

# Special Bulletin

Aug. 1, 2011

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## **ATTENTION ONCOLOGY SPECIALISTS: Highmark West Virginia and Highmark Health Insurance Company Introduce Radiation Oncology Authorization Program, Effective Jan. 1, 2012**

**IMPORTANT NOTE:** *You are receiving this Special Bulletin because you or your practice/group participates in one or more of Highmark West Virginia's networks or in Highmark Health Insurance Company's (HHIC's) Freedom Blue<sup>SM</sup> PPO Medicare Advantage product as an oncology or urology provider. Radiation Oncologists will receive additional information about the following new program in the near future.*

In an effort to help ensure that the radiation oncology therapy services provided to our members are consistent with nationally recognized clinical guidelines, Highmark West Virginia and HHIC have contracted with CareCore National, LLC to provide medical necessity review and authorization where applicable for select radiation oncology therapy services (see "Impacted Procedure Codes Enclosed," on the reverse side of this bulletin). Addition of this new authorization requirement is due, in large part, to increasing demands from our employer group customers for products that promote quality, medically appropriate care and value for their employees. In addition, patient safety issues have also made this an important program to offer to our members. CareCore National 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 oncology therapy services. For general information about CareCore, visit [www.carecorenational.com](http://www.carecorenational.com).

### **Authorizations Required Beginning Jan. 1, 2012, for Many Commercial and All Freedom Blue PPO Medicare Advantage Members**

Effective with dates of service of Jan. 1, 2012, and beyond, specialists such as Radiation Oncologists and Urologists — who formulate the treatment plan and provide and/or coordinate the radiation oncology therapy treatment — will be responsible for obtaining the medical necessity determination for the Highmark West Virginia or HHIC member whose coverage requires the authorization. An authorization will be required for select outpatient radiation oncology services performed in either a professional or facility setting. And, please note that claims for services provided without authorization will be rejected and the member will be held harmless and will not be responsible for payment.

(over, please)



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A Medicare Advantage PPO from  
Highmark Health Insurance Company

*(continued)*

**NOTE ABOUT PATIENTS CURRENTLY RECEIVING TREATMENT:** In the near future, Radiation Oncologists will be asked to notify Highmark West Virginia and/or HHIC of any patients who are currently receiving treatment and whose episode of care may not be completed prior to the program's Jan. 1, 2012, effective date. However, your existing treatment plans for those patients won't be impacted. Instructions on how to notify Highmark West Virginia and/or HHIC about such patients will be provided in a future communication.

Beginning Dec. 1, 2011, Radiation Oncologists will be able to submit authorization requests via NaviNet<sup>®</sup>, using a menu selection under the system's Authorization Submission transaction. The request will be reviewed by CareCore, which will determine medical necessity. Physicians who don't yet have NaviNet will need to initiate the authorization request via telephone.

### **Impacted Procedure Codes Enclosed; More Information to Follow**

General information about this new program will be included in a future issue of *Provider News*. Also, Radiation Oncologists will receive a Special Bulletin via U.S. mail in October with more specific details about this change. Information will be provided at that time regarding which specific products will require authorization for the selected radiation oncology services, the applicable clinical criteria and the authorization process, including instructions on how to submit an appeal. At this time, for general information purposes only, enclosed with this Special Bulletin is a list of the procedure codes that will be impacted by the authorization requirement, effective Jan. 1, 2012. Highmark West Virginia and HHIC appreciate the care you deliver to our members and value your participation in our provider networks. We look forward to working with our Radiation Oncologists/Urologists and CareCore to ensure that our members receive the right amount of radiation by the right modalities at the right time.

If you have questions about this new program, please refer them to your Highmark West Virginia Provider Relations representative.

Highmark Blue Cross Blue Shield West Virginia serves the entire state of West Virginia plus Washington County, Ohio. Highmark Health Insurance Company is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. NaviNet is a registered trademark of NaviNet, Inc. NaviNet, Inc. is an independent company that provides a secure, web-based portal between providers and health care insurance companies.

