



Authorization Requirement Changes

Effective Date: 3/1/2023

Dear Health Partner:

Trillium Community Health Plan (Trillium), Wellcare By Trillium Advantage, Wellcare By Health Net, and Health Net Health Plan of Oregon, Inc. (Health Net) are pleased to announce a collaboration with New Century Health (NCH), an oncology quality management company, to implement a new prior authorization program. The purpose of this communication is to share the prior authorization requirements for the New Century Health program for our Oregon plans: Trillium Community Health Plan (Medicaid/OHP), Wellcare By Trillium Advantage, Health Net (Commercial Product), and Wellcare By Health Net.

This is not a comprehensive list of services. This is a summary of changes or new codes. Please review each Plan's website to confirm prior authorization requirements. If you have questions regarding the information contained in this update, please contact the applicable Plan Provider Services Center:

Trillium Community Health Plan (Medicaid/OHP) trilliumohp.com/providers/preauth-check/medicaid-pre-auth
➔ Provider Services 877-600-5472

Wellcare By Trillium Advantage (Medicare) trilliumohp.com/providers/preauth-check/medicare-pre-auth
➔ Provider Services 844-867-1156

Wellcare By Health Net (Medicare) wellcare.healthnetoregon.com/for-providers/medicare-pre-auth
➔ Provider Services 888-445-8913

Health Net Commercial (EPO, POS, PPO, CC) [commercial Pre-Authorization \(healthnetoregon.com\)](https://commercial.Pre-Authorization(healthnetoregon.com))
➔ Provider Services 888-802-7001

The table below indicates key changes to prior authorization requirements.

CPT/HCPC Codes	Procedure Code Description	PA Required
76965	Ultrasonic guidance for interstitial radioelement application	YES
77011	Computed tomography guidance for stereotactic localization	YES
77014	CT guidance for placement of radiation therapy fields	YES
77261	Therapeutic radiology treatment planning; simple	YES
77263	Therapeutic radiology treatment planning; complex	YES
77280	Therapeutic radiology simulation-aided field setting; simple	YES
77285	Therapeutic radiology simulation-aided field setting; intermediate	YES
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	YES
77295	3-dimensional radiotherapy plan, including dose-volume histograms	YES
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	YES
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only	YES
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	YES
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	YES
77307	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)	YES
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	YES
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	YES
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	YES
77321	Special teletherapy port plan, particles, hemibody, total body	YES
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	YES
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	YES
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	YES
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	YES

CPT/HCPC Codes	Procedure Code Description	PA Required
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	YES
77370	Special medical radiation physics consultation	YES
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	YES
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	YES
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	YES
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	YES
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	YES
77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	YES
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	YES
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	YES
77402	Radiation treatment delivery, => 1 MeV; simple	YES
77407	Radiation treatment delivery, => 1 MeV; intermediate	YES
77412	Radiation treatment delivery, => 1 MeV; complex	YES
77417	Therapeutic radiology port image(s)	YES
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	YES
77427	Radiation treatment management, 5 treatments	YES
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	YES
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	YES
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	YES
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	YES
77499	Unlisted procedure, therapeutic radiology treatment management	YES
77520	Proton treatment delivery; simple, without compensation	YES
77522	Proton treatment delivery; simple, with compensation	YES
77523	Proton treatment delivery; intermediate	YES

CPT/HCPC Codes	Procedure Code Description	PA Required
77525	Proton treatment delivery; complex	YES
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	YES
77761	Intracavitary radiation source application; simple	YES
77762	Intracavitary radiation source application; intermediate	YES
77763	Intracavitary radiation source application; complex	YES
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	YES
77768	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, or multiple lesions	YES
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	YES
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	YES
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	YES
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	YES
77789	Surface application of low dose rate radionuclide source	YES
77790	Supervision, handling, loading of radiation source	YES
77799	Unlisted procedure, clinical brachytherapy	YES
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	YES
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment	YES
G6001	Ultrasonic guidance for placement of radiation therapy fields	YES
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	YES
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV	YES
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV	YES
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV	YES
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater	YES
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; up to 5 MeV	YES

CPT/HCPC Codes	Procedure Code Description	PA Required
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV	YES
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV	YES
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater	YES
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 MeV	YES
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV	YES
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV	YES
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater	YES
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	YES
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	YES
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	YES
G0458	Services, low dose rate (LDR) prostate brachytherapy (insertion of radioactive seeds)	YES