

**Oncology and Hematology Prior Authorization Program  
for Medicare Advantage Members  
Appendixes A and B**

**APPENDIX A – HCPCS Codes**

**Oncology and Hematology Prior Authorization Program for Medicare Advantage Members**

Prior authorizations from New Century Health will be required for the drugs below starting Jan. 1, 2021 unless otherwise noted (see Key). Any of the following services that do not have a prior authorization beginning Jan. 1, 2021 will be denied for prior authorization.

<b>Key to Appendix A: Required Drug Prior Authorizations</b>	
<b>HCPCS Code = Red</b>	Prior authorization requests will be managed and authorized through New Century Health starting Jan. 1, 2021 and will no longer be authorized by Magellan Rx Management for oncology and hematology treatment/indication.
<b>HCPCS Code = Highlighted Green</b>	If used for a non-oncology and/or non-hematology indication, the prior authorization requests will continue to be submitted and performed by Florida Blue Medicare.
<b>HCPCS Code = Highlighted Orange</b>	For dual-indication drugs identified, authorizations will continue to be managed through Magellan Rx Management when being used outside of any oncology and hematology treatment/indication.

**Appendix A: Drug Prior Authorizations Required from New Century Health**  
(unless otherwise noted per Key)  
**Effective Jan. 1, 2021** (updated Dec. 4, 2020)

HCPCS	Generic Name	Brand Name
A9513	LUTETIUM LU 177	LUTATHERA
A9543	IBRITUMOMAB TIUXETAN	ZEVALIN
A9590	IODINE I-131 IOBENGU	AZEDRA ANE
A9600	STRONTIUM SR-89 CHLORIDE	METASTRON
A9604	SAMARIUM SM-153 LEXIDRONAM	QUADRAMET
A9606	RADIUM RA 223 DICHLORIDE	XOFIGO
A9699**	UNCLASSIFIED RADIOPHARMACEUTICAL**	NOC RADIOPHARMACEUTICAL**
C9062	DARATUMUMAB and HYALURONIDASE-FIHJ	DARZALEX FASPRO
C9064	MITOMYCIN	JELMYTO
C9065	ROMIDEPSIN	ROMIDEPSIN
C9066	SACITUZUMAB GOVITECAN-HZIY	TRODELVY
C9399	BELANTAMAB MAFODOTIN-BLMF	BLNREP
C9399	NAXITAMAB**-GQGK	DANYELZA
C9399	TAFASITAMAB-CXIX	MONJUVI
C9399	PEGFILGRASTIM-APGF	NYVEPRIA
C9399	PERTUZUMAB, TRASTUZUMAB, and HYALURONIDASE-ZZXF	PHESGO

**Appendix A: Drug Prior Authorizations Required from New Century Health**  
(unless otherwise noted per Key)  
**Effective Jan. 1, 2021** (updated Dec. 4, 2020)

