



BlueCross BlueShield of South Carolina Radiation Oncology Utilization Review Matrix 2025

Evolut has developed the following matrix in an effort to help its clients set up their claim processing systems. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to Radiation Oncology services managed by Evolut. The matrix below contains the CPT-4 codes Evolut manages for the Radiation Oncology program. The codes listed are set up utilizing what would be seen on a professional HCFA 1500 claim form or a CMS 1450 claim form (UB-04). The inclusion of a code doesn't imply that the service would be approved, only that if we received a request for that service, it would be managed by Evolut.

The "Allowable Billed Groupings" indicates that if a given procedure is authorized, any of the listed procedures codes could be submitted on a claim representing that service. This assumes that the service is performed within the validity period. If an allowable billed grouping 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.

Codes representing contrast agents, radiopharmaceuticals and supplies are not listed on this matrix. Codes that are submitted by facilities using CMS Outpatient PPS logic are also not incorporated into this table.

*Please note: Radiation services that are initiated while the patient is in a hospital inpatient setting, emergency room or observation room are not managed by Evolut. Services initiated before the patient's coverage by this plan or before the start date of this program are also not managed by Evolut.

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.

| CPT Codes Requiring Authorization | Description | Allowable Billed Groupings |
|-----------------------------------|---|-----------------------------------|
| 19296 | Brachytherapy Applicator Insertion (Breast Surgeon) | 19296, 19297,19298 ¹ |
| 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 |
| 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 |

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

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

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