNet, the "Radiation Therapy Management" indicator will display in the **Group Information** section of the **Eligibility and Benefits Details** screen. If the member's coverage requires authorization through eviCore, the indicator will say "YES."

Group Information			
Effective Date:	01/01/2015	Term Date:	00/00/0000
Group Number:	10010706	Group Name:	DEHMK BCBS
Product:	PPO	Advanced Imaging UM by NIA:	YES
Plan Area:	070	 Radiation Therapy Management:	YES
Group Renewal:		Physical Medicine Management:	YES
Alpha Prefix:	XHF		

**Note:** If you begin a request in NaviNet for a member whose plan does not require an authorization or you enter a date of service prior to April 20, 2015, you will receive the following NaviNet Informational Message: "eviCore does not manage Radiation Therapy authorizations for this member."

Ordering practitioners not yet NaviNet-enabled or without access to HIPAA electronic transactions, please call the Highmark Delaware Provider Service Center at **1-800-346-6262** to confirm eligibility and benefits.

The Provider Service Center toll-free service lines are available Monday through Friday from 7 a.m. to 7 p.m. (EST).

*Continued on next page*

## PROGRAM GUIDELINES, Continued

---

### Register treatment plans for existing patients new to Highmark Delaware

To ensure accurate payment for claims submitted for services, treatment plans should be registered for those patients who started treatment while covered through another health insurer and then had a change to a Highmark Delaware plan. This will not impact the patient's existing treatment plan.

NaviNet-enabled providers should register these patients' treatment plans through NaviNet following the instructions for submitting an authorization request in this guide. Providers not yet NaviNet-enabled should contact eviCore at **1-888-564-5492**.

When registering a treatment plan, the following information is needed:

- Patient's Name and Member ID
  - Therapy classification
  - NPI or Provider ID of ordering physician or other health care professional
  - Place of service
  - Treatment start date
  - Expected completion date for treatment
- 

### Responsibility for requests

The treating specialists, such as radiation oncologists and urologists who formulate the treatment plan and provide and/or coordinate the radiation therapy treatment, will be responsible for requesting medical necessity determinations for Highmark Delaware members whose coverage requires authorization.

---

### Physician Worksheets available

To help you prepare for requesting authorization of radiation therapy treatment, eviCore Physician Worksheets specific to each diagnosis are available on Highmark Delaware's online Provider Resource Center. Select **Clinical Reference Materials** from the main menu, and then choose **Highmark Radiation Therapy Authorization Program**.

The worksheets list all clinical questions that are asked by eviCore during the initial authorization review regardless of whether your request is submitted through NaviNet or by telephone. Reviewing the worksheets will help you to prepare to answer the necessary questions.

---

### Highmark Delaware Medical Policy

The clinical criteria used by eviCore in making medical necessity determinations are consistent with Highmark Delaware Medical Policy. Highmark Delaware Medical Policy information is available on the Provider Resource Center under **Medical & Claims Payment Guidelines**.

---

*Continued on next page*

## PROGRAM GUIDELINES, Continued

---

### **NaviNet: The preferred method for authorization requests**

Electronic submission is the preferred method for submitting authorization requests. The **Authorization Submission** function in NaviNet makes submitting your authorization requests for radiation therapy services quick and easy. Your request will be received instantly and a decision will be returned to you in seconds if your request is complete with the necessary information and physician review is not needed.

Providers who are not NaviNet-enabled can request authorization for radiation therapy services by calling eviCore at **1-888-564-5492**.

For instructions and information needed for submitting radiation therapy authorization requests, please see the next section of this guide, **Submitting Authorization Requests**.

---

### **Notification of determination**

If you submit your authorization request through NaviNet, your authorization number will display within NaviNet. For authorization requests submitted by telephone, providers will receive a verbal notification of the authorization decision. Providers will also receive an authorization approval letter.

All authorizations, regardless of whether requests are submitted electronically through NaviNet or by telephone, will be available for viewing in NaviNet through the **Referral/Auth Inquiry** transaction.