HCPCS	Generic Name	Brand Name
C9399	DINUTUXIMAB	UNITUXIN
C9399	LURBINECTIDIN	ZEPZELCA
J0185	APREPITANT	CINVANTI
J0594	BUSULFAN	BUSULFEX
J0640	LEUCOVORIN CALCIUM	LEUCOVORIN
J0641	LEVOLEUCOVORIN CALCIUM	FULSILEV
J0642	LEVOLEUCOVORIN	KHAPZORY
J0791	CRIZANLIZUMAB-TMCA	ADAKVEO
J0881	DARBEPOETIN ALFA	ARANESP
J0885	EPOETIN ALFA	EPOGEN/ PROCRIT
J0894	DECITABINE	DACOGEN
J0896	LUSPATERCEPT-AAMT	REBLOZYL
J0897	DENOSUMAB	XGEVA
J1442	FILGRASTIM G-CSF	NEUPOGEN
J1447	TBO-FILGRASTIM	GRANIX
J1453	FOSAPREPITANT	EMEND
J1454	FOSNETUPITANT/PALONOSETRON	AKYNZEO
J1459	IV IMMUNE GLOBULIN	PRIVIGEN
J1460	IM GAMMA GLOBULIN	GAMASTAN S/D
J1555	SQ IMMUNE GLOBULIN	CUVITRU
J1556	IV IMMUNE GLOBULIN	BIVIGAM
J1557	IV IMMUNE GLOBULIN	GAMMAPLEX
J1558	SQ IMMUNE GLOBULIN	XEMBIFY
J1559	SQ IMMUNE GLOBULIN	HIZENTRA
J1560	IM GAMMA GLOBULIN	GAMASTAN S/D
J1561	IV & SQ IMMUNE GLOBULIN	GAMUNEX/ GAMUNEX-C/ GAMMAKED
J1566	IV IMMUNE GLOBULIN	CARIMUNE NF/ GAMMAGARD SD
J1568	IV IMMUNE GLOBULIN	OCTAGAM
J1569	IV & SQ IMMUNE GLOBULIN	GAMMAGARD
J1572	IV IMMUNE GLOBULIN	FLEBOGAMMA
J1575	SQ IMMUNE GLOBULIN	HYQVIA
J1599	UNCLASSIFIED IV IMMUNE GLOBULIN	ASCENIV
J1599	UNCLASSIFIED IV IMMUNE GLOBULIN	PANZYGA
J1599**	UNCLASSIFIED IV IMMUNE GLOBULIN**	NOC IV IMMUNE GLOBULIN**
J1627	GRANISETRON HCL EXTENDED RELEASE	SUSTOL
J1930	LANREOTIDE	SOMATULINE DEPOT
J1950	LEUPROLIDE ACETATE	LUPRON DEPOT-PED
J2212	METHYLNALTREXONE	RELISTOR
J2353	OCTREOTIDE DEPOT	SANDOSTATIN LAR DEPOT
J2354	OCTREOTIDE	SANDOSTATIN

**Appendix A: Drug Prior Authorizations Required from New Century Health**  
(unless otherwise noted per Key)

**Effective Jan. 1, 2021** (updated Dec. 4, 2020)

HCPCS	Generic Name	Brand Name
J2469	PALONOSETRON HCL	ALOXI
J2505	PEGFILGRASTIM	NEULASTA/ NEULASTA ONPRO
J2562	PLERIXAFOR	MOZOBIL
J2783	RASBURICASE	ELITEK
J2790	RHO D IMMUNE GLOBULIN	HYPERRHO/ RHOGAM
J2792	RHO D IMMUNE GLOBULIN	WINRHO SDF
J2796	ROMIPLOSTIM	NPLATE
J2797	ROLAPITANT	VARUBI
J2820	SARGRAMOSTIM	LEUKINE
J2860	SILTUXIMAB	SYLVANT
J3315	TRIPTORELIN PAMOATE	TRELSTAR DEPOT/ TRELSTAR LA
J3471	HYALURONIDASE	VITRASE/ AMPHADASE
J3489	ZOLEDRONIC ACID	RECLAST/ ZOMETA
J3490 S0189	TESTOSTERONE PELLETT	TESTOPEL
J3590	PEGFILGRASTIM-APGF	NYVEPRIA
J3590/ S0145	PEGINTERFERON ALFA-2A	PEGASYS
J3590/ S0148	PEGYLATED INTERFERON ALFA-2B	PEG INTRON
J7504	LYMPHOCYTE IMMUNE GLOBULIN	ATGAM
J9000	DOXORUBICIN HCL	ADRIAMYCIN
J9015	ALDESLEUKIN	PROLEUKIN
J9017	ARSENIC TRIOXIDE	TRISENOX
J9019	ASPARAGINASE	ERWINAZE
J9022	ATEZOLIZUMAB	TECENTRIQ
J9023	AVELUMAB	BAVENCIO
J9025	AZACITIDINE	VIDAZA
J9027	CLOFARABINE	CLOLAR
J9030	BACILLUS CALMETTE- GUERIN	TICE BCG
J9032	BELINOSTAT	BELEODAQ
J9033	BENDAMUSTINE	TREANDA
J9034	BENDAMUSTINE	BENDEKA
J9035	BEVACIZUMAB	AVASTIN
J9036	BENDAMUSTINE	BELRAPZO
J9039	BLINATUMOMAB	BLINCYTO
J9040	BLEOMYCIN SULFATE	BLENOXANE
J9041	BORTEZOMIB	VELCADE
J9042	BRENTUXIMAB	ADCETRIS
J9043	CABAZITAXEL	JEVTANA
J9044	BORTEZOMIB	BORTEZOMIB

