



**Post-service Fax Form
Radiation Oncology Services**

(IMRT, Proton, SRS, SBRT, Brachytherapy, and Conventional 3D – including IGRT when applicable)

Fax#: (855) 808-8601	Address: BSC Mail: P.O. Box 629005 El Dorado Hills, CA 95762-9005			
Any high-quality color images such as DVHs should be securely emailed to PART-CISD@blueshieldca.com . Please include the patient's name and date of birth. Faxing will NOT provide the color details needed.				
Patient Information:				
First Name:		Last Name:		
Date of Birth:		ID Number:		
Address:				
Provider Information (Professional):				
Name:		NPI:		
Address:				
City:	State:	Zip:	Phone#:	Fax#:
Contact name and phone#:				
Provider Information (Facility - if applicable):				
Name:		NPI:		
Address:				
City:	State:	Zip:	Phone#:	Fax#:
Contact Name/Phone#:				
Date of Service:				
Place of Service: <input type="checkbox"/> Hospital – Inpatient <input type="checkbox"/> Hospital - Outpatient <input type="checkbox"/> Freestanding Facility				
Please note the type and location of the cancer being treated below: (Answers can affect the treatment plan or number of units allowed)				
Type of cancer:				
Location of cancer:				

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Revised: 07/01/2023

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Please indicate the type of radiation therapy provided (check all that apply):

- ☐ Three-dimensional conformal radiation therapy (3D CRT)
- ☐ Intensity-modulated radiation therapy (IMRT)
- ☐ Intraoperative radiotherapy (IORT); for rectal cancer only
- ☐ Proton
- ☐ Brachytherapy
 - ☐ High-dose rate (HDR)
 - ☐ Low-dose rate (LDR)
 - ☐ Boost (separate from External Beam Radiation Therapy, or other claim)
- ☐ Stereotactic radiosurgery (SRS)
- ☐ Stereotactic body radiation therapy (SBRT)

NOTE: This fax form does not address Electronic Brachytherapy.

Please choose one of the options below:

☐ **Option A: Pre-service authorization was obtained.**

☐ **No changes**

Services rendered match the Pre-service authorization. No requirement to fill out this form.

☐ **With changes**

Services rendered are different from the Pre-service authorization. No requirement to fill out this form but please note the changes (either on this form or not), and fax along with medical records supporting the change(s) to fax# 855-808-8601.

☐ **Option B: Pre-service authorization was NOT obtained.**

☐ **Withdraw**

Withdraw the processing of this claim. The provider will submit a single claim that includes either the full course of treatment or all remaining treatments (if some were already submitted) later. Related claims that were previously submitted will not be canceled due to the withdrawal request of this claim. No need to fill out this form.

☐ **Continue processing – Partial Claim**

The claim represents a portion of the radiation oncology services rendered by this provider for this course of treatment. Please fill out the form below or provide the same information, and fax along with medical records to fax# 855-808-8601. **NOTE:** Coding errors and requests for additional information may occur when submitting multiple partial claims.

☐ **Continue processing – Complete Claim**

The claim represents ALL radiation oncology services rendered by this provider for this course of treatment. Please fill out the form below or provide the same information, and fax along with medical records to fax# 855-808-8601.

Radiation Oncology – Clinical Documentation

The form following this list of clinical documentation is **NOT** mandatory but is designed to help accelerate the review and/or claims payment. Once completed, it will contain all the information needed to process your request.

Please provide the following documentation:

