Blue Cross Blue Shield of Rhode Island

provider update

P=Professional | **B**=Behavioral Health | **F**=Facilities

December 2014

Dr. Gus Manocchia
Senior Vice President and Chief Medical Officer

Keeping You Informed

Our monthly newsletter includes news and updates for physicians, providers, and facilities in our network. You and your office staff will find important information about benefits, products, claims, policies, formularies, and more.

As always, please contact us with any comments or questions. Thank you for your partnership.

Happy holidays and best wishes for a healthy new year from all of us at Blue Cross & Blue Shield of Rhode Island!

Contents

BCBSRI Update

P Preparing for Flu Season

As winter approaches, so does flu season. We appreciate all you do to ensure your patients are given the appropriate immunizations. As a reminder, it's important to file claims accurately, and applicable G codes must be filed for our BlueCHiP for Medicare members. Please review the 2014/ 2015 Influenza & Adult Pneumococcal Immunization Summary Sheet for claims filing guidelines.

Health IT Program Updates: Fee Schedule Requirements Aligning to Meaningful Use

In 2011 and 2012, we began a multi-year alignment between primary care physician (PCP) and patient-centered medical home (PCMH) electronic health record (EHR) fee schedule requirements and the Centers for Medicare & Medicaid Services' (CMS) definition of Meaningful Use.

Beginning in 2012, the BCBSRI EHR Payment Policy required that all PCPs on the EHR and PCMH fee schedules successfully achieve CMS' definition of Meaningful Use. PCPs on the EHR and PCMH fee schedules must continue to meet that standard in 2015.

2014 Meaningful Use Data Submission

All eligible providers (EPs) are required to submit data for a 90-day reporting period in 2014. Please refer to CMS' My EHR Participation Timeline, available at www.CMS.gov/EHRIncentivePrograms, to determine if you should report on Stage 1 or Stage 2 measures in 2014, as this may differ across providers in your practice. All EPs, regardless of Meaningful Use Stage, must have a 2014 Certified EHR Technology (CEHRT) EHR in place for the entirety of the 2014 reporting period. *Please note: If you have met Meaningful Use in a previous year, your 90-day reporting period will need to reflect a fixed calendar year quarter.*

EPs should submit successful 2014 measure data directly to **BCBSRI by no later than February 28, 2015.** This should be the same data provided to CMS or the State. Please fax or email the 2014 measure data using the following contact information:

Blue Cross & Blue Shield of Rhode Island
Attn: Practice Innovation
Fax: (401) 459-5531
Email: PCPEHRFeeIncrease@bcbsri.org

If you do not submit the required measure data, or the data you submit does not meet CMS' minimum requirements, you will be lowered to the standard PCP reimbursement effective April 1, 2015.

Reimbursement changes will impact PCMH program status and member benefits associated with PCMH practices. However, you may be eligible to receive the EHR or PCMH reimbursement again once you have demonstrated successful achievement of Meaningful Use. Please forward your measure data information using the contact information above. Retroactive fee schedule adjustments will **not** be made.

Interested in implementing an EHR?

If you have not yet implemented an EHR and are interested in receiving the EHR or PCMH fee schedule in the future, please be advised that there are resources available to assist with EHR selection, implementation, and achievement of Meaningful Use. While BCBSRI's EHR Grant Program—which provided financial assistance to qualified providers in previous years—will no longer be available, we strongly encourage PCPs to contact their RI Regional Extension Center Relationship Manager for assistance.

Please see the BCBSRI EHR Payment Policy for additional information. We will continue to keep you informed about the EHR and PCMH Fee Schedules through future *Provider Update* articles. If you have any questions on these changes, please contact our Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 (out of state only), Monday through Friday, 8:00 a.m. to 4: 30 p.m.

EHR Grant Program

Over the past several years, we have supported our network providers in the adoption of electronic health records (EHRs) through a grant program we developed. Since 2009, we have provided financial assistance to many primary care providers and specialists who share our goal of aligning and coordinating care through technology. Beginning December 1, 2014, we are ending this grant assistance, but plan to evaluate future programs to support the adoption of EHRs.

