REIMBURSEMENT RATE CHANGE AND ADJUSTMENT OF CLAIMS

The Department has made an administrative decision to adjust reimbursement rates for the following 2015 procedure codes related to Radiation Oncology Services: 77385 (Intensity modulated radiation treatment delivery....simple), 77386 (Intensity modulated radiation treatment delivery....complex), and 77387 (Guidance for localization of target volume...). This change in reimbursement rates is effective January 1, 2015.

- For CPT code 77385, the reimbursement rate changed from $130.42 to $266.51.
- For CPT code 77386, the reimbursement rate changed from $151.65 to $265.54.
- For CPT code 77387, the reimbursement rate changed from $80.95 to $51.39.

Claims that paid at the lower rate beginning with date of service January 1, 2015 were systematically adjusted on the RA of 04/28. No action was required by the provider.

The Laboratory and Radiology Fee Schedule has been updated on the Louisiana Medicaid website at [www.lamedicaid.com](http://www.lamedicaid.com) to reflect the recent change in the reimbursement rate for these procedure codes.

It is not the intent of the Department to reimburse the new G codes related to Radiation Oncology services.

Please contact Molina Provider Relations (800)473-2783 or (225) 924-5040 for questions.

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