CODING MANUAL

Radiation Oncology

Version 1.0.2024
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eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Imaging requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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CMS Notice

CCI or NCCI (National Correct Coding Initiative) is an initiative taken by CMS. Per the CMS website, "The CMS developed the National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment in Part B claims. The CMS developed its coding policies based on coding conventions defined in the American Medical Association's CPT Manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices." "The purpose of the NCCI Procedure-to-Procedure (PTP) edits is to prevent improper payment when incorrect code combinations are reported." "The purpose of the NCCI MUE program is to prevent improper payments when services are reported with incorrect units of service."

The CCI and MUE edits are readily available on the CMS website so that providers and hospitals can stay informed and continually update their billing and coding practices to avoid any unnecessary denials.

EviCore adheres to the CMS CCI and MUE edits to control improper coding leading to inappropriate payment of claims. Since these edits are easily accessible on the CMS website, they are not covered in the EviCore coding manual.

General Information

Preface to the Radiation Oncology Coding Manual

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Procedures Addressed

- The inclusion of any procedure code in this manual does not imply that the code is under management or requires prior authorization. Refer to the specific health plan's procedure code list for management requirements.
- Obtaining an authorization for radiation oncology services is not a guarantee of payment for all procedures billed.
- An authorization will be inclusive of all relevant necessary CPT®/HCPCS codes appropriate to the approved treatment plan and within the scope of EviCore management for each health plan.
- This coding manual only reviews relevant billing and coding guidance for radiation oncology. This coding manual defines many, but not all, of the most commonly applied coding requirements in radiation oncology.
- Medical necessity for treatment technique and number of treatments is addressed separately under the Radiation Oncology Clinical Guidelines for each applicable health plan.

Radiation Oncology Procedure Codes and Correct Coding

- Common Procedural Terminology (CPT®) codes are five-digit codes developed by the American Medical Association (AMA) and are intended to report a wide range of tests and procedures. The AMA issues guidance regarding the appropriate use of CPT® codes in the AMA CPT® Professional manual.
- The Healthcare Common Procedure Coding System (HCPCS) is the system used by the Centers for Medicare & Medicaid Services (CMS) to ensure consistent coding of claims for Medicare and other health insurance programs. Level I of the HCPCS simply utilizes the CPT® coding system. In contrast, level II of the HCPCS includes codes that describe drugs, supplies, and services that are not addressed by the CPT® codes. These level II codes are developed and maintained by CMS.
- CCI (Correct Coding Initiative) or NCCI (National Correct Coding Initiative) is an initiative taken by CMS to "promote national correct coding methodologies and reduce improper coding, with the overall goal of reducing improper payments of Medicare Part B and Medicaid claims…CMS developed its coding policies based on coding conventions defined in the American Medical Association's CPT® Manual, national and local policies

and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices. The purpose of the NCCI Procedure-to-Procedure (PTP) edits is to prevent improper payment when incorrect code combinations are reported…The purpose of the NCCI MUE [medically unlikely edit] program is to prevent improper payments when services are reported with incorrect units of service."

- The CCI and MUE edits are available on the CMS website so that providers and hospitals can stay informed and continually update their billing and coding practices to avoid any unnecessary denials.
- EviCore adheres to the CMS CCI and MUE edits to control improper coding leading to inappropriate payment of claims. Since these edits are accessible on the CMS website, they are not addressed in the EviCore coding manual.

Episode of Care

- An episode of care in radiation oncology is a comprehensive period that encompasses the treatment and management of an individual undergoing radiation therapy. An episode of care begins with the initial evaluation for radiation therapy and includes all the services provided to an individual to treat all known disease. A radiation oncology episode of care also includes the management and treatment of any disease that becomes known once the decision has been made to initiate radiation therapy. Once treatment is completed to all known disease and no new treatment is planned, the episode is complete.

Out of Scope Treatments

- Requests for SpaceOAR™, Optune®, MRgFUS (MR-guided focused ultrasound), GliaSite® and HIPEC (Hyperthermic Intraperitoneal Chemotherapy) are not reviewed by EviCore and, as such, these requests should be directed to the health plan.
- In addition, requests for radiation treatment given to an individual during an inpatient stay (i.e., non-breast IORT) should be directed to the health plan.

Similar or Duplicate Requests

- Requests that are similar or duplicative to a treatment recently approved will require additional individual clinical information to determine medical necessity.

Sequential Versus Concurrent Requests

- When multiple lesions are present in a single episode of care, treatment should be delivered concurrently, rather than sequentially.

Benefits, Coverage Policies, and Eligibility Issues

- Benefits, coverage policies, and eligibility issues pertaining to each health plan may take precedence over EviCore's guidelines. There may be certain procedures or services that are considered investigational by the payor. Providers are urged to obtain written instructions and requirements directly from each payor.

Medicare Coverage Policies

- For Medicare and Medicare Advantage enrollees, the coverage policies of CMS supersede EviCore's guidelines.

Clinical and Research Trials

- Clinical trial requests will be considered to determine whether they meet health plan coverage and EviCore's evidence-based guidelines.

Legislative Mandate

- State and federal legislations may need to be considered in the review of radiation oncology requests.

Abbreviations for Radiation Oncology Coding

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Abbreviation	Definition
3D	Three-dimensional
3DCRT	Three-dimensional conformal radiation therapy
ASC	Ambulatory surgical center
ACR	American College of Radiology
AMA	American Medical Association
APBI	Accelerated partial breast irradiation
AP-PA	Anteroposterior-posteroanterior
ASTRO	American Society for Radiation Oncology
BID	Twice a day
Brachy	Brachytherapy
CPT®	Current Procedural Terminology
CRA	Cardiac radioablation
CT	Computed tomography
CTV	Clinical target volume
DIBH	Deep inspiration breath hold
DRR	Digitally reconstructed radiograph
DVH	Dose volume histogram
EBRT	External beam radiation therapy
ECOG	Eastern Cooperative Oncology Group
cGy	Centigray
Gy	Gray
GTV	Gross tumor volume

Abbreviation	Definition
HA-WBRT	Hippocampal-avoidance whole brain radiation therapy
HCPCS	Healthcare Common Procedural Coding System
HDR	High-dose-rate
IGRT	Image-guided radiation therapy
IMRT	Intensity-modulated radiation therapy
IORT	Intraoperative radiation therapy
KPS	Karnofsky performance status
LDR	Low-dose-rate
MLC	Multileaf collimator
MUE	Medically unlikely edit
MF-SRS	Multi-fraction stereotactic radiosurgery
NCCI	National Correct Coding Initiative
NCCN®	National Comprehensive Cancer Network
PC	Professional component
POS	Place of service
PBT	Proton beam therapy
PET	Positron emission tomography
PTV	Planning target volume
QA	Quality assurance
SBRT	Stereotactic body radiation therapy
SRS	Stereotactic radiosurgery
TC	Technical component
TBI	Total body irradiation
VMAT	Volumetric modulated arc therapy
WBRT	Whole brain radiation therapy

Treatment Planning

Guideline Page

Clinical Treatment Planning

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CPT® Code	Description
77261	Therapeutic radiology treatment planning, simple
77262	Therapeutic radiology treatment planning, intermediate
77263	Therapeutic radiology treatment planning, complex

Clinical treatment planning represents the treatment intent and the overall plan for an individual's care. Documentation is required to report clinical treatment planning. Necessary documentation includes the diagnosis, treatment site, treatment intent, treatment dose, treatment technique and any special circumstances unique to the individual. Clinical treatment planning is performed after the initial consultation and before simulation.