**Appendix A: Drug Prior Authorizations Required from New Century Health**  
(unless otherwise noted per Key)

**Effective Jan. 1, 2021** (updated Dec. 4, 2020)

HCPCS	Generic Name	Brand Name
J9045	CARBOPLATIN	PARAPLATIN
<b>J9047</b>	<b>CARFILZOMIB</b>	<b>KYPROLIS</b>
J9050	CARMUSTINE	BICNU
<b>J9055</b>	<b>CETUXIMAB</b>	<b>ERBITUX</b>
<b>J9057</b>	<b>COPANLISIB</b>	<b>ALIQOPA</b>
J9060	CISPLATIN	PLATINOL
J9065	CLADRIBINE	LEUSTATIN
J9070	CYCLOPHOSPHAMIDE	CYTOXAN
J9098	CYTARABINE LIPOSOME	DEPOCYT
J9100	CYTARABINE	CYTOSAR-U
<b>J9118</b>	<b>CALASPARGASE PEGOL-MKNL</b>	<b>ASPARLAS</b>
<b>J9119</b>	<b>CEMIPLIMAB-RWLC</b>	<b>LIBTAYO</b>
J9120	DACTINOMYCIN	COSMEGEN
J9130	DACARBAZINE	DTIC-DOME
<b>J9145</b>	<b>DARATUMUMAB</b>	<b>DARZALEX</b>
J9150	DAUNORUBICIN	DAUNORUBICIN
<b>J9153</b>	<b>DAUNORUBICIN AND CYTARABINE LIPOSOME</b>	<b>VYXEOS</b>
J9155	DEGARELIX	FIRMAGON
<b>J9171</b>	<b>DOCETAXEL</b>	<b>TAXOTERE</b>
<b>J9173</b>	<b>DURVALUMAB</b>	<b>IMFINZI</b>
<b>J9176</b>	<b>ELOTUZUMAB</b>	<b>EMPLICITI</b>
<b>J9177</b>	<b>ENFORTUMAB VEDOTIN-EJFV</b>	<b>PADCEV</b>
J9178	EPIRUBICIN	ELLENC
<b>J9179</b>	<b>ERIBULIN MESYLATE</b>	<b>HALAVEN</b>
J9181	ETOPOSIDE	ETOPOPHOS/ TOPOSAR
J9185	FLUDARABINE PHOSPHATE	FLUDARA
J9190	FLUOROURACIL	ADRUCIL
<b>J9198</b>	<b>GEMCITABINE HYDROCHLORIDE</b>	<b>INFUGEM</b>
J9200	FLOXURIDINE	FUDR
J9201	GEMCITABINE HCL	GEMZAR
<b>J9202</b>	<b>GOSERELIN ACETATE</b>	<b>ZOLADEX</b>
<b>J9203</b>	<b>GEMTUZUMAB OZOGAMICIN</b>	<b>MYLOTARG</b>
<b>J9204</b>	<b>MOGAMULIZUMAB - KPKC</b>	<b>POTELIGEO</b>
<b>J9205</b>	<b>IRINOTECAN LIPOSOME</b>	<b>ONIVYDE</b>
J9206	IRINOTECAN	CAMPTOSAR
J9207	IXABEPILONE	IXEMPRA KIT
J9208	IFOSFAMIDE	IFEX
J9209	MESNA	MESNEX
J9211	IDARUBICIN HCL	IDAMYCIN