PFB REMINDER: Web-Based Preauthorization

As communicated in *November Provider Update*, we will transition most of our current BCBSRI web-based/fax prior authorization processes to McKesson's Clear Coverage™ decision support tool beginning December 1, 2014.

Clear Coverage's fully automated web-based system includes real-time decision support features. Here are some highlights:

Automated authorization:
Real-time approval for services that meet clinical criteria

- Immediate proof of authorization while patient is in your office
- Printable confirmation with an authorization number
- Ability to submit requests 24/7
- Minimal need for phone calls, faxes, and providing additional clinical information

Clinical decision support:
Automated interactive tool with InterQual® Criteria

- Confirms evidence basis for requested service or recommends alternatives
- Easily and clearly verifies if authorization is required for specific types of services by CPT or service type
- Printable clinical evidence summaries for use in your practice

Prior Authorization for Services Through Clear Coverage

For a full list of the services that are to be submitted for prior authorization through Clear Coverage, please review the following policies in the Provider section of BCBSRI.com:

- Preauthorization via Web-Based Tool for Procedures
- Preauthorization via Web-Based Tool for Durable Medical Equipment

Please also review the Preauthorization Quick Reference Guide for a description of services by code(s).

If you obtain preauthorization before December 1, 2014 for dates of service on or after December 1, you do not need to obtain it again through this new tool.

Please note:

- Inpatient admissions, speech therapy, private duty nursing, and pulmonary rehab will continue to go through BCBSRI's traditional web-based/fax prior authorization process.
- High-tech radiology prior authorization requests will continue to go through MedSolutions, Inc., our radiology management vendor.
- Behavioral health prior authorization requests will continue to go through ValueOptions, our behavioral health management vendor.

Provider Education & Training

For your convenience, you will be able to receive training for Clear Coverage in the following ways:

- *Webinars* – Through December 18, 2014, we will be offering three webinars per week.
  - > Tuesdays at 7:30 a.m.
  - > Wednesdays at 12:00 p.m.
  - > Thursdays at 4:00 p.m.
- *On-site training in your office* – Please contact the Physician & Provider Service Center to schedule.

Participants interested in attending any of these webinars should email their request to BCBSRIWebinar@bcbsri.org. Your enrollment will be confirmed via email, and instructions to access the webinar will be provided.

How to Access Clear Coverage on BCBSRI.com

You will need to log in to the Provider section of BCBSRI.com to initiate the preauthorization process through Clear Coverage. Once logged on, click on Preauthorization, which is located on the left-hand navigation. If you can currently log in to BCBSRI.com, you will be able to access Clear Coverage immediately.

If you or your practice **do not** currently have a log-in to BCBSRI.com, please follow these steps:

1. Click "Sign up for a log-in" on the lower right-hand side of the Provider home page.
2. Follow the prompts to register as a participating provider and request a PIN. Please note that the information you provide online will be populated in a pdf that you will need to print, sign, and fax to BCBSRI.

For More Information

You can find more information in our Clear Coverage Frequently Asked Questions document. If you have any questions regarding these changes, please don't hesitate to contact our Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 (out of state only), Monday through Friday, 8:00 a.m. to 4:30 p.m.

PF REMINDER: Home Infusion Network Changes

As communicated in *November Provider Update*, we have collaborated with numerous provider organizations over several years to help simplify and transform the existing delivery system into one that improves the quality, coordination, and affordability of our members' care. In support of these efforts, we are making changes to our home infusion provider network.

