# SPECIAL BULLETIN

**FOR PROFESSIONAL PROVIDERS** **FEBRUARY 18, 2015**

*ATTN: RADIATION ONCOLOGISTS*

# RADIATION THERAPY AUTHORIZATION PROGRAM WILL LAUNCH ON APRIL 20, 2015

Highmark Blue Cross Blue Shield Delaware (Highmark Delaware) is committed to ensuring that the radiation therapy services provided to our members with cancer are consistent with nationally recognized clinical guidelines. As a result, we have partnered with CareCore National, LLC (CareCore), and they will begin to provide medical necessity review and authorization for select radiation therapy services, beginning April 20, 2015.

## AUTHORIZATIONS REQUIRED BEGINNING APRIL 20, 2015 FOR MANY HIGHMARK DELAWARE MEMBERS

Effective with dates of service of April 20, 2015 and later, ordering providers will need to obtain an authorization for select outpatient radiation therapy services performed in either a professional or facility setting. Claims for services provided without authorization will be denied and the member will be held harmless.

## PATIENTS CURRENTLY RECEIVING TREATMENT

In the near future, ordering providers will be asked to notify Highmark Delaware about any patients who are currently receiving treatment and whose episode of care may not be completed before the program's April 20, 2015 effective date. Don't worry – your existing treatment plans for those patients won't be impacted. Instructions on how to notify Highmark Delaware about such patients will be shared in a future communication.

## SUBMITTING AUTHORIZATIONS

Beginning April 1, 2015, ordering providers will be able to submit authorization requests via the *Authorization Submission* transaction of NaviNet®. CareCore will review the request and determine medical necessity. We encourage all of our physicians to sign up for NaviNet, but you can also initiate an authorization request via telephone.

## IMPACTED PROCEDURE CODES, MORE INFORMATION TO FOLLOW

More information about the program will be included in a future issue of *Provider News*, our bi-monthly newsletter for our network providers. In addition, you will receive another Special Bulletin soon with specific details about this new program, including the applicable clinical criteria, the authorization process and the process for submitting an appeal.

*(over, please)*

HIGHMARK® Delaware

At this time, we are sharing a list of the procedure codes that will be impacted by this authorization requirement, effective April 20, 2015. That list follows this Special Bulletin.

## PROGRAM BACKGROUND, ABOUT CARECORE

This new authorization program is due, in large part, to increasing demands from our employer group customers for products and benefits that promote quality, medically-appropriate care and value for employees. Additionally, patient safety issues have also made this an important program to offer to our members.

CareCore is an evidence-based specialty benefit management company that has provided specialized management of oncology drugs and therapeutic agents since 2007. Together, with a panel of radiation oncologists, CareCore has developed and implemented a series of disease-specific, evidence-based criteria to manage the appropriate utilization of radiation therapy services. If you're interested, you can learn more about CareCore at **www.carecorenational.com**.

We appreciate the care you deliver to our members and we value your participation in our provider network. Highmark Delaware looks forward to working with you and CareCore to ensure that our members receive the right amount of radiation by the right modalities at the right time.

If you have any questions about this new program, please contact your Provider Relations Representative.

HIGHMARK. Delaware

# Radiation Therapy Authorization Program

Procedures Codes Requiring Authorization, Beginning April 20, 2015

| CODE | CODE TYPE | DESCRIPTION |
|---|---|---|
| 0182T | CPT | High dose rate electronic brachytherapy, per fraction |
| 0190T | CPT | Placement of intraocular radiation source applicator |
| 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 cytosocopy |
| 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 |
| 77290 | CPT | Therapeutic Radiology Simulation; complex |
| 77293 | CPT | Respiratory motion management simulation |
| 77295 | CPT | 3-dimensional radiotherapy plan, including dose-volume histograms |

| CODE | CODE TYPE | DESCRIPTION |
|---|---|---|
| 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 |
| 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 |
| 77424 | CPT | Intraoperative radiation treatment delivery, x-ray, single treatment session |
| 77425 | CPT | Intraoperative radiation treatment delivery, electrons, single treatment session |
| 77427 | CPT | Radiation treatment management, five treatments |

| CODE | CODE TYPE | DESCRIPTION |
|---|---|---|
| 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 |
| 77469 | CPT | Intraoperative radiation treatment management |
| 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 |
| 77776 | CPT | Interstitial radiation source; simple |
| 77777 | CPT | Interstitial radiation source; intermediate |
| 77778 | CPT | Interstitial radiation source; complex |
| 77785 | CPT | Remote afterloading high dose rate radionuclide brachytherapy; 1 channel |
| 77786 | CPT | Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels |
| 77787 | CPT | Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels |
| 77789 | CPT | Apply surface radiation |
| 77790 | CPT | Supervision, handling, loading of radiation source |
| 77799 | CPT | Radium/radioisotope therapy |
| A4648 | HCPCS | Tissue marker, implantable, any type, each |
| A4650 | HCPCS | Implant radiation dosimeter, each |
| C1715 | HCPCS | Brachytherapy needle |
| C1716 | HCPCS | Brachytherapy seed, gold 198 |
| C1717 | HCPCS | Brachytherapy seed, high dose rate iridium 192 |
| C1719 | HCPCS | Brachytherapy seed, non-high dose rate iridium 192 |
| C1728 | HCPCS | Catheter, brachytherapy seed administration |
| C2616 | HCPCS | Brachytherapy source, yttrium -90, per source |
| C2634 | HCPCS | Brachytherapy source, high activity, iodine-125, greater than 1.01 mci (nist), per source |
| C2635 | HCPCS | Brachytherapy source, high activity, palladium-103, greater than 2.2 mci (nist), per source |
| C2636 | HCPCS | Brachytherapy linear source, palladium-103, per 1 mm |

| CODE | CODE TYPE | DESCRIPTION |
|---|---|---|
| C2637 | HCPCS | Brachytherapy source, ytterbium-169, per source |
| C2638 | HCPCS | Brachytherapy source, stranded, iodine-125, per source |
| C2639 | HCPCS | Brachytherapy source, non-stranded, iodine-125, per source |
| C2640 | HCPCS | Brachytherapy source, stranded, palladium-103, per source |
| C2641 | HCPCS | Brachytherapy source, non-stranded, palladium-103, per source |
| C2642 | HCPCS | Brachytherapy source, stranded, cesium-131, per source |
| C2643 | HCPCS | Brachytherapy source, non-stranded, cesium-131, per source |
| C2698 | HCPCS | Brachytherapy source, stranded, not otherwise specified, per source |
| C2699 | HCPCS | Brachytherapy source, non-stranded, not otherwise specified, per source |
| C9725 | HCPCS | Placement of endorectal intracavitary applicator for high intensity brachytherapy |
| C9726 | HCPCS | Placement and removal (if performed) of applicator into breast for radiation therapy |
| C9728 | HCPCS | Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g., fiducial markers, dosimeter), for other than the following sites (any approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple |
| 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 |
| G6015 | HCPCS | Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session |

| CODE | CODE TYPE | DESCRIPTION |
|---|---|---|
| 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 |
| G0173 | HCPCS | Stereotactic, One Treatment |
| G0251 | HCPCS | Stereotactic, 2-5 Treatments |
| G0339 | HCPCS | Robotic stereotactic surgery 1 session |
| G0340 | HCPCS | Robotic stereotactic radio surgery 2 through 5 sessions |
| 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 |