**Appendix A: Drug Prior Authorizations Required from New Century Health**  
(unless otherwise noted per Key)

**Effective Jan. 1, 2021** (updated Dec. 4, 2020)

HCPCS	Generic Name	Brand Name
J9214	INTERFERON ALFA-2B RECOMBINANT	INTRON-A
J9216	INTERFERON GAMMA 1B	ACTIMMUNE
J9217	LEUPROLIDE ACETATE	ELIGARD/ LUPRON DEPOT
J9218	LEUPROLIDE ACETATE	LEUPROLIDE ACETATE
J9225	HISTRELIN IMPLANT	VANTAS
J9227	ISATUXIMAB-IRFC	SARCLISA
J9228	IPILIMUMAB	YERVOY
J9229	INOTUZUMAB OZOGAMICIN	BESPONSE
J9230	MECHLORETHAMINE HCL	MUSTARGEN
J9245	MELPHALAN HCL	ALKERAN
J9246	MELPHALAN CAPTISOL ENABLED	EVOMELA
J9250	METHOTREXATE SODIUM	METHOTREXATE
J9260	METHOTREXATE SODIUM	METHOTREXATE
J9261	NELARABINE	ARRANON
J9262	OMACETAXINE	SYNRIBO
J9263	OXALIPLATIN	ELOXATIN
J9264	PACLITAXEL PROTEIN-BOUND PARTICLES	ABRAXANE
J9266	PEGASPARGASE	ONCASPAR
J9267	PACLITAXEL	TAXOL
J9268	PENTOSTATIN	NIPENT
J9269	TAGRAXOFUSP-ERZS	ELZONRIS
J9271	PEMBROLIZUMAB	KEYTRUDA
J9280	MITOMYCIN	MUTAMYCIN
J9285	OLARATUMAB	LARTRUVO
J9293	MITOXANTRONE	NOVANTRONE
J9295	NECITUMUMAB	PORTRAZZA
J9299	NIVOLUMAB	OPDIVO
J9301	OBINUTUZUMAB	GAZYVA
J9302	OFATUMUMAB	ARZERRA
J9303	PANITUMUMAB	VECTIBIX
J9304	PEMETREXED	PEMFEXY
J9305	PEMETREXED	ALIMTA
J9306	PERTUZUMAB	PERJETA
J9307	PRALATREXATE	FOLOTYN
J9308	RAMUCIRUMAB	CYRAMZA
J9309	POLATUZUMAB VEDOTIN-PIIQ	POLIVY
J9311	RITUXIMAB AND HYALURONIDASE HUMAN	RITUXAN HYCELA
J9312	RITUXIMAB	RITUXAN
J9313	MOXETUMOMAB PASUDOTOX-TDFK	LUMOXITI
J9315	ROMIDEPSIN	ISTODAX

**Appendix A: Drug Prior Authorizations Required from New Century Health**  
(unless otherwise noted per Key)  
**Effective Jan. 1, 2021** (updated Dec. 4, 2020)