Home Infusion Network Changes as of January 1, 2015

Preferred Participating Providers

- Infusion Resource LLC, dba Care Resource
  (401) 431-0200 or toll free 1-877-431-0000
  www.infusionresource.com
- CarePoint Partners
  (New England Home Therapies, a BioScrip Company)
  (401) 727-6100 or toll free 1-800-848-7739
  www.bioscrip.com
- Option Care Enterprises
  (Walgreens Infusion Services)
  (401) 431-1300 or toll free 1-800-431-4250
  http://www.walgreens.com/pharmacy/infusion_services.jsp

Current Network Providers That Will Become Non-Participating

- Boston Home Infusion
- Coram Healthcare Corporation
- Home Infusion Solutions
- New England Home Infusion, Inc.
- Southcoast Home Infusion Services

If you have questions regarding this change, please call the Physician and Provider Service Center at (401) 274-4848 or 1-800-230-9050 (out of state only), Monday through Friday, 8: 00 a.m. to 4:30 p.m.

PF Durable Medical Equipment (DME) Update

Apria Healthcare, Inc. (Apria) a DME provider with locations in East Providence, RI; Norwood, MA; and Worcester, MA, will be an out-of-network provider effective January 1, 2015. This means that BCBSRI providers will not be able to refer BCBSRI or members of other Blue Plans who are receiving services in Rhode Island to Apria on or after January 1, 2015.

As some DME services such as oxygen and CPAP therapy are rental items for which there is a 10-month or continuous rental period, any new referrals should be made to other participating BCBSRI network providers before January 1. We are currently working with Apria to transition any of our members receiving continuous rentals to a participating BCBSRI provider.

Because of the change in Apria's participation with BCBSRI, you may be contacted by a DME provider asking your office for a new order for services. We appreciate your assistance in providing new order information to the transitioning provider.

A listing of participating DME providers can be found in the Provider section of BCBSRI.com. Please note that Apria will remain active on our listing of participating providers until January 1, 2015.

Hints for HEDIS®: Adult BMI Assessment

We want to help you maximize patient health outcomes in accordance with the NCQA HEDIS measurements such as the adult body mass index (BMI) assessment.

Why is the Adult BMI Assessment an important measure?

Among Rhode Island's adults aged 18 and over:

- 62.9% of adults were over-weight, with a BMI of 25 or greater
- 25.5% of adults were obese, with a BMI of 30 or greater

Calculating each patient's BMI and sharing the information with them can create a dialogue about healthy weight between you and your patients. The Adult BMI Assessment is a HEDIS measure for NCQA Accreditation as well as a Medicare Stars measure.

Source: CDC Behavioral Risk Factor Surveillance System: Prevalence and Trend Data – Overweight and Obesity, U.S. Obesity Trends, Trends by State 2010. Available online at http://www.cdc.gov/brfss

How does HEDIS® define Adult BMI Assessment?

It is the percentage of members 18-74 years of age who had an outpatient visit and who had their BMI documented during the measurement year or the year prior to the measurement year.

Quality Improvement & HEDIS

A review of HEDIS data from 2014 showed the most opportunity for improvement in the Adult BMI Assessment measure among practices that do not have an electronic health record (EHR). We'll be working with these offices in 2015 to get feedback and offer tools to increase their HEDIS rates. If your practice has an electronic medical record system, please ensure it is calculating and recording the BMI after entering the patient's height and weight.

Improve Your Rates: 4 Steps to Success

- ✓ Record the date of the outpatient visit.
- ✓ Record the patient's height.
- ✓ Record the patient's weight.
- ✓ Calculate and record the patient's BMI.

P Osteoporosis Management

We are committed to partnering with physicians and providers to improve the health of our members who are considered at high risk for osteoporosis.

The Osteoporosis Management in Women Who Had a Fracture measure of the Healthcare Effectiveness Data and Information Set (HEDIS) tracks the percentage of women ages 67 to 85 years old who have received a bone mineral density (BMD) scan within six months. Results for HEDIS 2014 indicate that only 17.9% of female BlueCHiP for Medicare members have had a documented BMD scan within six months of a recorded fracture. While this is improved over the 2013 results of 15.8%, this score ranks in the 25th national percentile, well below the national Medicare mean of 24.8%.