- History and physical and/or consultation notes including:
 - ☐ Clinical findings (i.e., pertinent symptoms and duration)
 - ☐ Comorbidities when impacting the treatment plan
 - ☐ Reason for type of radiation treatment including type and location of tumor
 - ☐ Pertinent past procedural and surgical history including prior radiation therapy
 - ☐ Documentation of the need for additional units beyond the standard number allowed
 - ☐ Color Dose Volume Histograms (DVHs) comparing 3-D to IMRT or IMRT to Proton, when applicable (for most IMRT/proton cases if not already sent and prior authorized). DVHs are NOT needed when using 3D or the following types of IMRT/Proton cases only:
 - ☐ IMRT Prostate
 - ☐ IMRT Head (other than brain) and neck (other than thyroid)
 - ☐ IMRT or Proton Pediatric CNS tumors
 - ☐ IMRT anus or anal canal
 - ☐ Conventional 3-D only cases (no IMRT or Proton requested)
 - ☐ Treatment plan or summary including any brachytherapy, electron therapy (if part of the plan), and total dose and total fractions/# of treatments
- Results/reports of other relevant tests performed; procedure report(s) as applicable
- Any high-quality color images (e.g., DVHs) should be securely emailed to PART-CISD@blueshieldca.com. In the email to PART-CISD@blueshieldca.com, please include the patient's name, date of birth, member ID, and reference number (if available). Faxing will NOT provide the color details needed.

Radiation Oncology – Coding/Treatment Table

The information below indicates what is typically approved for various types of radiation therapy and what requires additional documentation. If additional units are requested beyond the *maximum allowable per standard course of treatment*, the reason for the need for those units must be clearly documented in the medical record, preferably in a separate note.

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Service Code	# Units	MODIFIER, if applicable (-26 or -TC)	Date of Service (Date Range)	Maximum allowable <i>Per standard course of treatment**</i> – see BSC8.06 Radiation Oncology
IGRT <input type="checkbox"/> 77014 (CT) <input type="checkbox"/> 77387 (any) G6001 (stereotactic) <input type="checkbox"/> G6002 (US)				Facility fee (TC) included with delivery codes 77385 and 77386 for IMRT. Professional portion allowed for up to 1 unit for each delivery session when provided. 77387 and G6017 are for pro fee only. Others need -26 modifier for approval.
Clinical Treatment Planning <input type="checkbox"/> 77261 <input type="checkbox"/> 77262 <input type="checkbox"/> 77263				3D CRT = 1* IMRT = 1* IORT = 1* Proton = 1* Brachy = 1* SRS = 1* (77263 only) SBRT = 1* (77263 only)
Simulation <input type="checkbox"/> 77280 <input type="checkbox"/> 77285 <input type="checkbox"/> 77290 <i>Extra unit allowed for external beam boost on different DOS only</i>				<u>Using 3D CRT plan (77295):</u> 3D = 1*: +1 boost IMRT = 0 IORT = 1* Proton = 1* (77290 only) +1 boost Brachy HDR = 5* SRS/SBRT = 1* <u>Using IMRT plan (77301):</u> 3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy HDR = 0 SRS/SBRT = 0

For questions: Call BSC Medical Care Solutions

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Verification Simulation <input type="checkbox"/> 77280 <i>Extra unit allowed for external beam boost on different DOS only</i>				Using 3D CRT plan (77295): 3D CRT = 1* IMRT = 0 IORT = 1 Proton = 1* Brachy HDR = 5* 3D CRT EBRT Boost = +1* SRS/SBRT = 1* Using IMRT plan (77301): 3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy HDR = 0 3D CRT EBRT Boost = 0 SRS/SBRT = 0
Respiratory Motion Management <input type="checkbox"/> 77293				1 for breast, lung, and upper abdominal cancer (thoracic areas) Otherwise: 3D CRT = 0* IMRT = 0* IORT = 0* Proton = 0* Brachy = 0* SRS = 0* SBRT = 0*
3D CRT Plan <input type="checkbox"/> 77295 <i>Not allowed along with 77301</i>				3D CRT = 1* IMRT = 0 IORT = 0 Proton = 1* Brachy = 1 per insertion, max 5* SRS/SBRT = 1*