HCPCS	Generic Name	Brand Name
J9320	STREPTOZOCIN	ZANOSAR
<b>J9325</b>	<b>TALIMOGENE LAHERPAREPVEC</b>	<b>IMLYGIC</b>
J9328	TEMOZOLOMIDE	TEMODAR
<b>J9330</b>	<b>TEMSIROLIMUS</b>	<b>TORISEL</b>
J9340	THIOTEPA	THIOPLEX
J9351	TOPOTECAN	HYCANTIN
<b>J9352</b>	<b>TRABECTEDIN</b>	<b>YONDELIS</b>
<b>J9354</b>	<b>ADO-TRASTUZUMAB EMTANSINE</b>	<b>KADCYLA</b>
<b>J9355</b>	<b>TRASTUZUMAB</b>	<b>HERCEPTIN</b>
<b>J9356</b>	<b>TRASTUZUMAB and HYALURONIDASE-OYSK</b>	<b>HERCEPTIN HYLECTA</b>
J9357	VALRUBICIN	VALSTAR
<b>J9358</b>	<b>FAM-TRASTUZUMAB DERUXTECAN-NXKI</b>	<b>ENHERTU</b>
J9360	VINBLASTINE SULFATE	VELBAN
J9370	VINCRISTINE SULFATE 1 MG	ONCOVIN
J9371	VINCRISTINE LIPOSOMAL	MARQIBO
J9390	VINORELBINE TARTRATE	NAVELBINE
J9395	FULVESTRANT	FASLODEX
<b>J9400</b>	<b>ZIV-AFLIBERCEPT</b>	<b>ZALTRAP</b>
J9600	PORFIMER SODIUM	PHOTOFRIN
<b>J9999</b>	<b>BELANTAMAB MAFODOTIN-BLMF</b>	<b>BLNREP</b>
<b>J9999</b>	<b>NAXITAMAB-GQGK</b>	<b>DANYELZA</b>
<b>J9999</b>	<b>DARATUMUMAB and HYALURONIDASE-FIHJ</b>	<b>DARZALEX FASPRO</b>
<b>J9999</b>	<b>MITOMYCIN</b>	<b>JELMYTO</b>
<b>J9999</b>	<b>TAFASITAMAB-CXIX</b>	<b>MONJUVI</b>
<b>J9999</b>	<b>PERTUZUMAB, TRASTUZUMAB, and HYALURONIDASE-ZZXF</b>	<b>PHESGO</b>
<b>J9999</b>	<b>ROMIDEPSIN</b>	<b>ROMIDEPSIN</b>
<b>J9999</b>	<b>PEGINTERFERON ALFA-2B</b>	<b>SYLATRON</b>
<b>J9999</b>	<b>SACITUZUMAB GOVITECAN-HZIY</b>	<b>TRODELVY</b>
<b>J9999</b>	<b>DINUTUXIMAB</b>	<b>UNITUXIN</b>
<b>J9999</b>	<b>MECHLORETHAMINE GEL</b>	<b>VALCHLOR</b>
<b>J9999</b>	<b>LURBINECTEDIN</b>	<b>ZEPZELCA</b>
<b>J9999**</b>	<b>UNCLASSIFIED ANTINEOPLASTIC DRUGS**</b>	<b>NOC ANTINEOPLASTIC DRUGS**</b>
Q2017	TENIPOSIDE	VUMON
<b>Q2043</b>	<b>SIPULEUCEL-T AUTOLOGOUS CD54+ CELLS</b>	<b>PROVENGE</b>
<b>Q2049</b>	<b>DOXORUBICIN LIPOSOMAL</b>	<b>LIPODOX</b>
<b>Q2050</b>	<b>LIPOSOMAL DOXORUBICIN</b>	<b>DOXIL</b>
<b>Q5101</b>	<b>FILGRASTIM-SNDZ</b>	<b>ZARXIO</b>
<b>Q5106</b>	<b>EPOETIN ALFA</b>	<b>RETACRIT</b>
<b>Q5107</b>	<b>BEVACIZUMAB - AWWB</b>	<b>MVASI</b>

**Appendix A: Drug Prior Authorizations Required from New Century Health**  
(unless otherwise noted per Key)  
**Effective Jan. 1, 2021** (updated Dec. 4, 2020)

HCPCS	Generic Name	Brand Name
Q5108	PEGFILGRASTIM-JMDB	FULPHILA
Q5110	FILGRASTIM-AAFI	NIVESTYM
Q5111	PEGFILGRASTIM-CBQV	UDENYCA
Q5112	TRASTUZUMAB-DTTB	ONTRUZANT
Q5113	TRASTUZUMAB-PKRB	HERZUMA
Q5114	TRASTUZUMAB-DKST	OGIVRI
Q5115	RITUXIMAB-ABBS	TRUXIMA
Q5116	TRASTUZUMAB-QYYP	TRAZIMERA
Q5117	TRASTUZUMAB-ANNS	KANJINTI
Q5118	BEVACIZUMAB - BVZR	ZIRABEV
Q5119	RITUXIMAB-PVVR	RUXIENCE
Q5120	PEGFILGRASTIM-BMEZ	ZIEXTENZO

\*\* All newly FDA approved drugs aligned with A9699 and J9999 used as part of oncology regimen and/or oncology indication, will be managed by New Century Health once the new to market drug has been released and available. Once drug is assigned a listed HCPCS, the new HCPCS will also be included in the drugs managed by New Century Health.

**APPENDIX B – CPT Codes**

**Oncology and Hematology Prior Authorization Program for Medicare Advantage Members**

New Century Health will begin administering Radiation Oncology Utilization Management Services on behalf of Florida Blue Medicare Advantage members effective Jan. 1, 2021.