In-home heel ultrasounds

As of November 10, 2014, we began working with MedXM, a company specializing in heel ultrasounds. MedXM will be scheduling in-home visits for female BlueCHiP for Medicare members who have had a fracture and no BMD scan recorded within six months of the incident. Your patients who meet this criteria will receive a visit from an MedXM technician who will complete a heel ultrasound. PCPs will receive a copy of the results to review and file in the patients' records.

There is no charge for this in-home visit and it will not affect your patients' healthcare coverage in any way. These visits are not meant to replace the care your patients receive through their PCP. MedXM is not involved in the care or treatment of the patient, nor will they prescribe medications. Patients will be encouraged to remain up to date with their preventive care and routine office visits with their PCP.

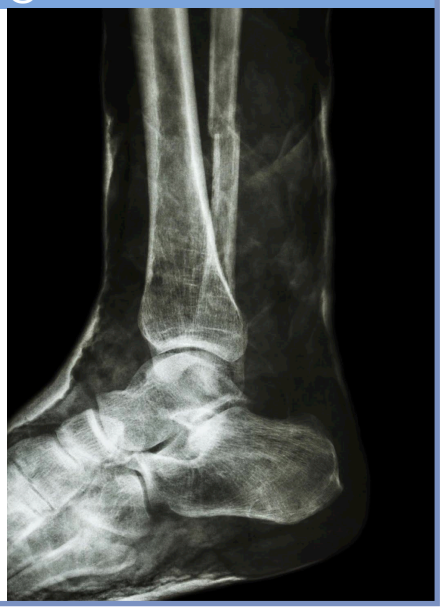
For more information

We want to thank you in advance for your cooperation. By working together, we can help increase the effectiveness of osteoporosis prevention, detection, and treatment in Rhode Island.

If you have any questions, comments, or ideas please regarding any of our quality initiatives, please contact Christine Zanfini Parker at (401) 459-5834 or christine.parker@bcbsri.org.

Osteoporosis Screening

- Ultrasound performed on the patient's heel
- Results are submitted to the patient's PCP

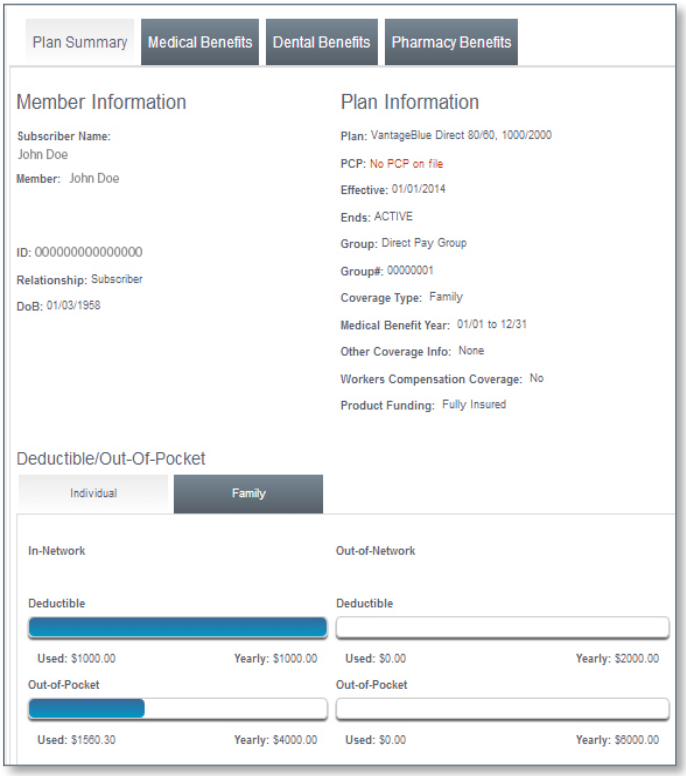


Benefits & Products

Many changes occur annually in January, including benefit renewals and plan changes for our members. In addition to always verifying member eligibility, it is important to understand their deductible information.