Policy:

I. One unit of CPT® 77261, 77262, or 77263 is necessary for an episode of care.
II. When external beam radiation therapy and brachytherapy are performed at separate facilities by separate radiation oncologists, each physician can report one unit of CPT® 77261, 77262, or 77263.
III. Clinical treatment planning codes 77261, 77262, or 77263 is not allowed with superficial/orthovoltage radiation treatment or electronic brachytherapy.

Simulation

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CPT® Code	Description
77280	Therapeutic radiology simulation-aided field setting; simple
77285	Therapeutic radiology simulation-aided field setting; intermediate
77290	Therapeutic radiology simulation-aided field setting; complex
+77293	Respiratory motion management simulation

After establishing the clinical treatment plan, the next step is to perform a simulation. The simulation process involves multiple steps to prepare the individual for radiation treatment. First, the individual is optimally positioned for treatment and an immobilization device is created for the course of treatment. Next, imaging is obtained to localize the target volume and define treatment portals. In clinical scenarios where advanced imaging is not required, a clinical simulation may be performed. Appropriate documentation for simulation services includes: the treatment site, type of images, if a clinical simulation is performed, and any immobilization devices that are constructed. The documentation should be signed and dated by the physician.

A respiratory motion management simulation (CPT® +77293) is performed when the treatment area moves with continuous respiration, and requires the acquisition of multiple data sets to capture the motion of the target volume. Documentation should include the medical necessity of reporting CPT® code +77293 and describe the work that was performed.

Policy:

I. For non-IMRT plans, one unit of CPT® 77280, 77285, or 77290 is allowed per phase of treatment.
II. For non-IMRT plans, verification simulation is reported with one unit of CPT® 77280.
III. CPT® 77280, 77285, and 77290 cannot be reported for virtual simulations.
IV. All known sites of disease that are to be treated during a course of treatment should be simulated during the same encounter. Additional units of 77280, 77285, or 77290 cannot be reported for sequential simulations during the same episode of care.
V. When reporting simulation services represented by codes 77280, 77285, and 77290, CT guidance for placement of radiation therapy fields (CPT® 77014) cannot be reported separately.

VI. CPT® 77280, 77285, or 77290 cannot be reported during a course of IMRT treatment since simulation services are included in IMRT dose planning (CPT® 77301) and IMRT treatment delivery.
VII. For superficial radiation therapy, one unit of CPT® code 77280, 77285, or 77290 is allowed for the initial setup of the treatment area. Skin marks, either temporary or permanent, should be used for the duration of treatment. CPT® 77280, 77285 and 77290 cannot be reported for daily placement of the treatment field.
VIII. When a course of brachytherapy requires multiple simulations, one unit of CPT® 77290 (complex simulation) is allowed for obtaining images and dose verification prior to the initial implant placement and treatment. One unit of CPT® 77280 is allowed to verify applicator and source position for each subsequent brachytherapy treatment.
IX. CPT® code +77293 is an add-on code that can only be reported on the same date of service as the primary procedure (i.e., use +77293 in conjunction with 77295, 77301). It cannot be reported as a stand-alone code.
X. CPT® +77293 is allowed once per episode of care.
XI. CPT®+77293 cannot be reported for treatment sites that are not immediately affected by respiratory motion (i.e., prostate, brain, rectal).
XII. CPT® +77293 cannot be reported for CT registrations performed during inspiration or expiration or for deep inspiration breath hold (DIBH).

External Beam Treatment Planning Techniques

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CPT® Code	Description
77306	Teletherapy isodose plan; simple
77307	Teletherapy isodose plan; complex
77321	Special teletherapy port plan, particles, hemibody, total body
77295	3-dimensional radiotherapy plan, including dose-volume histograms
77301	Intensity-modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications

Treatment planning involves using the information obtained at the time of simulation to determine the optimal treatment technique based on the individuals treatment location, treatment intent, prescribed dose and overall general health. External beam treatment planning techniques include teletherapy isodose plans (CPT® 77306-77307), 3-D conformal (CPT® 77295), special teletherapy plan (CPT® 77321), and IMRT planning (CPT® 77301).

In both a 3D conformal plan (CPT® 77295) and teletherapy isodose plan (CPT® 77306-77307), a CT simulation, contouring the target, multiple beam angles, rotational beams, wedges, and blocks can be used. The analysis of a DVH is what differentiates a complex plan from a 3D plan.

	Teletherapy Isodose Plan (77306-77307)	3D Conformal (77295)
CT Simulation	Yes	Yes
DRR's	Yes	Yes
Wedges	Yes	Yes
Contouring of GTV/CTV/PTV	Yes	Yes
Custom Block (MLC)	Yes	Yes

	Teletherapy Isodose Plan (77306-77307)	3D Conformal (77295)
Rotational Beam	Yes	Yes
Multiple Beam Angles	Yes	Yes
DVH	No	Yes: must demonstrate medical necessity

IMRT treatment planning is used in external beam radiation therapy when highly conformal dose distribution is needed due to the tumor shape, location, or proximity to critical structures. IMRT treatment planning differs from isodose planning and 3-D conformal planning in the way the radiation beam is shaped around the tumor volume to maximize dose to the target while minimizing dose to normal tissues.

All forms of treatment planning require documentation of dose distributions, beam arrangement, dosimetric calculations, and dose constraints. The physician and physicist must approve and sign all treatment plans prior to treatment.

Policy:

I. One unit of CPT® 77306 or 77307 is allowed for each treatment site that is approved when a teletherapy isodose plan has been authorized.
II. For non-IMRT treatments, one unit of CPT® 77306 or 77307 is allowed for each approved boost phases.
III. CPT® 77306 or 77307 cannot be reported for IMRT boost plans.
IV. CPT® 77321 is allowed when an electron plan is performed.
V. CPT® 77295 or 77307 cannot be reported for electron planning.
VI. One unit of CPT® 77295 is allowed per episode of care when 3-D conformal has been authorized.
VII. CPT® 77295 cannot be reported for boost plans.
VIII. Multiple treatment plans cannot be reported for the primary tumor and draining lymph node chains in a contiguous anatomic location.
IX. One unit of CPT® 77301 is allowed per episode of care when IMRT is authorized.
X. CPT® 77301 cannot be reported for boost planning.
XI. Adaptive planning does not have any associated CPT® codes and has not been valued by CMS. Therefore, additional units of CPT® 77306, 77307, 77295, or 77301 cannot be reported when adaptive planning is performed.