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Basic Dosimetry Calculation <input type="checkbox"/> 77300 <i>Extra unit allowed for external beam boost</i>				0 if billed with 77306, 77307, 77316, 77317, 77318, 77321, 77767, 77768, 77770, 77771, 77772, 0394T or 0395T 3D CRT = 4*; +1 boost IMRT = 4*; +1 boost IORT = 4*; +1 boost Proton = 4*; +1 boost Brachy = 0 except when using 77295 then up to 4 SRS = 4* SBRT = 4* Note: While 4 units (+1 for boost) is typical, it can be more in some cases such as head/neck, prostate or Hodgkin's when up to 8 or more may be needed
IMRT Plan <input type="checkbox"/> 77301 <i>Not allowed along with 77295</i>				3D CRT = 0 (use 77295) IMRT = 1* IORT = 0 Proton = 1* Brachy = 0 (use 77316, 77317, 77318, or 77295) SRS = 1* SBRT = 1*
Teletherapy Isodose Plan <input type="checkbox"/> 77306 <input type="checkbox"/> 77307				1* for mid-Tx change in volume/contour <u>Using 3D CRT plan (77295):</u> 3D CRT = 0 IORT = 0 Proton = 0 SRS/SBRT = 0 Brachy = 0 <u>Using IMRT plan (77301):</u> IMRT = 0 IORT = 1 Proton = 0 SRS/SBRT = 0

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Brachytherapy Isodose Plan <input type="checkbox"/> 77316 <input type="checkbox"/> 77317 <input type="checkbox"/> 77318 <i>Can use 77295 instead but not together</i>				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 1 per insertion, max 5 (cannot be billed in addition to 77295) SRS = 0 SBRT = 0
Special Teletherapy Port Plan <input type="checkbox"/> 77321 <i>Mainly for electron plans, not to be used with 77306/77307, 77295 or 77301; needs documentation for review</i>				<u>Using 3D CRT plan (77295):</u> 3D CRT = 0* IMRT = 0* IORT = 0* Proton = 0* Brachy = 0* SRS = 0* SBRT = 0* <u>Using IMRT plan (77301):</u> 3D CRT = 0* IMRT = 0* IORT = 0* Proton = 0* Brachy = 0* SRS = 0* SBRT = 0*
Special Dosimetry Calculation <input type="checkbox"/> 77331 <i>Needs documentation for review</i>				3D CRT = 0* IMRT = 0* IORT = 0* Proton = 0* Brachy = 0* SRS = 0* SBRT = 0*

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Treatment Devices, Designs and Construction <input type="checkbox"/> 77332 <input type="checkbox"/> 77333 <input type="checkbox"/> 77334 <i>Note number of units for each CPT code requested</i>				If Billed w/ MLC (77338): 3D CRT = 1* IMRT = 1* IORT = 0* Proton = 1* Brachy = 0 SRS = 1* SBRT = 1* Without MLC (any combination of...): 3D CRT = 5* IMRT = 5* IORT = 0 Proton = 5* Brachy = 0 SRS = 5* SBRT = 5*
Continuing Medical Physics Consultation <input type="checkbox"/> 77336				3D CRT = 8 IMRT = 8 IORT = 0 Proton = 8 Brachy = 0 SRS = 0 SBRT = 0 (1 for every 5 radiation therapy delivery sessions)
Multi-leaf Collimator (MLC) <input type="checkbox"/> 77338				3D CRT = 1* IMRT = 1* if using 77385/77386 for delivery. IMRT = 0 if using G6015/G6016 delivery IORT = 0 Proton = 1* Brachy = 0 SRS = 1* SBRT = 1*

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Special Rad. <i>Physics</i> Consult ☐ 77370 <i>Needs documentation for review</i>				3D CRT = 0* IMRT = 0* IORT = 0* Proton = 0* Brachy = 0* SRS = 0* SBRT = 0*
SRS Delivery, Cobalt 60 ☐ 77371 <i>1 or more lesions, one session only</i>				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 0 SRS = 1*, 0 with 77372 or 77373 SBRT = 0
SRS Delivery, LINAC ☐ 77372 <i>1 or more lesions, one session only</i>				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 0 SRS = 1*, 0 with 77371 or 77373 SBRT = 0
SBRT Delivery ☐ 77373 <i>1 or more lesions, per session up to 5</i>				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 0 SRS = 0 SBRT = 5* (one for each session planned, max 5)