---

### **Changes in referring provider, treating provider, or place of service**

If there is a change of referring provider, a new authorization is not required. However, any changes should be reported to eviCore to update the authorization records.

A new authorization is required if there is a change of treating provider and/or place of service.

---

### **Changes to treatment plan**

Authorizations are valid for the treatment plan submitted for the requested episode of care. If, during the course of treatment, the treatment plan requires modification, you must contact eviCore. The existing authorization will be adjusted accordingly if the modifications to treatment are determined to be medically necessary.

---

*Continued on next page*

**PROGRAM GUIDELINES, Continued**

**If an authorization expires**

Authorization for radiation therapy treatment is given for a specific period of time. If the approved treatment is not completed by the assigned Last Covered Day, you must contact eviCore for an extension. You can reach eviCore by calling **1-888-564-5492**.

**Additional treatment**

If the patient requires additional treatment, such as for a recurrence of disease or a change in the patient's clinical condition, a new authorization will be required.

**Claim submission and payment**

Providers should continue to submit claims to Highmark Delaware for radiation therapy services that are authorized by eviCore. The claim submission and payment processes remain the same. Highmark Delaware will process radiation therapy claims and providers will still receive payment from Highmark Delaware.

**Note:** Please remember that electronic claim submission is the preferred method of claim submission.

If a claim is denied because an authorization was not obtained, the member is held harmless and cannot be billed for the services. For any service that is not approved for payment, Highmark Delaware will offer all appropriate rights of appeal.

If your claim has been denied for reasons other than medical necessity, submit an inquiry via NaviNet. Providers without access to Highmark Delaware's NaviNet provider portal may call the Highmark Delaware Provider Service Center at **1-800-346-6262**.

**For additional information**

Additional information related to the program, including the Physician Worksheets and FAQs, is available on Highmark Delaware's Provider Resource Center. Select **Clinical Reference Materials**, and then **Highmark Radiation Therapy Authorization Program**.



## SUBMITTING AUTHORIZATION REQUESTS

---

### Overview

The preferred method for submitting your radiation therapy authorization requests is electronic submission via NaviNet. Although telephone requests will be accepted from providers who do not have access to Highmark Delaware's NaviNet provider portal, there will be no mailable or faxable authorization request forms for this program.

You may submit an authorization request up to two weeks prior to the planned start date of the patient's treatment plan. This section provides the information you need to complete the process.

---

### Before you begin

Before logging into NaviNet to submit your radiation therapy authorization request for a Highmark Delaware member, be sure to have the following required information available for your patient:

- Patient information (Name, Highmark Delaware Member ID, date of birth)
  - Ordering practitioner
  - Place of service
  - Diagnosis
  - Patient history (recent test results, workup, current clinical condition)
  - Treatment plan specifics which may include the following: immobilization techniques, treatment plan, treatment technique, fields/angles, fractions, and boost
- 

### Physician Worksheets available

EviCore needs to collect sufficient clinical history and treatment plan information relevant to an authorization request for radiation therapy treatment to establish the medical necessity of the service. Physician Worksheets specific to each diagnosis-related therapy are available on Highmark Delaware's online Provider Resource Center. Select **Clinical Reference Materials** from the main menu, and then **Highmark Radiation Therapy Authorization Program**.

The worksheets list all clinical questions that are asked during the initial authorization review regardless of whether your request is submitted via NaviNet or telephone. Reviewing the worksheets will help you to prepare to answer the necessary questions. Please have the appropriate worksheet completed and the member's medical record on hand prior to initiating your request.

---

*Continued on next page*

## SUBMITTING AUTHORIZATION REQUESTS, Continued

---

### How to submit authorization requests through NaviNet

To submit your radiation therapy authorization request to eviCore through NaviNet, select **Authorization Submission** from the main menu on Highmark Delaware's Plan Central; and then click on **Auth Submission** from the fly-out menu.

On the **Selection Form**, complete the following:

- Select the referred from billing provider.
- Enter the proposed date of service.
- Enter the member's information.
- Select the **Procedure Category** (Radiation Therapy) and the **Service** (e.g., breast cancer, prostate adenocarcinoma, etc.) from the dropdown menus.
- Click the **Submit** button to reach the **Request Form**.

On the **Request Form**, enter information in the required fields and/or follow any prompts. Review the information you entered on the **Request Form**, and then click **Submit**.

If your request meets the clinical criteria for the treatment, an authorization number will be provided. If your authorization request is determined to be not medically necessary, you will be notified by telephone and in writing. This notice will provide detailed instructions for submitting clinical appeals.

**Note:** Claims for services without authorization will be rejected; the member will be held harmless and will not be responsible for payment.

### If you are not NaviNet-enabled

If you do not have access to Highmark Delaware's provider portal through NaviNet, you may call eviCore Customer Service at **1-888-564-5492** to request an authorization for radiation therapy services.

*Continued on next page*

## SUBMITTING AUTHORIZATION REQUESTS, Continued

---

### Approval notification

If you submit your authorization request through NaviNet, your authorization number will display within NaviNet. For authorization requests submitted by telephone, providers will receive a verbal notification of the authorization decision. Providers will also receive an authorization approval letter.

All authorizations will include the following:

- Authorization number (will consist of one alpha and nine numeric characters, e.g., R000011111, C000011111)
- Time period for which the authorization is valid
- Type of treatment technique approved
- Number of phases
- Number of fractions
- Select CPT codes

If you have questions about an authorization, please contact eviCore by calling **1-888-564-5492**.

---

### Not medically necessary determinations

If it is determined that the radiation therapy treatment does not meet the medical necessity criteria, you will be notified by telephone and in writing. This notice will provide detailed instructions for submitting a clinical appeal.

---

### Viewing authorizations in NaviNet

EviCore authorizations issued for radiation therapy services, regardless of how they are submitted, will be available for viewing in NaviNet through the **Referral/Auth Inquiry** transaction.

---

## CONSULTATIONS AND APPEALS

---

### **Peer-to-peer consultation**

If you do not agree with a medical necessity determination for your radiation therapy authorization request, you may contact eviCore to discuss the case in detail with an eviCore Medical Director.

eviCore toll-free consultation line: **1-888-564-5492, Option 4**

---

### **Written appeals**

To appeal a radiation therapy clinical decision in writing:

**Mail to:**

eviCore healthcare  
Attn: Clinical Appeals Department  
400 Buckwalter Place Blvd  
Bluffton, SC 29910

*or*

**Fax to:** 1-866-699-8128

---

## RADIATION THERAPY G-CODES REPLACING CPT CODES FOR 2015-2016

### G-Codes for use in 2015-2016

For 2015-2016, the Centers for Medicare & Medicaid Services (CMS) established G-codes for conventional radiation treatment delivery, intensity-modulated radiation therapy (IMRT) treatment delivery, and image guidance under the Medicare Physician Fee Schedule (MPFS). The G-codes replace 2014 CPT codes that have been deleted. Medicare is valuing these codes based on the 2014 CPT codes.

**Effective for dates of service on and after January 1, 2015, the G-codes listed below must be reported in place of the corresponding 2014 CPT code.**

CY 2014 CPT Code	CY 2015-16 HCPCS Code	DESCRIPTION
76950	G6001	Ultrasonic guidance for placement of radiation therapy fields
77421	G6002	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy
77402*	G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5MeV
77403	G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10MeV
77404	G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19MeV
77406	G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20MeV or greater
77407*	G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; up to 5MeV
77408	G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10MeV
77409	G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19MeV
77411	G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20MeV or greater
77412*	G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5MeV
77413	G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10MeV
77414	G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19MeV

\*These codes can still be used in 2015-2016 by hospital providers.