**Appendix B: Radiation Oncology Codes Requiring Review by New Century Health**  
**Effective Jan. 1, 2021**

CPT Code	Code Description	Prior Auth Required
19294	PREPARATION OF TUMOR CAVITY AND PLACEMENT OF RADIATION THERAPY APPLICATOR INTO BREAST FOR RADIATION THERAPY CONCURRENT WITH PARTIAL BREAST REMOVAL	YES
19296	INSERTION OF CATHETER INTO BREAST FOR RADIATION THERAPY USING IMAGING GUIDANCE	YES
19297	INSERTION OF CATHETER INTO BREAST FOR RADIATION THERAPY CONCURRENT WITH PARTIAL BREAST REMOVAL USING IMAGING GUIDANCE	YES
19298	INSERTION OF CATHETERS INTO BREAST FOR RADIATION THERAPY WITH OR AFTER BREAST REMOVAL USING IMAGING GUIDANCE	YES
20555	INSERTION OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR TISSUE FOR RADIATION THERAPY	YES
32701	THORACIC TARGETS DELINEATION FOR STEREOTACTIC BODY RADIATION THERAPY	YES
36415	COLLJ VEN BLD VNPXNR	NO
36416	COLLJ CAPILLARY BLD SPEC	NO
36591	COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	NO
36592	COLLECT BLOOD FROM CATHETER VENOUS NOS	NO
36593	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	NO
38220	MARROW ASPIRATION ONLY	NO
38221	BONE MARROW BIOPSY NEEDLE	NO

**Appendix B: Radiation Oncology Codes Requiring Review by New Century Health  
Effective Jan. 1, 2021**

CPT Code	Code Description	Prior Auth Required
38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	NO
41019	INSERTION OF NEEDLES, CATHETERS, OR DEVICES INTO HEAD AND/OR NECK FOR RADIATION DELIVERY	YES
43499	UNLISTED PROCEDURE ESOPHAGUS	YES
47999	UNLISTED PROCEDURE BILIARY TRACT	YES
55860	SURGICAL EXPOSURE OF PROSTATE GLAND FOR RADIATION THERAPY	YES
55862	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)	YES
55865	EXPOSURE OF PROSTATE GLAND FOR RADIATION THERAPY WITH REMOVAL OF SURROUNDING LYMPH NODES ON BOTH SIDES OF THE PELVIS	YES
55875	INSERTION OF NEEDLES OR CATHETERS INTO PROSTATE FOR RADIATION THERAPY	YES
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	YES
55920	INSERTION OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/OR GENITALS FOR RADIATION THERAPY	YES
57155	INSERTION OF RADIATION THERAPY DEVICES IN UTERUS FOR RADIATION THERAPY	YES
57156	INSERTION OF RADIATION THERAPY DEVICES IN VAGINA FOR RADIATION THERAPY	YES
58346	INSERTION OF CAPSULES INTO UTERUS FOR PLACEMENT OF RADIATION THERAPY	YES
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	YES
77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	YES
77261	THER RAD TX PLNNING SMPL	YES
77262	THER RAD TX PLNNING INTRM	YES
77263	THER RAD TX PLNNING CPLX	YES
77280	THER RAD SIMULAJ-AIDED FLD SETTING SMPL	YES
77285	THER RAD SIMULAJ-AIDED FLD SETTING INTRM	YES
77290	THER RAD SIMULAJ-AIDED FLD SETTING CPLX	YES
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	YES
77295	THER RAD SIMULAJ-AIDED FLD SETTING 3-DIMENSIONAL	YES
77299	UNLIS PX THER RAD CLINICAL TX PLNNING	YES
77300	BASIC RADJ DOSIM CAL	YES
77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	YES
77306	TELE THERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED PORTS DIRECTED TO A SINGLE AREA OF INTEREST), INCLUDES BASIC DOSIMETRY CALCULATION(S)	YES
77307	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),	YES
77317	INTERMEDIATE (CALCULATION[S] MADE FROM OVER 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, 2-12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	YES
77318	COMPLEX (CALCULATION[S] MADE FROM OVER 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	YES
77321	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	YES
77331	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	YES
77332	TX DEV DESIGN & CONSTJ SMPL BLK SMPL BOLUS	YES