Once logged in, please follow these easy steps on the Provider Portal to understand how much of a patient's deductible has been met:

1. Verify eligibility on the ***Patient Profile*** link.
2. Visit the ***Plan Summary*** Page.
3. Review what's remaining in the ***deductible/out-of-pocket*** section.



Pharmacy

PFB BlueCHiP for Medicare 2015 Formulary Changes

Effective January 1, 2015 the BlueCHiP for Medicare 2015 Formulary Changes apply to **all** BlueCHiP for Medicare products. Any changes to this list are the result of a comprehensive review of relevant clinical information. This list is **not all-inclusive** but is a sample of changes. Please refer to the 2015 Formulary for more information.

PF Policies Recently Reviewed for Annual Update

The following policies were recently reviewed for annual update. You can review the full text of these policies.

- Axial Lumbosacral Interbody Fusion
- Diabetes Self-Management Education Mandate
- Human Leukocyte Antigen (HLA) Testing Mandate
- Immunoassay for Tumor Antigens
- Off-Label Use of Prescription Drugs for Cancer Mandate
- Thoracic Lumbosacral Orthosis with Pneumatics
- Wig Mandate

For your review, we also post monthly drafts of medical policies being created or reassessed. As a reminder, you can provide comments on draft policies for up to 30 days.

PF Preventive Services – BlueCHiP for Medicare

To ensure correct claims processing for all BlueCHiP for Medicare preventive services, claims must be filed according to the grid in the Preventive Services for BlueCHiP for Medicare policy.

PF Clinical Practice Guidelines

The 2014 Clinical Practice Guidelines for COPD, Diabetes, Childhood Immunizations, Coordination of Care, and High Blood Pressure, were presented for review and approved at the 2014 Professional Advisory Committee meetings.

PFB 2015 CPT® Code Changes

We have completed our review of 2015 current procedural terminology (CPT) code changes, including Category II performance measurement tracking codes and Category III temporary codes for emerging technology. These updates will be added to our claims processing system and are effective January 1, 2015. The lists include codes that have special coverage or payment rules for standard products. We will be adopting Medicare's policy for gastroenterology and radiation oncology, whereas many 2015 CPT codes are invalid and 2014 deleted codes are retained as G codes. We've included codes for services that are:

"Invalid" – Use alternate procedure code, CPT or HCPC code.

"Not covered" – This includes services not covered in the main member certificate (e.g., covered as a prescription drug).

"Not medically necessary" – This indicates services where there is insufficient evidence to support payment for the service.

"Not separately reimbursed" – Services that are not separately reimbursed are generally included in another service or are reported using another code and may not be billed to your patient.

"Pending CMS coverage determination" – CMS coverage for these codes will be communicated after CMS has made their determination.

"Subject to medical review" – Preauthorization is recommended for commercial products and required for BlueCHiP for Medicare.

"Medicare lab network exempt" – All laboratory services that are not listed as exempt from the BlueCHiP for Medicare Laboratory Network Exemption List must be performed at ESCL, Quest Diagnostics, Inc., Lifespan Laboratories, and Coastal Medical Laboratory in order to be covered. An exceptions list is included in the policy.

CMS has elected to defer implementation of several CPT 2015 code additions/major revisions and is using G codes for those deletions or major revisions. In some cases, the policy applies to physicians only and not facilities. To facilitate consistent coding and coordination of benefits, we are adopting CMS coding rules for these 2015 changes. We ask that you bring questions to our attention so that we may address them as certain provider types may be more directly affected and knowledgeable about these issues.

Please note that, as a participating provider, it is your responsibility to notify members about non-covered services prior to rendering them. Please submit your comments and concerns regarding coverage and payment designations to:

Blue Cross & Blue Shield of Rhode Island
Attention: Medical Policy, CPT Review
500 Exchange Street
Providence, Rhode Island 02903

See list of 2015 CPT Code Changes →

2015 CPT Updates

Code Comments

22858:	Not medically necessary for BlueCHiP for Medicare and commercial products
27279:	Not medically necessary for BlueCHiP for Medicare and commercial products
33270:	Subject to medical review for BlueCHiP for Medicare and commercial products
33271:	Subject to medical review for BlueCHiP for Medicare and commercial products
33272:	Subject to medical review for BlueCHiP for Medicare and commercial products
33273:	Subject to medical review for BlueCHiP for Medicare and commercial products
33418:	Subject to medical review for BlueCHiP for Medicare and commercial products
33419:	Subject to medical review for BlueCHiP for Medicare and commercial products
34839:	Not separately reimbursed for BlueCHiP for Medicare and commercial products, professional and institutional providers
44381:	Use alternate procedure code, invalid for payment purposes
44384:	Use alternate procedure code, invalid for payment purposes
44401:	Use alternate procedure code, invalid for payment purposes
44402:	Use alternate procedure code, invalid for payment purposes
44403:	Use alternate procedure code, invalid for payment purposes
44404:	Use alternate procedure code, invalid for payment purposes
44405:	Use alternate procedure code, invalid for payment purposes
44406:	Use alternate procedure code, invalid for payment purposes
44407:	Use alternate procedure code, invalid for payment purposes
44408:	Use alternate procedure code, invalid for payment purposes
45346:	Use alternate procedure code, invalid for payment purposes
45347:	Use alternate procedure code, invalid for payment purposes
45349:	Use alternate procedure code, invalid for payment purposes
45350:	Use alternate procedure code, invalid for payment purposes
45388:	Use alternate procedure code, invalid for payment purposes
45389:	Use alternate procedure code, invalid for payment purposes
45390:	Use alternate procedure code, invalid for payment purposes
45393:	Use alternate procedure code, invalid for payment purposes
45398:	Use alternate procedure code, invalid for payment purposes
46601:	Use alternate procedure code, invalid for payment purposes
46607:	Use alternate procedure code, invalid for payment purposes
47383:	Not medically necessary for BlueCHiP for Medicare and commercial products
77061:	Use alternate procedure code, invalid for payment purposes
77062:	Use alternate procedure code, invalid for payment purposes
77063:	Not separately reimbursed for BlueCHiP for Medicare and commercial products
77086:	Not medically necessary for commercial products and not separately reimbursed for BlueCHiP for Medicare
77385:	Use alternate procedure code, invalid for payment purposes
77386:	Use alternate procedure code, invalid for payment purposes
77387:	Use alternate procedure code, invalid for payment purposes
80163:	Use alternate procedure code, invalid for payment purposes
80165:	Use alternate procedure code, invalid for payment purposes
80301:	Use alternate procedure code, invalid for payment purposes
80302:	Medicare lab network exempt
80303:	Medicare lab network exempt
80304:	Medicare lab network exempt
80320:	Medicare lab network exempt
80321:	Medicare lab network exempt
80322:	Medicare lab network exempt
80323:	Medicare lab network exempt
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80338:	Medicare lab network exempt
80339:	Medicare lab network exempt

2015 CPT Updates

Code Comments

80340:	Medicare lab network exempt
80341:	Medicare lab network exempt
80342:	Medicare lab network exempt
80343:	Medicare lab network exempt
80344:	Medicare lab network exempt
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80377:	Medicare lab network exempt
81246:	Subject to medical review, Medicare lab network exempt
81288:	Subject to medical review, Medicare lab network exempt
81313:	Subject to medical review, Medicare lab network exempt
81410:	Subject to medical review, Medicare lab network exempt
81411:	Subject to medical review, Medicare lab network exempt
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81465:	Subject to medical review, Medicare lab network exempt
81470:	Subject to medical review, Medicare lab network exempt
81471:	Subject to medical review, Medicare lab network exempt
81519:	Subject to medical review, Medicare lab network exempt
83006:	Medicare lab network exempt
87505:	Medicare lab network exempt
87506:	Medicare lab network exempt
87507:	Medicare lab network exempt
87623:	Medicare lab network exempt
87624:	Medicare lab network exempt
87625:	Medicare lab network exempt
87806:	Medicare lab network exempt
88341:	Medicare lab network exempt