**Codes to be Included in Highmark West Virginia's/HHIC's  
Radiation Oncology Authorization Program, Effective 1/1/12**

| CODE  | CODE TYPE | Description   |
|-------|-----------|---|
| 0330  | REVCODE   | RADIOLOGY/THERAPEUTIC - GENERAL CLASSIFICATION  |
| 0333  | REVCODE   | RADIOLOGY/THERAPEUTIC - RADIATION THERAPY   |
| 0339  | REVCODE   | RADIOLOGY/THERAPEUTIC - OTHER   |
| 0344  | REVCODE   | THERAPEUTIC RADIOPHARMACEUTICALS  |
| 0973  | REVCODE   | PROFESSIONAL FEES - RADIOLOGY/THERAPEUTIC   |
| 0073T | CPT       | Compensator-based IMRT delivery   |
| 0182T | CPT       | High dose rate electronic brachytherapy, per fraction   |
| 0190T | CPT       | Placement of intraocular radiation source applicator  |
| 0197T | CPT       | Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy   |
| 17999 | CPT       | Unlisted procedure, skin, mucous membrane and subcutaneous tissue   |
| 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                                       |
| 31627 | CPT       | Bronchoscopy, rigid or flexible, including fluoroscopic guidance  |
| 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   |
| 43241 | CPT       | Upper gastrointestinal endoscopy including esophagus, stomach and either the duodenum and/or jejunum as appropriate; w/ transendoscopic intraluminal tube or catheter placement                 |
| 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 out cytoscopy  |
| 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   |
| 58999 | CPT       | Unlisted procedure for female genital system (nonobstetrical)   |
| 76873 | CPT       | US transrectal prostate volume study for brachytherapy  |
| 76950 | CPT       | Ultrasound Localization of Radiation Therapy Fields   |
| 76965 | CPT       | Ultrasound guidance for interstitial radioelement application   |
| 77011 | CPT       | Computed Tomography Guidance for Stereotactic Localization  |
| 77012 | CPT       | Computed Tomography Guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation   |
| 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   |
| 77295 | CPT       | Therapeutic Radiology Simulation 3-Dimensional  |
| 77299 | CPT       | Unlisted procedure; Therapeutic Radiology treatment planning  |
| 77300 | CPT       | Basic Radiation Dosimetry   |
| 77301 | CPT       | IMRT Planning   |
| 77305 | CPT       | Teletherapy isodose plan simple   |
| 77310 | CPT       | Teletherapy isodose plan; intermediate  |
| 77315 | CPT       | Teletherapy isodose plan; complex   |
| 77321 | CPT       | Special Teletherapy port plan, particles, hemibody, total body  |
| 77326 | CPT       | Brachytherapy Isodose Plan; simple  |
| 77327 | CPT       | Brachytherapy Isodose Plan; intermediate  |
| 77328 | CPT       | Brachytherapy Isodose Plan; complex   |
| 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   |
| 77399 | CPT       | Unlisted procedure, medical radiation physics   |
| 77401 | CPT       | Radiation treatment delivery; superficial and/or ortho voltage  |
| 77402 | CPT       | Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks up to 5 MeV  |
| 77403 | CPT       | Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV   |
| 77404 | CPT       | Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV  |
| 77406 | CPT       | Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV and greater  |
| 77407 | CPT       | Radiation treatment delivery; two separate treatment areas, three or more ports on a single treatment area use of multiple blocks; up to 5 MeV  |
| 77408 | CPT       | Radiation treatment delivery; two separate treatment areas, three or more ports on a single treatment area use of multiple blocks; 6-10 MeV   |
| 77409 | CPT       | Radiation treatment delivery; two separate treatment areas, three or more ports on a single treatment area use of multiple blocks; 11 - 19 MeV  |
| 77411 | CPT       | Radiation treatment delivery; two separate treatment areas, three or more ports on a single treatment area use of multiple blocks; 20 MeV or greater  |
| 77412 | CPT       | Radiation treatment delivery; three or more separate treatment areas; custom blocking, tangential ports wedges, rotational beam, compensators, electron beam; up to 5 MeV                       |

**Codes to be Included in Highmark West Virginia's/HHIC's  
Radiation Oncology Authorization Program, Effective 1/1/12**

|       |       |  |
|-------|-------|--|
| 77413 | CPT   | Radiation treatment delivery; three or more separate treatment areas; custom blocking, tangential ports wedges, rotational beam, compensators, electron beam; 6-10 MV Complex  |
| 77414 | CPT   | Radiation treatment delivery; three or more separate treatment areas; custom blocking, tangential ports wedges, rotational beam, compensators, electron beam; 11-19 MV Complex |
| 77416 | CPT   | Radiation treatment delivery; three or more separate treatment areas; custom blocking, tangential ports wedges, rotational beam, compensators, electron beam; 20 MV or greater |
| 77417 | CPT   | Therapeutic Radiology Port Films   |
| 77418 | CPT   | IMRT Treatment Delivery; single or multiple fields/arcs, via narrow spatially and temporarily modulated beams, binary, dynamic MLC, per treatment session                      |
| 77421 | CPT   | stereoscopic x-ray guidance for localization of target volume  |
| 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 (eg. 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   | Radio Isotope Supervision, Handling, Loading   |
| 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 source, non-stranded, gold-198, per ...  |
| C1717 | HCPCS | Brachytherapy source, non-stranded, gold-198 per...  |
| C1719 | HCPCS | Brachytherapy source, non-stranded, non-high dose ...  |
| C1728 | HCPCS | Catheter, brachytherapy seed administration  |
| C1879 | HCPCS | tissue marker (implantable)  |
| C2616 | HCPCS | Brachytherapy source, non-stranded, yttrium -90, per source  |
| C2634 | HCPCS | Brachytherapy source, non-stranded, high activity,...  |
| C2635 | HCPCS | Brachytherapy source, non-stranded, high activity,...  |
| C2636 | HCPCS | Brachytherapy linear source, non-stranded, paladiu...  |
| C2637 | HCPCS | Brachytherapy source, non-stranded, ytterbium-169,...  |
| C2638 | HCPCS | Brachytherapy source, stranded, iodine-125, per so...  |
| C2639 | HCPCS | Brachytherapy source, non-stranded, iodine-125, pe...  |
| C2640 | HCPCS | Brachytherapy source, stranded, palladium-103, per...  |
| C2641 | HCPCS | Brachytherapy source, non-stranded, palladium-103,...  |
| C2642 | HCPCS | Brachytherapy source, stranded, cesium-131, per so...  |
| C2643 | HCPCS | Brachytherapy source, non-stranded, cesium-131, pe...  |
| C2698 | HCPCS | Brachytherapy source, stranded, not otherwise spec...  |
| C2699 | HCPCS | Brachytherapy source, non-stranded, not otherwise  |
| 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 (eg, fiducial markers, dosimeter), other than prostate (any approach), single or multiple           |
| 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 | Brachytherapy Radioelements  |
| S8030 | HCPCS | Tantalum ring application  |