Dose Calculations and Special Dosimetry

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CPT® Code	Description
77300	Basic radiation dosimetry calculation
77331	Special dosimetry (e.g., TLD, microdosimetry), only when prescribed by the treating physician

A basic radiation dosimetry calculation (CPT® 77300) is a mathematical computation of the radiation dose at a particular point, or another independent calculation. Calculations are required for external beam radiation therapy and must be prescribed by the treating physician. Documentation should include review and sign off by the physician and physicist in order to report basic radiation dosimetry calculations.

CPT® 77331 is used to document the dose at given a point within a treatment field using special radiation equipment. This measurement is intended to verify dose that is not part of the normal calculation of a treatment planning system or a treatment device calibration. It is not intended to be performed as a routine check or quality assurance. CPT® 77331 requires documentation of a specific physician order and evidence that the result was reviewed and signed by the physician and physicist.

Policy:

I. One unit of CPT® 77300 is allowed for each unique verification calculation (e.g., one per port, arc, path or gantry angle).
II. CPT® 77300 may only be reported as a secondary algorithmic calculation that is separate and distinct from the isodose plan.
III. CPT® 77300 cannot be reported for measurement of dose to organs of interest because this calculation is included in the isodose plan.
IV. One unit of CPT® 77300 is allowed for each IMRT static portal or arc when IMRT has been authorized.
V. CPT® 77300 cannot be reported with CPT® codes 77306, 77307, 77316, 77317, 77318, 77321, 77767, 77768, 77770, 77771, 77772, 0394T or 0395T. The work associated with the basic dosimetry calculation (77300) is included with these codes.
VI. One unit of CPT® 77300 per dose is allowed to verify activity of an isotope and to determine the exact quantity to be administered when radiopharmaceuticals are authorized.

VII. One unit of CPT® 77300 is allowed to calculate thermal dose prior to each treatment when hyperthermia is authorized.
VIII. A maximum of 10 units of CPT® 77300 is allowed when SRS, MF-SRS, or SBRT is authorized.
IX. Adaptive planning does not have any associated CPT® codes and has not been valued by CMS. Therefore, additional units of CPT® 77300 cannot be reported when adaptive planning is performed.
X. CPT® 77300 is allowed to be reported for the following:

A. Central axis depth dose
B. Time dose fractionation (TDF)
C. Nominal standard dose (NSD)
D. Gap calculation
E. Off axis factor
F. Tissue inhomogeneity factors
G. Calculation of non-ionizing radiation surface or depth dose
H. Verification for treatment of unique open or unique blocked fields or segments.

XI. CPT® 77300 cannot be reported for the following:

A. Gamma function quality assurance services
B. Verification of seed placement
C. Tracking cord dose
D. Tracking max dose
E. Multiple points of calculation within an isodose plan
F. Recalculation of previously determined dose points
G. Diode readings and variance calculations
H. Mirror image fields or segments at the same source axis difference (SAD) or source to skin difference (SSD)

XII. One unit of CPT® 77331 is allowed per gantry angle (for a maximum of 6 units) when electron beam therapy, teletherapy idosode planning, or 3D conformal is authorized.
XIII. CPT® 77331 cannot be reported for routine dosimetry measurements and quality assurance.
XIV. CPT® 77331 cannot be reported when superficial/orthovoltage, IMRT, brachytherapy, proton beam, hyperthermia, radiopharmaceuticals, or SIRT.
XV. CPT® 77331 is allowed to be reported for the following:

A. Measuring a dose at abutting or overlapping fields
B. Calibrating an electron mold
C. Confirming dose in a uniquely small field
D. Documentation of dose under bolus
E. Measurement of critical organ dose such as eye (lens)

Treatment Devices

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CPT® Code	Description
77332	Treatment devices, design and construction; simple
77333	Treatment devices, design and construction; intermediate
77334	Treatment devices, design and construction; complex
77338	Multileaf collimator (MLC) device(s) for intensity-modulated radiation therapy (IMRT), design and construction per IMRT plan

Treatment devices used in the delivery of radiation therapy include immobilization devices and beam modification devices. Examples of immobilization devices include thermoplastic masks, customized foam devices, breast boards, and wing boards. Examples of beam modification devices include but are not limited to multileaf collimator (MLC), wedges, compensators, and cerrabend lead blocks. Depending on the clinical scenario, patient anatomy, and site of disease, varying levels of device complexity are used. To report treatment devices the physician must include written documentation indicating review and oversight.

Policy:

I. One unit of CPT® 77332, 77333 or 77334 is allowed for immobilization per course of external beam radiation therapy for the same anatomical area.
II. CPT® 77332, 77333, or 77334 cannot be reported for devices used at the time of simulation for patient comfort (e.g., knee cushions, pillows, etc).
III. One unit of CPT® 77332, 77333 or 77334 is allowed per episode of care when multiple immobilization devices are utilized. *For example: If a breastboard is used in addition to a custom immobilization device (alpha cradle, vac-loc), only the custom device would be billed (CPT® code 77334).*
IV. One unit of CPT® 77332 is allowed for pre-formed cerrabend blocks per treatment area.
V. CPT® 77332, 77333, and 77334 cannot be reported for IMRT construction and design of MLCs.
VI. One unit of CPT® 77338 is allowed per IMRT plan for construction and design of MLC's.
VII. CPT® 77332, 77333, and 77334 for brachytherapy treatment devices are included in the placement codes and cannot be reported separately.

VIII. CPT® 77332, 77333, and 77334 cannot be reported for fiducial markers or gating devices.

IX. One unit of CPT® 77334 is allowed for use of a rectal balloon throughout an entire course of external beam radiation therapy.

X. CPT® codes 77332, 77333, and 77334 cannot be reported during a course of superficial/orthovoltage radiation treatment, electronic brachytherapy, or for radiopharmaceuticals.

XI. One unit of CPT® 77332, 77333, or 77334 is allowed per arc, field or port for a course of external beam radiation therapy.

XII. Adaptive planning does not have any associated CPT® codes and has not been valued by CMS. Therefore, additional units of CPT® 77332, 77333. 77334, or 77338 cannot be reported when adaptive planning is performed.

Imaging

Image Guidance

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CPT®	Description
77417	Therapeutic radiology port image(s)
77014	Computed tomography guidance for placement of radiation therapy fields
77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed

HCPCS Code	Description
G6001	Ultrasound guidance for placement of radiation therapy fields
G6002	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment

Image-Guided Radiation Therapy (IGRT) is used in radiation oncology to improve the accuracy and precision of delivering radiation treatment. IGRT involves using imaging technology, such as CT, stereoscopic X-ray, or ultrasound to visualize the tumor and surrounding tissues in real-time before each treatment session. This allows for small adjustments to be made to ensure correct tumor localization and patient setup. The radiation oncologist is responsible for documentation of IGRT directives, supervision, and review of all images.

For IGRT medical necessity requirements, refer to the appropriate health plan's clinical guidelines found at www.evicore.com.

The use of CPT® vs HCPCS codes is dependent upon place of service and payor requirements.

Policy:

I. One unit of CPT® 77417 is allowed once every 5 treatments and is not dependent on the number of images obtained.

II. One unit of CPT®/HCPCS 77014, 77387, G6001, G6002 or G6017 is allowed per treatment when IGRT is authorized (i.e., only one imaging procedure per date of service). *For example: If IGRT is approved in the treatment of breast cancer, procedure code G6017 and G6002 cannot be reported on the same date of service. Either G6017 can be reported or G6002, but not both.*

III. If a simulation, port films, or IGRT are performed on the same date of service, then only one type of imaging can be reported.

IV. To report HCPCS code G6017 transponders, 3D surface tracking and other gating devices must be utilized. It is not appropriate to report image guidance and intrafraction localization when the patient is only utilizing deep inspiration breath hold.

V. Modifier -26 must be attached to 77387, G6001, G6002, G6017 or 77014 to report the professional component of image guidance when IGRT is authorized. The use of modifier -26 is dependent on place of service and health plan requirements.

VI. The technical component of IGRT is included in IMRT treatment delivery codes 77385 and 77386 and cannot be separately reported.

VII. CPT®/HCPCS codes 77417, 77014, 77387, G6001, G6002, and G6017 cannot be reported with superficial treatments, electronic brachytherapy, or radiopharmaceuticals.

VIII. CPT®/HCPCS codes 77417, 77014, 77387, G6001, G6002, and G6017 cannot be reported with SRS and SBRT (CPT 77371, 77372 and 77373). SRS and SBRT treatment delivery codes include image guidance.

Fiducial Markers

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CPT® Code	Description
32553	Placement of interstitial device(s) for radiation therapy guidance (e.g,, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple
49411	Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple
49412	Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), open, intra-abdominal, intra-pelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)
55876	Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

Fiducial markers are placed prior to radiation treatment and are used in conjunction with image guidance to better localize the tumor volume.

Policy:

I. One unit of CPT® 32553, 49411, 49412 or 55876 is allowed when image guidance (IGRT) is authorized for definitive radiation therapy. Please refer to the CPT® code description to determine the appropriate CPT® code to be utilized based on the anatomical site being treated.

Consults, Management, and Special Treatment Procedure

Physics Consultation

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CPT® Code	Description
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy
77370	Special medical radiation physics consultation
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices and special services

Continuing medical physics consultation (CPT® 77336) is the recurring quality assurance checks and measurements performed by the medical physicist to ensure patient safety and accuracy of radiation treatment delivery. To report CPT® 77336, documentation should include assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation by the medical physicist.

Special medical radiation physics consultation (CPT® 77370) represents additional work that is not routinely required during a radiation therapy episode of care. The use of this code is limited to unusual complex clinical situations and is only appropriate for work performed by a board certified medical physicist. CPT® 77370 requires a physician's request detailing the analysis to be performed, as well as a custom report from the medical physicist addressing the specific problem outlined in the physician request. Check-off sheets and templates are insufficient to serve as documentation of a customized special physics request.

CPT® code 77399 (Unlisted procedure, medical radiation physics, dosimetry and treatment devices and special services) is reported when no other code appropriately defines the procedure or service. The use of code 77399 requires a physician's request detailing what analysis should be performed, together with a custom report typically from the dosimetrist specifically addressing items in the physician's request. Check-off sheets and templates are insufficient to serve as documentation.

Policy:

I. One unit of CPT® 77336 is allowed every 5 fractions during a course of EBRT and/ or brachytherapy, regardless of the actual dates or time periods in which services are provided. *For example: EBRT: If 28 fractions of IMRT are authorized, then CPT® 77336*

is allowed for 6 units. EBRT and Brachytherapy: If 28 fractions of IMRT and 5 fractions of HDR brachytherapy are authorized, then CPT® 77336 is allowed for 7 units.

II. One unit of CPT® 77336 is allowed for a complete course of radiation therapy consisting only of one or two fractions of external beam radiation therapy (EBRT).
III. CPT® 77336 cannot be reported when there is only a single fraction in the brachytherapy course, such as a prostate seed implant.
IV. CPT® 77336 cannot be reported for end of treatment physics reporting and QA.
V. CPT® 77336 cannot be reported with superficial/orthovoltage treatment or electronic brachytherapy.
VI. One unit of either CPT® 77370 or 77399 is allowed per episode of care when supported by clinical documentation. Both codes cannot be reported for the same episode of care.
VII. CPT® 77370 is allowed to be reported for the following:

A. Complex interrelationships of electron and photon ports when performed in conjunction with brachytherapy.
B. Brachytherapy
C. Analysis of special devices and blocking to protect critical organs for treatment delivery that is not routinely required.
D. Analysis of treatment areas that are abutting or overlapping with a previously irradiated area.
E. Analysis of fetal dose in a pregnant patient.
F. Fusion of three-dimensional image sets from multiple modalities, e.g., computerized tomography (CT), positron emission tomography (PET) and magnetic resonance imaging (MRI) excluding IMRT treatment planning.
G. Computation of dose to a pacemaker/defibrillator within close proximity to treatment fields.
H. Circumstances that require corrective measures to solve a discrepancy, e.g., correct a treatment error and ensure proper completion of treatment.
I. Radioimmunotherapy in individuals previously treated with external beam radiation therapy (EBRT) and an evaluation of a critical organ dose is required.

VIII. CPT® 77370 cannot be reported for the following:

A. Verification of dose distribution and monitor units/dose accuracy for 3D/IMRT plans.
B. Electron cutout measurements/dose measurements.
C. In-vivo dosimetry.
D. The work required for the 4DCT performed during simulation for treatment utilizing respiratory gating or deep inspiration breath hold (DIBH).
E. Treatment with Stereotactic Radiosurgery (SRS) or Stereotactic Body Radiotherapy (SBRT)
F. Treatment with Proton Beam Therapy (PBT)

G. Image fusion when an Intensity modulated radiotherapy plan (CPT® 77301) is performed. Fusion of image sets is included in CPT® 77301.