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IMRT Delivery <input type="checkbox"/> 77385 <input type="checkbox"/> 77386 Outpatient- freestanding: <input type="checkbox"/> G6015 G6016 (compensator)				3D CRT = 0 IMRT = 28* for prostate cancer; 16* for breast cancer without boost; 24 for breast cancer with boost; no limits otherwise IORT = 0 Proton = 0 Brachy = 0 SRS = 0 SBRT = 0
3D CRT Delivery <input type="checkbox"/> 77402 <input type="checkbox"/> 77407 <input type="checkbox"/> 77412 <input type="checkbox"/> G6003 <input type="checkbox"/> G6004 <input type="checkbox"/> G6005 <input type="checkbox"/> G6006 <input type="checkbox"/> G6007 <input type="checkbox"/> G6008 <input type="checkbox"/> G6009 <input type="checkbox"/> G6010 <input type="checkbox"/> G6011 <input type="checkbox"/> G6012 <input type="checkbox"/> G6013 <input type="checkbox"/> G6014				3D CRT = 16* for breast cancer without boost; 24 for breast cancer with boost; no limits otherwise IMRT = 0 IORT = 0 Proton = 0 Brachy = 0 SRS = 0 SBRT = 0
Intraoperative Radiation Treatment Delivery, x-ray, single treatment session <input type="checkbox"/> 77424 <i>For rectal cancer only</i>				3D CRT = 0 IMRT = 0 IORT = 1 Proton = 0 Brachy = 0 SRS = 0 SBRT = 0
Intraoperative Radiation Treatment Delivery, electrons, single treatment session <input type="checkbox"/> 77425 <i>For rectal cancer only</i>				3D CRT = 0 IMRT = 0 IORT = 1 Proton = 0 Brachy = 0 SRS = 0 SBRT = 0

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Radiation Treatment Management ☐ 77427				3D CRT = 8 (1 for every 5 RT delivery sessions) IMRT = 8 (1 for every 5 RT delivery sessions) IORT = 0 Proton = 8 (1 for every 5 RT delivery sessions) Brachy = 0 SRS = 0 SBRT = 0
SRS Treatment Management ☐ 77432				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 0 SRS = 1* SBRT = 0
SBRT Treatment Management ☐ 77435				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 0 SRS = 0 SBRT = 1
Intraoperative Radiation Treatment Management ☐ 77469 <i>For rectal cancer only</i>				3D CRT = 0 IMRT = 0 IORT = 1 Proton = 0 Brachy = 0 SRS = 0 SBRT = 0
Special MD Consultation (Special Tx Procedure) ☐ 77470 <i>Needs documentation for review</i>				3D CRT = 0* IMRT = 0* IORT = 0* Proton = 0* Brachy = 1* SRS = 0* SBRT = 0*

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Proton Delivery <input type="checkbox"/> 77520 (non- compensator) <input type="checkbox"/> 77522 (compensator) <input type="checkbox"/> 77523 (compensator) <input type="checkbox"/> 77525 (compensator)				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 28* for prostate cancer; no limits otherwise Brachy = 0 SRS = 0 SBRT = 0
Application of Radiation Sources: LDR Brachytherapy <input type="checkbox"/> 77761 <input type="checkbox"/> 77762 <input type="checkbox"/> 77763 <input type="checkbox"/> 77778				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 1 SRS = 0 SBRT = 0
Application of Radiation Sources: HDR Brachytherapy <input type="checkbox"/> 77770 <input type="checkbox"/> 77771 <input type="checkbox"/> 77772				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 4 SRS = 0 SBRT = 0
Supervision, Handling, Loading of Radiation Source <input type="checkbox"/> 77790				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 1 SRS = 0 SBRT = 0
High Dose Rate Electronic Brachytherapy, per fraction <input type="checkbox"/> 0394T (<i>skin, melanoma only</i>) <input type="checkbox"/> 0395T (<i>intracavitary such as IORT</i>)				3D CRT = 0 IMRT = 0 IORT = 1 Proton = 0 Brachy = 0 SRS = 0 SBRT = 0

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Placement of Radiotherapy Afterloading Catheters <input type="checkbox"/> 19296 <input type="checkbox"/> 19297 <input type="checkbox"/> 19298				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 1 SRS = 0 SBRT = 0
(other)				
(other)				

Blue Shield of California reserves the right to review all claims, including the medical records submitted to verify the submitted form and provider statement of medical necessity.

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