**Appendix B: Radiation Oncology Codes Requiring Review by New Century Health  
Effective Jan. 1, 2021**

CPT Code	Code Description	Prior Auth Required
77333	TX DEV DESIGN & CONSTJ INTRM	YES
77334	TX DEV DESIGN & CONSTJ CPLX	YES
77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	YES
77338	DESIGN MLC DEVICE FOR IMRT	YES
77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ	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	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	YES
77401	RADJ DLVR SUPFC & /ORTHO VOLTAGE	YES
77402	RADJ DLVR 1 AREA 1/PRLL OPSD PORTS SMPL < 5MEV	YES
77407	RADJ DLVR 2 AREAS 3/>PORTS 1 MLT BLKS < 5MEV	YES
77412	RADJ DLVR 3/> AREAS CUSTOM BLKING < 5MEV	YES
77417	THER RAD PORT FLM	YES
77423	HIGH-ENERGY NEUTRON RADIATION TREATMENT DELIVERY	YES
77427	RADJ TX MGMT 5 TXS	YES
77431	RADJ THER MGMT COMPL 1/2 FXJS 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	SPEC TX PX	YES
77499	UNLIS THER RAD TX MGMT	YES
77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	YES
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	YES
77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	YES
77525	PROTON TREATMENT DELIVERY; COMPLEX	YES
77750	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	YES
77761	INTRCV RADJ SRC APPL SMPL	YES
77762	INTRCV RADJ SRC APPL INTRM	YES
77763	INTRCV RADJ SRC APPL CPLX	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

**Appendix B: Radiation Oncology Codes Requiring Review by New Century Health  
Effective Jan. 1, 2021**

CPT Code	Code Description	Prior Auth Required
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	NTRSTL RADJ SRC APPL CPLX	YES
77789	SURF APPL RADJ SRC	YES
77790	SUPVJ HANDLING LOADING RADJ SRC	YES
77799	UNLIS CLINICAL BRACHYTX	YES
85025	BLD# COMPL AUTO HHRWP & AUTO DIFFIAL	NO
85027	BLD# COMPL AUTO HHRWP	NO
96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	NO
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	NO
96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST >1 HOUR	NO
96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	NO
96367	IV NFS THER PROPH/DX ADDL SEQUENTIAL NFS >1 HR	NO
96368	IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	NO
96369	SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	NO
96370	SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	NO
96371	SUBQ INFUSION ADDITIONAL PUMP INFUSION SITE	NO
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	NO
96373	THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	NO
96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	NO
96375	THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG	NO
96376	SUBCUTANEOUS INFUSION EACH ADDITIONAL IV PUSH	NO
96377	APPLICATION OF ON BODY INJECTOR	NO
96379	UNLISTED THERAPEUTIC PROPH/DX IV/IA NJX/NFS	NO
96401	CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	NO
96402	CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	NO
96405	CHEMOTX ADMN ILESN UP & W/7 <	NO
96406	CHEMOTX ADMN ILESN >7	NO
96409	CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	NO
96411	CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	NO
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	NO
96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	NO
96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	NO
96417	CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	NO
96420	CHEMOTX ADMN IA PUSH TQ	NO
96422	CHEMOTX ADMN IA NFS TQ UP 1 HR	NO

