



**Blue Care
Network
of Michigan**

Blue Care Network of Michigan Radiation Oncology Code List

CPT® Code	CPT® Code Description	Commerical	Medicare
Brachytherapy			
0394T	HDR electronic brachytherapy, skin surface application, per fraction	Requires Prior Authorization	Requires Prior Authorization
0395T	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction	Requires Prior Authorization	Requires Prior Authorization
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	Requires Prior Authorization	Requires Prior Authorization
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)	Requires Prior Authorization	Requires Prior Authorization
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	Requires Prior Authorization	Requires Prior Authorization
77761	Intracavitary radiation source application; simple	Requires Prior Authorization	Requires Prior Authorization
77762	Intracavitary radiation source application; intermediate	Requires Prior Authorization	Requires Prior Authorization
77763	Intracavitary radiation source application; complex	Requires Prior Authorization	Requires Prior Authorization
77767	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel	Requires Prior Authorization	Requires Prior Authorization
77768	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	Requires Prior Authorization	Requires Prior Authorization
77770	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel	Requires Prior Authorization	Requires Prior Authorization
77771	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels	Requires Prior Authorization	Requires Prior Authorization
77772	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels	Requires Prior Authorization	Requires Prior Authorization
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed	Requires Prior Authorization	Requires Prior Authorization

CPT® Code	CPT® Code Description	Commerical	Medicare
77789	Surface application of low dose rate radionuclide source	Requires Prior Authorization	Requires Prior Authorization
77790	Supervision, handling, loading of radiation source	Requires Prior Authorization	Requires Prior Authorization
77799	Unlisted procedure, clinical brachytherapy (this code to be used in place of 77776 and 77777)	Requires Prior Authorization	Requires Prior Authorization
C2616	Brachytherapy source, nonstranded, yttrium-90, per source	Requires Prior Authorization	Requires Prior Authorization
C9726	Placement and removal (if performed) of applicator into breast for radiation therapy	Requires Prior Authorization	Requires Prior Authorization
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	Requires Prior Authorization	Requires Prior Authorization
Stereotactic Radiation Therapy			
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Requires Prior Authorization	Requires Prior Authorization
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Requires Prior Authorization	Requires Prior Authorization
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Requires Prior Authorization	Requires Prior Authorization
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	Requires Prior Authorization	Requires Prior Authorization
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Requires Prior Authorization	Requires Prior Authorization
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Requires Prior Authorization	Requires Prior Authorization
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	Requires Prior Authorization	Requires Prior Authorization
Intensity Modulated Radiation Therapy (IMRT)			
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	Requires Prior Authorization	Requires Prior Authorization
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	Requires Prior Authorization	Requires Prior Authorization
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Requires Prior Authorization	Requires Prior Authorization
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Requires Prior Authorization	Requires Prior Authorization
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	Requires Prior Authorization	Requires Prior Authorization

CPT® Code	CPT® Code Description	Commerical	Medicare
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	Requires Prior Authorization	Requires Prior Authorization
Neutron Beam Radiation Therapy			
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)	Requires Prior Authorization	Requires Prior Authorization
Intraoperative Radiation Therapy (IORT)			
19294	Preparation of tumor cavity, with placement of radiation therapy applicator for intraoperative radiation therapy (IORT), concurrent with partial mastectomy	Requires Prior Authorization	Requires Prior Authorization
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Requires Prior Authorization	Requires Prior Authorization
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Requires Prior Authorization	Requires Prior Authorization
77469	Intraoperative radiation treatment management	Requires Prior Authorization	Requires Prior Authorization
Proton Beam Radiation Therapy			
77520	Proton treatment delivery; simple, without compensation	Requires Prior Authorization	Requires Prior Authorization
77522	Proton treatment delivery; simple, with compensation	Requires Prior Authorization	Requires Prior Authorization
77523	Proton treatment delivery; intermediate	Requires Prior Authorization	Requires Prior Authorization
77525	Proton treatment delivery; complex	Requires Prior Authorization	Requires Prior Authorization
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Requires Prior Authorization	Requires Prior Authorization
Hyperthermia Treatment			
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	Requires Prior Authorization	Requires Prior Authorization
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	Requires Prior Authorization	Requires Prior Authorization
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	Requires Prior Authorization	Requires Prior Authorization
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	Requires Prior Authorization	Requires Prior Authorization
77620	Hyperthermia generated by intracavitary probe(s)	Requires Prior Authorization	Requires Prior Authorization
Radiation Treatment Management			
77427	Radiation treatment management, 5 treatments	Requires Prior Authorization	Requires Prior Authorization