Radiation Treatment Management

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CPT® Code	Description
77427	Radiation treatment management, five treatments
77431	Radiation therapy management with complete course of therapy consisting of one or two fractions only
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of one session)
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed five fractions

Radiation treatment management (CPT® 77427, 77431, 77432 and 77435) is used to report the evaluation and management of an individual undergoing a course of radiation therapy. These codes are inclusive of the physician evaluation of the treatment response, monitoring for side effects or complications, adjustment of the treatment plan, and coordination of care with other providers involved in the individuals care. Documentation should include the date of service, cumulative treatment dose, clinical evaluation and examination.

Policy:

I. One unit of CPT® 77427 is allowed every 5 fractions during a course of EBRT, regardless of the actual dates or time periods in which services are provided. An additional unit of CPT® 77427 cannot be reported for one or two fractions over a multiple of five at the end of a treatment course. *For example: If 10 fractions of 3D conformal is authorized, then CPT® 77427 is allowed for 2 units.If 12 fractions of 3D conformal is authorized, then CPT® 77427 is allowed for 2 units. If 13 fractions of 3D conformal is authorized, then CPT® 77427 is allowed for 3 units.*

II. One unit of CPT® 77431 is allowed when the entire treatment course consists of 1-2 fractions.

III. CPT® 77431 cannot be reported for the last 1-2 fractions at the end of a course of therapy. *For example: If 12 fractions of 3D conformal is authorized, then CPT® 77427 is allowed for 2 units. CPT® 77431 cannot be reported for fraction 11 or 12.*

IV. One unit of CPT® 77432 is allowed for the entire course of treatment when single fraction Stereotactic Radiosurgery (SRS) is authorized.

V. One unit of CPT® 77435 is allowed for the entire course of treatment when multi-fraction Stereotactic Radiosurgery (MF-SRS) or Stereotactic Body Radiation Therapy (SBRT) is authorized.

VI. CPT® codes 77427, 77431, 77432, or 77435 cannot be reported with superficial treatment, brachytherapy, electronic brachytherapy or radiopharmaceuticals.

Special Treatment Procedure

RO.CM.1.10.A
v1.0.2024

CPT® Code	Description
77470	Special treatment procedure

Special treatment procedure (CPT® 77470) represents the additional time and effort of the physician that is required for complex and unconventional treatment plans and is not included in another CPT® code. CPT® 77470 cannot be billed routinely in connection with usual and customary services. Written documentation specific to the individual undergoing treatment is required to substantiate the additional work associated with the use of this code. Check-off sheets and templates are insufficient to serve as documentation.

Policy:

I. One unit of CPT® 77470 is allowed per episode of care when supported by clinical documentation.
II. CPT® 77470 is allowed to be reported for the following:
   A. Concurrent cytotoxic chemotherapy is being performed concurrently with definitive external beam radiation treatment. (not 30 days before or 30 days after treatment)
   B. Brachytherapy in combination with external beam treatment.
   C. Total body radiation (TBI)
   D. Hemi-body radiation
   E. Hyperthermia
   F. Pediatric patient requiring additional work such as daily anesthesia and daily physician supervision.
   G. Cases requiring reconstruction of previous treatment plans.
   H. Radioimmunotherapy when combined with external beam treatment (EBRT).
III. CPT® 77470 cannot be reported for the following:
   A. Contouring for three-dimensional conformal radiation therapy (3DCRT)
   B. Contouring for intensity-modulated radiation therapy (IMRT), even when multiple image sets are referenced
   C. Reviewing a multi-phase plan when the physicist has done the work of summing the plans.
   D. The work required for the 4DCT performed during simulation for treatment utilizing respiratory gating

E. Twice a day treatment (i.e., BID treatment)
F. Hormonal therapy (i.e., Herceptin, Lupron)
G. Treatment with Stereotactic Radiosurgery (SRS) or Stereotactic Body Radiotherapy (SBRT)
H. Treatment with Proton Beam Therapy (PBT)
I. Treatment of multiple sites

Treatment Delivery

Guideline Page

Superficial/Orthovoltage Treatment Delivery

RO.CM.1.11.A
v1.0.2024

CPT® Code	Description
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day

Superficial radiation therapy (SRT) involves the use of low-energy radiation (<1 MeV) to treat certain skin cancers and non-cancerous skin conditions.

Policy:

I. One unit of CPT® 77401 is allowed per date of service regardless of the number of treatment sites.
II. CPT® 77401 cannot be reported with a different treatment modality on the same date of service.
III. CPT® 77401 includes codes 77261, 77262, 77263, 77332, 77333, 77334, 77306, 77307, 77316, 77317, 77318, 77336, 77427, 77432, 77435, 77469, 77470, and 77499. These codes cannot be reported separately during the entire course of treatment.
IV. For superficial radiation therapy, one unit of CPT® 77280, 77285, or 77290 is allowed for the initial setup of the treatment area. Skin marks, either temporary or permanent, should be used for the duration of treatment. CPT® 77280, 77285 and 77290 cannot be reported for daily placement of the treatment field.
V. Image guidance and tracking cannot be reported with superficial or orthovoltage treatment as IGRT requirements for precise target localization are not met with this technique.

External Beam Treatment Delivery

RO.CM.1.12.A
v1.0.2024

CPT® Code	Description
77402	Radiation treatment delivery, >1 MeV; simple
77407	Radiation treatment delivery; two separate treatment areas; three or more ports on a single treatment area; or three or more simple blocks; >=1 MeV; intermediate
77412	Radiation treatment delivery; three or more separate treatment areas; custom blocking; tangential ports; wedges; rotational beam; field-in-field or other tissue compensation that does not meet IMRT guidelines; or electron beam; >=1 MeV; complex

HCPCS Code	Description
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 MeV
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 MeV
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 MeV
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 MeV or greater
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 MeV
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 MeV
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 MeV
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 MeV or greater

HCPCS Code	Description
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5MeV
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10MeV
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20MeV or greater

External beam treatment delivery refers to the process of delivering radiation therapy to the target area. Treatment is typically performed daily. The number and schedule of treatments performed are dependent on the individual's treatment location, treatment intent, prescribed dose and overall general health.

The use of CPT® vs HCPCS codes is dependent upon place of service and payor requirements.

Policy:

I. One unit of CPT® 77402-77412 or HCPCS codes G6003-G6014 is allowed per date of service regardless of the number of treatment sites.
II. If BID treatment is utilized (i.e., treating in the AM and then hours later in the PM), then 2 units of CPT® 77402- 77412 or HCPCS codes G6003-G6014 are allowed per date of service. The second unit must be reported with the correct modifier on a separate claim line. *For example: CPT® 77412 with modifier 76 or 77 is allowed for the second treatment when BID therapy is utilized.*
III. CPT® 77402-77412 or HCPCS codes G6003-G6014 cannot be reported with a different treatment modality on the same date of service. *For example: CPT® 77386 and 77412 cannot both be reported for the same encounter on the same date of service.*

IMRT Treatment Delivery

RO.CM.1.13.A
v1.0.2024

CPT® Code	Description
77385	Intensity-modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
77386	Intensity-modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex

HCPCS Code	Description
G6015	Intensity-modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session

Intensity-Modulated radiation treatment (IMRT) delivery refers to the process of delivering radiation therapy to the target area by matching the radiation to the shape of the tumor. IMRT allows for more conformal dose distribution than 3-D conformal or teletherapy isodose planning. There are several forms of IMRT including volumetric modulated arc therapy (VMAT) and Rotational Arc. Treatment is typically performed daily. The number and schedule of treatments performed are dependent on the individual's treatment location, treatment intent, prescribed dose and overall general health.