2015 CPT Updates

Code Comments

88344:	Medicare lab network exempt
88364:	Medicare lab network exempt
88366:	Medicare lab network exempt
88369:	Medicare lab network exempt
88373:	Medicare lab network exempt
88374:	Medicare lab network exempt
88377:	Medicare lab network exempt
89337:	Not covered for BlueCHiP for Medicare and commercial, for professional and institutional providers
93644:	Not medically necessary for BlueCHiP for Medicare and commercial products, for professional and institutional providers
93702:	Not medically necessary for BlueCHiP for Medicare and commercial products, for professional and institutional providers
93895:	Not medically necessary for BlueCHiP for Medicare and commercial products, for professional and institutional providers
97607:	Subject to medical review
97608:	Subject to medical review
99188:	Not covered for BlueCHiP for Medicare
99497:	Use alternate procedure code, HCPCS S0257, see Advanced Directive Planning Policy
99498:	Use alternate procedure code, HCPCS S0257, see Advanced Directive Planning Policy
3126F:	Measurement code
0001M:	Measurement code
0004M:	Measurement code
0375T:	Not covered for BlueCHiP for Medicare and commercial products, for professional and institutional providers
0377T:	Not medically necessary for BlueCHiP for Medicare and commercial products, for professional and institutional providers
0378T:	Not medically necessary for BlueCHiP for Medicare and commercial products, for professional and institutional providers
0379T:	Not medically necessary for BlueCHiP for Medicare and commercial products, for professional and institutional providers
0380T:	Not medically necessary for BlueCHiP for Medicare and commercial products, for professional and institutional providers
0381T:	Not covered for BlueCHiP for Medicare and commercial products, for professional and institutional providers
0382T:	Not covered for BlueCHiP for Medicare and commercial products, for professional and institutional providers
0383T:	Not covered for BlueCHiP for Medicare and commercial products, for professional and institutional providers
0384T:	Not covered for BlueCHiP for Medicare and commercial products, for professional and institutional providers
0385T:	Not covered for BlueCHiP for Medicare and commercial products, for professional and institutional providers
0386T:	Not covered for BlueCHiP for Medicare and commercial products, for professional and institutional providers
0387T:	Not covered for BlueCHiP for Medicare and commercial products, for professional and institutional providers
0388T:	Subject to medical review
0389T:	Not covered for BlueCHiP for Medicare and commercial products, for professional and institutional providers
0390T:	Not covered for BlueCHiP for Medicare and commercial products, for professional and institutional providers
0391T:	Not covered for BlueCHiP for Medicare and commercial products, for professional and institutional providers

CPT Deletions Retained by Medicare as HCPCS II G Codes

2014 CPT	2015 HCPCS	Description
44383	G6018	Ileoscopy, through stoma; with transendescopic stent placement (includes predilation)
44393	G6019	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44397	G6020	Colonoscopy through stoma; with transendescopic stent placement (includes predilation)
44799	G6021	Unlisted procedure, intestine
45339	G6022	Sigmoidscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45345	G6023	Sigmoidscopy, flexible; with transendoscopic stent placement (includes predilation)
45383	G6024	Colonscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45387	G6025	Colonscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)
76950	G6001	Ultrasonic guidance for placement of radiation therapy fields
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: up to 6-10MeV
77404	G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 11-19MeV
77406	G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 20 MeV or greater
77407	G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 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; 20 MeV 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 5 MeV
77413	G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam, up to 6-10MeV
77414	G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam, up to 11-19MeV
77416	G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam, up to 20 MeV or greater
77418	G6015	Intensity modulated treatement delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
77421	G6002	Stereoscopic x-ray guidance for localization for target volume for the delivery of radiation therapy
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
0226T	G6027	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); diagnostic, including collection of specimen(s) by brushing or washing when performed
0227T	G6028	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); with biopsy(ies)