Continued on next page

## RADIATION THERAPY G-CODES REPLACING CPT CODES FOR 2015-2016, Continued

CY 2014 CPT Code	CY 2015-16 HCPCS Code	DESCRIPTION
77416	G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20MeV or greater
77418	G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
0073T	G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session
0197T	G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment

## PROCEDURE CODES REQUIRING AUTHORIZATION

Effective January 1, 2016, the following procedure codes require authorization:

CODE	CODE TYPE	DESCRIPTION
0394T	CPT	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed
0395T	CPT	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed
19296	CPT	Placement of radiation therapy afterloading expandable catheter into the breast for interstitial radioelement application following partial mastectomy on date separate from partial mastectomy
19297	CPT	Placement of radiation therapy afterloading expandable catheter into the breast for interstitial radioelement application following partial mastectomy, concurrent with partial mastectomy
19298	CPT	Placement of radiation therapy afterloading brachytherapy catheter into the breast for interstitial radioelement application following partial mastectomy
31643	CPT	Bronchoscopy (rigid or flexible), with placement of catheter for intracavitary radioelement application
32553	CPT	Placement of interstitial device for radiation therapy guidance, percutaneous, intra-thoracic, single or multiple
41019	CPT	Placement of needles, catheters, and other devices into the head and/or neck region
49411	CPT	Placement of interstitial device(s) for radiation therapy guidance, Open, Intra-abdominal, Intra-pelvic and/or retroperitoneum, including image guidance, single or multiple
55875	CPT	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
55876	CPT	Fiducial marker placement in the prostate
55920	CPT	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application
57155	CPT	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
57156	CPT	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
58346	CPT	Insertion of Heyman capsules for clinical brachytherapy
76873	CPT	US transrectal prostate volume study for brachytherapy
76965	CPT	Ultrasound guidance for interstitial radioelement application
77014	CPT	CT guidance for placement of radiation therapy fields
77261	CPT	Therapeutic Radiology treatment planning; simple
77262	CPT	Therapeutic Radiology treatment planning; intermediate
77263	CPT	Therapeutic Radiology treatment planning; complex
77280	CPT	Therapeutic Radiology Simulation; simple
77285	CPT	Therapeutic Radiology Simulation; intermediate

*Continued on next page*

## PROCEDURE CODES REQUIRING AUTHORIZATION, Continued

CODE	CODE TYPE	DESCRIPTION
77290	CPT	Therapeutic Radiology Simulation; complex
77293	CPT	Respiratory motion management simulation
77295	CPT	3-dimensional radiotherapy plan, including dose-volume histograms
77299	CPT	Unlisted procedure; Therapeutic Radiology treatment planning
77300	CPT	Basic Radiation Dosimetry
77301	CPT	IMRT Planning
77306	CPT	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)
77307	CPT	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)
77316	CPT	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
77317	CPT	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)
77318	CPT	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
77321	CPT	Special Teletherapy port plan, particles, hemibody, total body
77331	CPT	Special radiation dosimetry
77332	CPT	Treatment Devices; simple
77333	CPT	Treatment Devices; intermediate
77334	CPT	Treatment Devices; complex
77336	CPT	Continuing medical physics consultation
77338	CPT	Multi-leaf collimator (MLC) device(s) for IMRT, design and construction per IMRT plan
77370	CPT	Special medical physics consultation
77371	CPT	Stereotactic radiosurgery treatment delivery, complete course of treatment of cerebral lesion(s) 1 session, multi-source Cobalt 60 based
77372	CPT	Stereotactic radiosurgery treatment delivery, complete course of treatment of cerebral lesion(s) 1 session, linac based
77373	CPT	Stereotactic Body Radiation Therapy delivery per fraction 1 or more lesions; including image guidance not to exceed 5 fractions
77385	CPT	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
77386	CPT	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex
77387	CPT	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed

Continued on next page



## PROCEDURE CODES REQUIRING AUTHORIZATION, Continued

CODE	CODE TYPE	DESCRIPTION
77399	CPT	Unlisted procedure, medical radiation physics
77401	CPT	Radiation treatment delivery; superficial and/or ortho voltage, per day
77402*	CPT	Radiation treatment delivery, >1 MeV; simple
77407*	CPT	Radiation treatment delivery, >1 MeV; intermediate
77412*	CPT	Radiation treatment delivery, >1 MeV; complex
77417	CPT	Therapeutic Radiology Port Films
77422	CPT	Neutron beam tx, simple
77423	CPT	Neutron beam tx, complex
77427	CPT	Radiation treatment management, five treatments
77431	CPT	Radiation treatment management, with complete course of therapy consisting of 1 -2 fractions
77432	CPT	Stereotactic radiation treatment management cerebral lesion(s) complete course of treatment consisting of 1 session
77435	CPT	Stereotactic body radiation treatment management per treatment course; 1 or more lesions, including image guidance entire course not to exceed 5 fractions
77470	CPT	Special Treatment Procedure (e.g., Total body radiation, hemibody radiation, per oral endocavity or intraoperative cone irradiation)
77499	CPT	Unlisted procedure, therapeutic radiology treatment management
77520	CPT	Proton treatment delivery, simple w/o compensation
77522	CPT	Proton treatment delivery, simple w/ compensation
77523	CPT	Proton treatment delivery, intermediate
77525	CPT	Proton treatment delivery, complex
77600	CPT	Hyperthermia treatment; externally generated, deep
77605	CPT	Hyperthermia treatment; externally generated, superficial
77610	CPT	Hyperthermia generated by interstitial probe(s); 5 or fewer applicators
77615	CPT	Hyperthermia generated by interstitial probe(s); 5 or more applicators
77620	CPT	Hyperthermia generated by intracavitary probe(s)
77750	CPT	Infusion or instillation of radioelement solution (includes 3-month follow-up care)
77761	CPT	Intracavitary radiation source application; simple
77762	CPT	Intracavitary radiation source application; intermediate
77763	CPT	Intracavitary radiation source application; complex
77767	CPT	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel
77768	CPT	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels
77770	CPT	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel

\*These codes can still be used in 2015-2016 by hospital providers.

Continued on next page

## PROCEDURE CODES REQUIRING AUTHORIZATION, Continued

CODE	CODE TYPE	DESCRIPTION
77771	CPT	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
77772	CPT	Remote afterloading high dose rate radionuclide brachytherapy, includes basic dosimetry, when performed; over 12 channels
77778	CPT	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed
77789	CPT	Surface application of low dose rate radionuclide source
77790	CPT	Supervision, handling, loading of radiation source
77799	CPT	Radium/radioisotope therapy
A4650	HCPCS	Implant radiation dosimeter, each
G0339	HCPCS	Robotic stereotactic surgery 1 session
G0340	HCPCS	Robotic stereotactic radio surgery 2 through 5 sessions
G6001	HCPCS	Ultrasonic guidance for placement of radiation therapy fields
G6002	HCPCS	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy
G6003	HCPCS	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5MeV
G6004	HCPCS	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10MeV
G6005	HCPCS	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19MeV
G6006	HCPCS	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20MeV or greater
G6007	HCPCS	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; up to 5MeV
G6008	HCPCS	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10MeV
G6009	HCPCS	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19MeV
G6010	HCPCS	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20MeV or greater
G6011	HCPCS	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5MeV
G6012	HCPCS	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10MeV
G6013	HCPCS	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19MeV
G6014	HCPCS	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20MeV or greater

*Continued on next page*

## PROCEDURE CODES REQUIRING AUTHORIZATION, Continued

CODE	CODE TYPE	DESCRIPTION
G6015	HCPCS	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
G6016	HCPCS	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session
G6017	HCPCS	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment
Q3001	HCPCS	Radioelements for brachytherapy, any type, each
S2095	HCPCS	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres
S8030	HCPCS	Tantalum ring application

Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross and Blue Shield Association.

eviCore healthcare is an independent company that supports Highmark's Radiation Therapy Authorization Program.

NaviNet is a registered trademark of NaviNet, Inc., which is an independent company that provides a secure, web-based portal between providers and health care insurance companies.

Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association.

© 2015-2016 Highmark Inc. All rights reserved.