The use of CPT® vs HCPCS codes is dependent upon place of service and payor requirements.

Policy:

I. CPT® 77385 is utilized for a breast or prostate diagnoses. CPT® 77386 is utilized for all other non-breast or prostate diagnoses.
II. One unit of CPT® 77385-77386 or HCPCS G6015-G6016 is allowed per date of service regardless of the number of treatment sites.
III. If BID treatment is utilized (i.e., treating in the AM and then hours later in the PM), then 2 units of CPT® 77385-77386 or HCPCS G6015-G6016 are allowed per date of service.

The second unit must be reported with the correct modifier on a separate claim line. *For example: CPT® 77386 with modifier 76 or 77 is allowed for the second treatment when BID therapy is utilized.*

IV. CPT® 77385-77386 or HCPCS G6015-G6016 cannot be reported with a different treatment modality on the same date of service. *For example: CPT® 77386 and 77412 cannot both be reported for the same encounter on the same date of service.*

Stereotactic Treatment Delivery

RO.CM.1.14.A
v1.0.2024

CPT® Code	Description
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions

HCPCS Code	Description
G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment
G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment

Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) are specialized techniques in radiation therapy designed to deliver high doses of radiation to tumors with a high degree of precision. They are commonly used for treating small, well-defined tumors, often in locations that are challenging to access or close to critical structures. Both techniques aim to maximize the radiation dose to the tumor while minimizing exposure to surrounding healthy tissues. SRS and SBRT can be delivered using photon or proton methods for radiation therapy.

The use of CPT® vs HCPCS codes is dependent upon place of service and payor requirements.

Policy:

I. One unit of CPT® 77371 or 77372 is allowed to treat all cranial lesions in a single session as a complete episode of care.
II. Sequential single-fraction SRS utilizing CPT® 77371 or 77372 for multiple synchronous metastases is not allowed.
III. If all cranial lesions cannot be treated within a single fraction, then SBRT CPT® 77373 is reported. *For example: If the intent is to treat three lesions separately but within the context of a single episode of care, then the appropriate code would be 77373 for SBRT delivery.*
IV. CPT® 77371 or 77372 cannot be reported for the first fraction followed by CPT® 77373 for the remaining 4 fractions. CPT® 77371 or 77372 is only allowed if the individual is to receive one fraction of SRS for the entire course or episode of treatment.
V. CPT® 77373 is allowed for multi-fraction cranial SRS, up to a maximum of 5 fractions, for all lesions as a complete episode of care.
VI. CPT® 77373 is allowed for SBRT, up to a maximum of 5 fractions, for all sites as a complete episode of care. If more than 5 fractions are needed to treat all sites within a single episode of care then 3D conformal or IMRT must be reported. *For example: If a member has 2 lung lesions (right lobe and left lobe), and the intent is to treat one lesion with 3 fractions of SBRT followed by another 3 fractions of SBRT for a total of 6 fractions, it is no longer considered SBRT and must be reported with 3D or IMRT treatment codes.*
VII. CPT® 77371, 77372 or 77373 cannot be reported as a boost or in conjunction with any other treatment technique. *For example: For an individual with prostate cancer CPT® 77373 cannot be reported as a boost after receiving 28 fractions of IMRT.*
VIII. HCPCS code G0339 is allowed for single fraction SRS or for the first fraction of multi-fraction cranial SRS. HCPCS code G0340 is allowed for fractions 2-5 of multi-fraction cranial SRS.

Neurosurgeon Procedures for Stereotactic

RO.CM.1.15.A
v1.0.2024

CPT® Code	Description
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)

Neurosurgeons are involved in the delivery of Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) when the tumor is located in the brain or other areas of the central nervous system. The level of neurosurgeon involvement is dependent on the anatomy and the characteristics of the tumor.

Policy:

I. CPT® 61796, 61797, 61798, 61799, and 61800 is allowed when cranial stereotactic radiosurgery (SRS) is authorized.
II. CPT® 63620 and 63621 is allowed when stereotactic body radiation therapy (SBRT) to the spine is authorized.

Proton Beam Treatment Delivery

RO.CM.1.16.A
v1.0.2024

CPT® Code	Description
77520	Proton treatment delivery; simple, without compensation
77522	Proton treatment delivery; simple, with compensation
77523	Proton treatment delivery; simple, with compensation
77525	Proton treatment delivery; complex

Proton beam treatment delivery uses positively charged atomic particles called protons to irradiate the tumor. Proton beam therapy takes advantage of a unique physical property called Bragg peak. Due to the Bragg peak, protons release most of their energy at a specific depth within the body which allows high doses of radiation to be delivered to the tumor while sparing surrounding healthy tissues and organs. The use of proton beam therapy is not suitable for all tumors and its use is dependent on the individual's staging and type of tumor, treatment location, treatment intent, prescribed dose and overall general health.

Policy:

I. One unit of CPT® 77520-77525 is allowed per date of service regardless of the number of treatment sites.
II. If BID treatment is utilized (i.e., treating in the AM and then hours later in the PM), then 2 units of CPT® 77520-77525 are allowed per date of service. The second unit must be reported with the correct modifier on a separate claim line. *For example: CPT® 77523 with modifier 76 or 77 is allowed for the second treatment when BID therapy is utilized.*
III. CPT® 77520-77525 cannot be reported with a different treatment modality on the same date of service. *For example: CPT® 77523 and 77386 cannot both be reported for the same encounter on the same date of service.*

Neutron Beam Treatment Delivery

RO.CM.1.17.A
v1.0.2024

CPT® Code	Description
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)

Neutron beam treatment delivery uses neutral subatomic particles found in the nucleus of atoms called neutrons to irradiate the tumor. Neutrons have no charge, so they can penetrate tissues more deeply while sparing surrounding healthy tissues and organs. The use of neutron beam therapy is not suitable for all tumors and its use is dependent on the individual's staging and type of tumor, treatment location, treatment intent, prescribed dose and overall general health.

