



ATTENTION PROFESSIONAL AND HOSPITAL PROVIDERS
BILLING RADIATION ONCOLOGY SERVICES FOR MEDICARE CROSSOVER CLAIMS
Clarification on 'G' Code Billing

On May 15, 2015, DHH published a notice informing providers that the appropriate procedure codes to bill Louisiana Medicaid for certain radiation oncology services are CPT codes 77385-77387. The notice also indicated that the "G" codes currently used by Medicare are not payable by Louisiana Medicaid.

Based on updated information, DHH has determined that HCPCS codes G6002 – G6015 currently used to bill Medicare for these services will be loaded on the Medicaid file as payable for Medicare Crossover claims only. This will prevent the outright denial of claims where Medicare is the primary payer. The 'G' codes will not appear on the published Medicaid fee schedule due to the fact that they are non-payable for straight Medicaid claims. Medicare cross-over claims for HCPCS codes G6002-G6015 with dates of service January 1, 2015 forward that were previously denied will be recycled. The recycle is expected to occur within the next few weeks. No action is required by providers.

Please remember that these "G" codes remain in non-pay status for Medicaid primary claims, and providers must bill the appropriate CPT codes for Medicaid services. Providers may resubmit straight Medicaid claims using the appropriate CPT codes for radiation oncology services for dates of service January 1, 2015 forward that denied due to the use of the 'G' codes.

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