



HEALTH CARE PROGRAMS  
Division of Medical Assistance Programs

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**Date:** December 19, 2014

**To:** Medical-surgical providers  
Ambulatory surgical centers (ASCs)  
Coordinated care organizations (CCOs)

**From:** Don Ross, Manager  
Medicaid Policy and Planning Section, DMAP

**Subject:** Accepted 2015 code sets for Radiation Oncology and Lower GI Endoscopy services

The American Medical Association has published new Current Procedural Terminology (CPT) codes for Radiation Oncology and Lower Gastrointestinal (GI) Endoscopy services effective January 1, 2015. CMS has decided to delay using the new CPT codes and has created G-codes so that practitioners may continue to bill Medicare in the same way in CY 2015 that they did in CY 2014. This letter is to let you know how the Division of Medical Assistance Programs (DMAP) will accept these new codes:

- All 2015 CPT codes will be open for CCO reporting.
- All 2015 CPT codes will also be open for outpatient hospital claims processing.
- ASCs will need to use new 2015 CPT codes for Lower GI Endoscopy services.
- All other providers will need to use the new G-codes.

Some covered services will be billed only using G-codes, so the corresponding CPT codes will not be added to the [DMAP's Fee-for-Service \(FFS\) Fee Schedule](#). For professional claims, the path to payment is the G-codes. Please refer to the [Prioritized List of Health Services](#) for coverage information.

### Why is this happening?

FFS rate setting for professional claims follows Medicare's Relative-Value Unit (RVU)-based payment methodology, which will only include the G-codes for these services in 2015.

FFS rate setting for ASCs follows Medicare's ASC fee schedule, which will only include the new CPT codes for GI Endoscopy.

The FFS Fee Schedule only includes codes that DMAP has set payment rates for, so you will not find some of the new CPT codes in the fee schedule.

### What should you do?

Please continue to bill DMAP for Radiation Oncology and Lower GI Endoscopy services as you normally do using the appropriate CPT or HCPCS codes.

You may also refer to the following list of 2015 CPT codes and their HCPCS counterparts for reference regarding Oregon Medicaid requirements.

<b>Type of service</b>	<b>CPT codes:</b> Open for FFS ASC billing.	<b>HCPCS codes:</b> Open for all other FFS professional claims billing.
<b>Illeoscopy</b> <b>Pouchoscopy</b> <b>Colonoscopy through Stoma</b> <b>Flexible Sigmoidoscopy</b> <b>Colonoscopy</b>	44381, 44384, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45346, 45347, 45349, 45350, 45388, 45389, 45390, 45393, 45398, 46607	G6018, G6019, G6020, G6021, G6022, G6023, G6024, G6025, G6027, G6028
<b>Radiation Treatment</b>	N/A	G6001 through G6014

### Questions?

If you have any questions about this announcement, contact the Provider Services Unit at [dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us) or call 1-800-336-6016, Monday through Friday, 8 a.m. to 5 p.m.

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