Policy:

I. One unit of CPT® 77423 is allowed per date of service regardless of the number of treatment sites.
II. CPT® 77423 cannot be reported with a different treatment modality on the same date of service. *For example: CPT® 77423 and 77386 cannot both be reported for the same encounter on the same date of service.*

Hyperthermia Treatment Delivery

RO.CM.1.18.A
v1.0.2024

CPT® Code	Description
77600	Hyperthermia, externally generated; superficial (i.e., heating to a depth of 4 cm or less)
77605	Hyperthermia, externally generated; deep (i.e., heating to depths greater than 4 cm)
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators
77620	Hyperthermia generated by intracavitary probe(s)

Hyperthermia for treatment of a tumor consists of the use of heat to elevate body temperature and increase tumor sensitivity to other treatment measures. Hyperthermia is used in combination with radiation therapy and is not typically used as a standalone therapy.

Policy:

I. One unit of CPT® 77600-77620 is allowed per date of service regardless of the number of treatment sites.
II. CPT® 77600-77620 cannot be reported for Hyperthermic Intraperitoneal Chemotherapy (HIPEC).
III. CPT® 77600-77620 cannot be reported when used alone or with chemotherapy.

Brachytherapy

Guideline Page

Brachytherapy Isodose Planning

RO.CM.1.19.A
v1.0.2024

CPT® Code	Description
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)

A brachytherapy isodose plan is used to outline the distribution of radiation dose within an individual's body for a specific brachytherapy procedure. The isodose plan ensures that the prescribed radiation dose will be delivered to the tumor while sparing surrounding healthy tissues.

Policy:

I. One unit of CPT® 77316, 77317 or 77318 is allowed per brachytherapy treatment.
II. CPT® 77316, 77317, or 77318 cannot be reported with CPT® 77295 for the same brachytherapy treatment.

Surgical Procedure Codes for Brachytherapy

RO.CM.1.20.A
v1.0.2024

CPT® Code	Description
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
58346	Insertion of Heyman capsules for clinical brachytherapy

Surgical codes for brachytherapy are used for the placement of radioactive sources directly into or near a tumor or the target tissue. The specific placement CPT® code used depends on the type of cancer, the location of the tumor, and the type of brachytherapy.

Policy:

I. One unit of CPT® 19296, 19297, or 19298 is allowed when brachytherapy is authorized for breast cancer.
II. One unit of CPT® 31643 is allowed when brachytherapy is authorized for non-small cell lung cancer.
III. One unit of CPT® 41019 is allowed when brachytherapy is authorized for esophageal cancer or head and neck cancer.
IV. One unit of CPT® 55875 is allowed when brachytherapy is authorized for prostate cancer.
V. One unit of CPT® 57155, 57156, 55920 or 58346 is allowed per treatment when brachytherapy is authorized for endometrial, cervical, vaginal or vulvar cancers. One placement code is allowed per brachytherapy treatment.

Ultrasound Procedure Codes for Brachytherapy

RO.CM.1.21.A
v1.0.2024

CPT® Code	Description
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)
76965	Ultrasonic guidance for interstitial radioelement application

CPT® 76965 represents the use of ultrasound to provide real time imaging to guide the placement of the applicator for brachytherapy treatment delivery. Specifically for prostate cancer, CPT® 76873 uses ultrasound to evaluate the size and shape of the prostate to aid in brachytherapy treatment planning.

Policy:

I. One unit of CPT® 76873 is allowed when brachytherapy is authorized for prostate cancer.
II. One unit of CPT® 76965 is allowed once per brachytherapy treatment.

Low-Dose-Rate (LDR) Brachytherapy Treatment Delivery

RO.CM.1.22.A
v1.0.2024

CPT® Code	Description
77761	Intracavitary radiation source application; simple
77762	Intracavitary radiation source application; intermediate
77763	Intracavitary radiation source application; complex
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed
77789	Surface application of low-dose-rate radionuclide source

HCPCS Code	Description
G0458	Low-dose-rate (LDR) prostate brachytherapy services, composite rate

Low-dose-rate (LDR) brachytherapy is a form of radiation treatment that involves the use of radioactive sources placed directly into or near the tumor. Brachytherapy delivers a highly localized dose of radiation to the tumor while minimizing radiation exposure to surrounding healthy tissues. LDR brachytherapy can be performed as either temporary or permanent implantation. There are various types of LDR brachytherapy and the type of brachytherapy used depends on the tumor type and location. The types of LDR brachytherapy include intracavitary brachytherapy (e.g., for cervical or uterine cancer), interstitial brachytherapy (e.g., for prostate cancer), and surface brachytherapy (e.g., for choroidal melanoma).

Policy:

I. One unit of CPT® 77761, 77762 or 77763 is allowed when intracavitary LDR brachytherapy is authorized.
II. One unit of CPT® 77778 or HCPCS code G0458 is allowed when interstitial LDR brachytherapy is authorized.
III. One unit of CPT® 77789 is allowed when surface LDR brachytherapy is authorized.
IV. CPT® 77761, 77762, 77763, 77778, 77789 or HCPCS code G0458 cannot be reported with a different treatment modality on the same date of service. *For example: CPT® 77778 for interstitial LDR brachytherapy and CPT® 77385 for IMRT treatment delivery cannot both be reported for the same encounter on the same date of service.*

High-Dose-Rate (HDR) Brachytherapy Treatment Delivery

RO.CM.1.23.A
v1.0.2024

CPT® Code	Description
77767	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel
77768	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions
77770	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel
77771	HDR radionuclide interstitial or intracavitary brachytherapy; 2 to 12 channels
77772	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels

High-dose-rate (HDR) brachytherapy is a form of radiation treatment that involves the use of a remote afterloading system to deliver a high dose of radiation using radioactive sources. The radioactive sources are temporarily inserted into the body for a short period of time in a defined number of sessions after which they are completely removed. The number of treatment sessions is dependent on tumor stage, tumor type, treatment location and use of external beam radiation therapy.

Policy:

I. One unit of CPT® 77767 or 77768 is allowed per fraction when skin brachytherapy is authorized. The maximum number of units allowed are equivalent to the number of fractions authorized.
II. One unit of CPT® 77770, 77771, or 77772 is allowed per fraction when intracavitary brachytherapy (e.g., vaginal cylinder, tandem and ovoids) is authorized. The maximum number of units allowed are equivalent to the number of fractions authorized.
III. If there is an order for BID treatment, treating in the AM and then hours later in the PM, then 2 treatments may be charged per date of service. The second treatment must be reported with the correct modifier on a separate claim line. *For example: CPT® 77771 with modifier 76 or 77 is allowed for the second treatment when BID therapy is ordered.*
IV. CPT® 77767, 77768, 77770, 77771, or 77772 cannot be reported with a different treatment modality on the same date of service. *For example: CPT® 77770 for*

intracavitary HDR brachytherapy and CPT® 77386 for IMRT treatment delivery cannot both be reported for the same encounter on the same date of service.