**Appendix B: Radiation Oncology Codes Requiring Review by New Century Health  
Effective Jan. 1, 2021**

CPT Code	Code Description	Prior Auth Required
96423	CHEMOTHERAPY ADMN INTRAARTERIAL INFUSION EA HR	NO
96425	CHEMOTX ADMN IA NFS >8 HR PRTBLE IMPLTBL PMP	NO
96440	CHEMOTX ADMN PLEURAL CAVITY REQ & W/THORACNTS	NO
96446	CHEMOTX ADMN PRTL CAVITY	NO
96450	CHEMOTX ADMN CNS REQ & W/SPI PNXR	NO
96521	RFL/MAIN PORTABLE PMP	NO
96522	RFL/MAIN IMPLTABLE PMP/RSVR F/DRUG DLVR SYSC	NO
96523	IRRIGATION IMPLTED VAD F/DRUG DLVR SYSS	NO
96542	CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1+ AGENTS	NO
96549	UNLIS CHEMOTX PX	NO
99195	PHLEBOTOMY THER SPX	NO
99201	OFFICE OUTPT NEW 10 MIN	NO
99202	OFFICE OUTPT NEW 20 MIN	NO
99203	OFFICE OUTPT NEW 30 MIN	NO
99204	OFFICE OUTPT NEW 45 MIN	NO
99205	OFFICE OUTPT NEW 60 MIN	NO
99211	OFFICE OUTPT EST 5 MIN	NO
99212	OFFICE OUTPT EST 10 MIN	NO
99213	OFFICE OUTPT EST15 MIN	NO
99214	OFFICE OUTPT EST 25 MIN	NO
99215	OFFICE OUTPT EST 40 MIN	NO
99218	1ST OBS CARE PR D LOW SEVERITY	NO
99219	1ST OBS CARE PR D MODERATE SEVERITY	NO
99220	1ST OBS CARE PR D HIGH SEVERITY	NO
99221	1ST HOSP CARE PR D 30 MIN	NO
99222	1ST HOSP CARE PR D 50 MIN	NO
99223	1ST HOSP CARE PR D 70 MIN	NO
99224	SUBSEQUENT OBSERVATION CARE	NO
99225	SUBSEQUENT OBSERVATION CARE	NO
99226	SUBSEQUENT OBSERVATION CARE	NO
99231	SBSQ HOSP CARE PR D 15 MIN	NO
99232	SBSQ HOSP CARE PR D 25 MIN	NO
99233	SBSQ HOSP CARE PR D 35 MIN	NO
99234	OBS//P HOSP CARE LOW SEVERITY	NO
99235	OBS//P HOSP CARE MODERATE SEVERITY	NO
99236	OBS//P HOSP CARE HIGH SEVERITY	NO
99238	HOSP DSCHRG D MGMT 30 MIN/<	NO
99239	HOSP DSCHRG D MGMT >30 MIN	NO
99291	CC E/M CRITICALLY ILL/INJURED 1ST 30-74 MIN	NO
99292	CC E/M CRITICALLY ILL/INJURED EA 30 MIN	NO
99354	PROLNG PHYS SVC OFFICE O/P DIR CONTACT 1ST HR	NO

**Appendix B: Radiation Oncology Codes Requiring Review by New Century Health  
Effective Jan. 1, 2021**

CPT Code	Code Description	Prior Auth Required
99355	PROLNG PHYS SVC OFFICE O/P DIR CONTACT EA 30 MIN	NO
99356	PROLONGED SERVICE I/P REQ UNIT/FLOOR TIME 1ST HR	NO
99357	PROLONGED SVC I/P REQ UNIT/FLOOR TIME EA 30 MIN	NO
99358	PROLNG E/M SVC BEFORE & /AFTER DIR PT CARE 1ST HR	NO
99359	PROLNG E/M BEFORE & /AFTER DIR CARE EA 30 MIN	NO
99360	PHYS STANDBY SVC PROLNG PHYS ATTN EA 30 MIN	NO
99406	SMOKING CESSATION COUNSELING	NO
99407	SMOKING CESSATION COUNSELING	NO
99408	ALCOHOL SCREENING	NO
99409	ALCOHOL SCREENING	NO
99411	PREVENTIVE MEDICINE COUNSELING	NO
99412	PREVENTIVE MEDICINE COUNSELING	NO
99429	UNLISTED PREVENTATIVE MEDICINE SERVICE	NO
99441	TELEPHONE EVAL AND MANAGEMENT – SHOULD BE IN-SCOPE FOR NCH	NO
99442	TELEPHONE EVAL AND MANAGEMENT – SHOULD BE IN-SCOPE FOR NCH	NO
99443	TELEPHONE EVAL AND MANAGEMENT – SHOULD BE IN-SCOPE FOR NCH	NO
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
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

**Appendix B: Radiation Oncology Codes Requiring Review by New Century Health  
Effective Jan. 1, 2021**

CPT Code	Code Description	Prior Auth Required
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
G6017	INTRA-FRAC LOC & TRACKING TARGET/PT M EA FRAC TX	YES