

OPTIM ONCOLOGY

The therapeutic clinical treatment plan will include all services that are Medically Necessary according to the diagnosis of the Member.

Below pricing is for Radiation Therapy only.

Description	Primary ICD-9 Diagnosis Code	Primary ICD-10 Diagnosis Code	Case Rate
Bone Metastases Radiation	198.5	C79.51	\$9,000.00
Conventional Breast Radiation	174.0-175.9	C50.0-C50.9	\$17,375.00
IMRT Prostate Radiation	185	C61	\$32,300.00
IMRT Prostate w/Calypso Radiation	185	C61	\$36,800.00
Conventional Rectum Radiation	154.1	C20	\$16,500.00
Conventional Skin Radiation	173.0-173.9	C44.0-C44.9	\$9,500.00
Keloid Radiation	701.4	L91.0	\$3,000.00

Outlier Provision: Services specifically excluded from the case rate payment include: E&M, Laboratory, Diagnostic & Imaging, Medical Oncology, Supportive Care, Brachytherapy Services, Stereotactic Radiosurgery CPT codes or care rendered for a condition unrelated to the primary diagnosis and and separate from the recognized and approved radiation treatment plan.