Electronic Brachytherapy Treatment Delivery

RO.CM.1.24.A
v1.0.2024

CPT® Code	Description
0394T	HDR electronic brachytherapy, skin surface application, per fraction
0395T	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction

Electronic brachytherapy treatment is delivered using an electronic source rather than radioactive sources used in other forms of brachytherapy. CPT® 0394T and 0395T are unique to electronic brachytherapy.

Policy:

I. CPT® 0394T is to be reported for high-dose-rate (HDR) skin electronic brachytherapy.
II. CPT® 0395T is to be reported for high-dose-rate (HDR) electronic brachytherapy when treating non-skin tumors.
III. CPT® 77261, 77262, 77263, 77300, 77306, 77307, 77316, 77317, 77318, 77332, 77333, 77334, 77336, 77427, 77431, 77432, 77435, 77469, 77470, 77499, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 77789 cannot be reported during a course of electronic brachytherapy.
IV. CPT®/HCPCS codes 77417, 77014, 77387, G6001, G6002, and G6017 for image guidance cannot be reported with electronic brachytherapy.

Additional Codes for Brachytherapy

RO.CM.1.25.A
v1.0.2024

CPT® Code	Description
77790	Supervision, handling, loading of radiation source
77799	Unlisted procedure, clinical brachytherapy

Policy:

I. CPT® 77790 is included in the brachytherapy treatment delivery and cannot be separately reported.
II. CPT® 77799 is not allowed as all brachytherapy procedures are currently represented by more specific and descriptive CPT® codes.

Intraoperative Radiotherapy (IORT)

Intraoperative Radiation Therapy (IORT)

RO.CM.1.26.A
v1.0.2024

CPT® Code	Description
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session
77425	Intraoperative radiation treatment delivery, electrons, single treatment session
77469	Intraoperative radiation treatment management
19294	Preparation of tumor cavity, with placement of radiation therapy applicator for intraoperative radiation therapy (IORT), concurrent with partial mastectomy

HCPCS Code	Description
C9726	Placement and removal (if performed) of applicator into breast for radiation therapy

Intraoperative radiation therapy (IORT) is a form of radiation treatment where the tumor or tumor bed receives one fraction of high dose radiation therapy at the time of surgery.

Policy:

I. One unit of CPT® 77424 or 77425 is allowed when IORT is authorized.
II. One unit of CPT® 77469 and one unit of CPT® 19294 or HCPCS code C9726 is allowed when IORT is authorized.
III. CPT® 77424 or 77425 cannot be reported for electronic brachytherapy or HDR brachytherapy.

Cardiac Radioablation

Guideline Page

Cardiac Radioablation

RO.CM.1.27.A
v1.0.2024

CPT® Code	Description
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (e.g., CT, MRI, or myocardial perfusion scan) and electrical data (e.g., 12-lead ECG data), and identification of areas of avoidance
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia

Cardiac radioablation is a non-invasive treatment utilizing stereotactic body radiation therapy (SBRT) for treatment of end-stage ventricular tachycardia (VT).

Policy:

I. One unit of CPT® 0745T, 0746T and 0747T is allowed when cardiac radioablation is authorized.

Radiopharmaceuticals

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Radiopharmaceuticals

RO.CM.1.28.A
v1.0.2024

Radiopharmaceutical Administration	
CPT® Code	**Description**
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)
79005	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment
79101	Radiopharmaceutical therapy, by intravenous administration
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion

Radiopharmaceutical Isotopes	
HCPCS Code	**Description**
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 millicurie
A9543	Yttrium 90 Ibritumomab Tiuxetan (Zevalin)
A9590	Iodine i-131, iobenguane, 1 millicurie
A9606	Radium ra-223 dichloride, therapeutic, per microcurie
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
A9699	Radiopharmaceutical, therapeutic, not otherwise classified

Radiopharmaceuticals for therapeutic purposes utilize radioactive isotopes to treat cancer or non-cancerous conditions through oral, intravenous, or interstitial methods.

Policy:

When a radiopharmaceutical is authorized the following are allowed:

I. Azedra (iobenguane I-131)

A. CPT® 79101 is allowed for 2 doses.
B. HCPCS code A9590 is calculated based on patient's weight as entered in the clinical review.

II. Iodine-131 (I-131)

A. CPT® 79005 is allowed for 1 dose.

III. Lutathera (Lutetium Lu 177 dotatate)

A. CPT® 79101 is allowed for 4 doses.

B. HCPCS code A9513 is allowed for 200 mCi per dose for a maximum of 800 mCi.

IV. Pluvicto® (Lutetium Lu 177 Vipivotide Tetraxetan)

A. CPT® 79101 is allowed for 6 doses.

B. HCPCS code A9607 is allowed for 200 mCi per dose for a maximum of 1,200 mCi.

V. Xofigo® (Radium-223)

A. CPT® 79101 is allowed for 6 doses.

B. HCPCS code A9606 is calculated based on patient's weight as entered in the clinical review.

VI. Zevalin® (Ibritumomab tiuxetan)

A. CPT® 79403 is allowed for 1 dose.

B. HCPCS code A9543 is calculated based on patient's weight as entered in the clinical review.

Selective Internal Radiation Therapy (SIRT)

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Selective Internal Radiation Therapy (SIRT)

RO.CM.1.29.A
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CPT® Code	Description
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed

HCPCS Code	Description
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres
C2616	Brachytherapy source, nonstranded, yttrium-90, per source

Selective Internal Radiation Therapy (SIRT), also known as Radioembolization, is a minimally invasive procedure that delivers radiation directly to liver tumors while sparing healthy liver tissue. SIRT involves the use of tiny radioactive microspheres, often containing the isotope yttrium-90 (Y-90). These microspheres are loaded with a radioactive substance and are administered directly into the blood vessels that supply the liver tumors.

Policy:

I. One unit of CPT® 77778 and HCPCS code C2616 is allowed per SIRT treatment.
II. One unit of HCPCS S2095 is allowed per SIRT treatment as a substitute to CPT® 77778. The use of HCPCS code S2095 is dependent on payor requirements.

References

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References

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1. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/FY_14_Definition_of- Medicare_Code_Edits_V_31_Manual.pdf
2. ASTRO 2024 Radiation Oncology Coding Resource. American Society for Radiation Oncology (ASTRO). 2024.
3. AMA. *AMA CPT® Professional 2024*. American Medical Association (AMA). 2023.
4. The Medicare Learning Network®. Centers for Medicare and Medicaid Services. Updated 09/06/2023. https://www.cms.gov/training-education/medicare-learning-network/resources-training
5. American Medical Accounting & Consulting, INC. https://www.amac-usa.com
6. PFS Federal Regulation Notices (all years). Centers for Medicare and Medicaid Services. Updated 02/08/2024. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices
7. Transmittals. Center for Medicare and Medicaid Services. Updated 09/06/2023. https://www.cms.gov/medicare/regulations-guidance/transmittals