



# BlueCross BlueShield of Montana

Blue Cross and Blue Shield of Montana (BCBSMT) has contracted with eviCore Healthcare (eviCore) to provide utilization management services for certain care categories. Below is the list of outpatient Radiation Therapy codes managed by eviCore.

## Radiation Therapy Preauthorization Code List

CPT®/HCPCS Code	
0394T	
0395T	
77014	
77371	
77372	
77373	
77385	
77386	
77387	
77401	
77402	
77407	
77412	
77422	
77423	
77424	
77425	
77520	
77522	
77523	
77525	
77600	
77605	
77610	
77615	
77620	
77750	
77761	
77762	
77763	
77767	
77768	
77770	
77771	
77772	
77778	
A9606	
G0339	
G0340	
G0458	
G6001	
G6002	
G6003	
G6004	
G6005	
G6006	
G6007	
G6008	
G6009	
G6010	
G6011	
G6012	
G6013	
G6014	
G6015	
G6016	

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\* eviCore is a trademark of eviCore healthcare, LLC, formerly known as CareCore, an independent company that provides utilization review for select health care services on behalf of BCBSMT.

\*\* Preauthorization determines whether the proposed service or treatment meets the definition of medical necessity under the applicable benefit plan. Preauthorization of a service is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any preauthorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider.