



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 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.