CPT® Code	CPT® Code Description	Commerical	Medicare
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	Requires Prior Authorization	Requires Prior Authorization
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	Requires Prior Authorization	Requires Prior Authorization
77499	Unlisted procedure, therapeutic radiology treatment management	Requires Prior Authorization	Requires Prior Authorization
Radiation Treatment Planning			
77261	Therapeutic radiology treatment planning; simple	Requires Prior Authorization	Requires Prior Authorization
77262	Therapeutic radiology treatment planning; intermediate	Requires Prior Authorization	Requires Prior Authorization
77263	Therapeutic radiology treatment planning; complex	Requires Prior Authorization	Requires Prior Authorization
77280	Therapeutic radiology simulation-aided field setting; simple	Requires Prior Authorization	Requires Prior Authorization
77285	Therapeutic radiology simulation-aided field setting; intermediate	Requires Prior Authorization	Requires Prior Authorization
77290	Therapeutic radiology simulation-aided field setting; complex	Requires Prior Authorization	Requires Prior Authorization
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Requires Prior Authorization	Requires Prior Authorization
Radiation Treatment Delivery			
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	Requires Prior Authorization	Requires Prior Authorization
77402	Radiation treatment delivery, >1 MeV; simple	Requires Prior Authorization	Requires Prior Authorization
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	Requires Prior Authorization	Requires Prior Authorization
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	Requires Prior Authorization	Requires Prior Authorization
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	Requires Prior Authorization	Requires Prior Authorization
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	Requires Prior Authorization	Requires Prior Authorization
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	Requires Prior Authorization	Requires Prior Authorization
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater	Requires Prior Authorization	Requires Prior Authorization
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev	Requires Prior Authorization	Requires Prior Authorization

CPT® Code	CPT® Code Description	Commerical	Medicare
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	Requires Prior Authorization	Requires Prior Authorization
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	Requires Prior Authorization	Requires Prior Authorization
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	Requires Prior Authorization	Requires Prior Authorization
G6011	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	Requires Prior Authorization	Requires Prior Authorization
G6012	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	Requires Prior Authorization	Requires Prior Authorization
G6013	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	Requires Prior Authorization	Requires Prior Authorization
G6014	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	Requires Prior Authorization	Requires Prior Authorization
Image-Guided Radiation (IGRT)			
77014	Computed tomography guidance for placement of radiation therapy fields	Requires Prior Authorization	Requires Prior Authorization
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Requires Prior Authorization	Requires Prior Authorization
G6001	Ultrasonic guidance for placement of radiation therapy fields	Requires Prior Authorization	Requires Prior Authorization
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Requires Prior Authorization	Requires Prior Authorization
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment	Requires Prior Authorization	Requires Prior Authorization
Medical Radiation Physics, Dosimetry, and Treatment Devices			
77295	3-dimensional radiotherapy plan, including dose-volume histograms	Requires Prior Authorization	Requires Prior Authorization
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, onl	Requires Prior Authorization	Requires Prior Authorization
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	Requires Prior Authorization	Requires Prior Authorization
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	Requires Prior Authorization	Requires Prior Authorization
77321	Special teletherapy port plan, particles, hemibody, total body	Requires Prior Authorization	Requires Prior Authorization
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	Requires Prior Authorization	Requires Prior Authorization
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	Requires Prior Authorization	Requires Prior Authorization

CPT® Code	CPT® Code Description	Commerical	Medicare
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	Requires Prior Authorization	Requires Prior Authorization
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	Requires Prior Authorization	Requires Prior Authorization
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	Requires Prior Authorization	Requires Prior Authorization
77370	Special medical radiation physics consultation	Requires Prior Authorization	Requires Prior Authorization
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	Requires Prior Authorization	Requires Prior Authorization
Therapeutic Radiopharmaceuticals			
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	Requires Prior Authorization	Requires Prior Authorization
79005	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment	Requires Prior Authorization	Requires Prior Authorization
79101	Radiopharmaceutical, therapy, by intravenous administration	Requires Prior Authorization	Requires Prior Authorization
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	Requires Prior Authorization	Requires Prior Authorization
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Requires Prior Authorization	Requires Prior Authorization
A9543	Yttrium 90 Ibritumomab Tiuxetan (Zevalin)	Requires Prior Authorization	Requires Prior Authorization
A9590	Iodine i-131, iobenguane, 1 millicurie	Requires Prior Authorization	Requires Prior Authorization
A9606	Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo)	Requires Prior Authorization	Requires Prior Authorization
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Requires Prior Authorization	Requires Prior Authorization
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	Requires Prior Authorization	Requires Prior Authorization
C2616	Brachytherapy source, nonstranded, yttrium-90, per source	Requires Prior Authorization	Requires Prior Authorization
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	Requires Prior Authorization	Requires Prior Authorization

CPT® Code	CPT® Code Description	Commerical	Medicare
Associated Services with Radiation Therapy			
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	Requires Prior Authorization	Requires Prior Authorization
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)	Requires Prior Authorization	Requires Prior Authorization
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	Requires Prior Authorization	Requires Prior Authorization
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	Requires Prior Authorization	Requires Prior Authorization
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Requires Prior Authorization	Requires Prior Authorization
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	Requires Prior Authorization	Requires Prior Authorization
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Requires Prior Authorization	Requires Prior Authorization
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Requires Prior Authorization	Requires Prior Authorization
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	Requires Prior Authorization	Requires Prior Authorization
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	Requires Prior Authorization	Requires Prior Authorization
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	Requires Prior Authorization	Requires Prior Authorization
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	Requires Prior Authorization	Requires Prior Authorization
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	Requires Prior Authorization	Requires Prior Authorization
58346	Insertion of Heyman capsules for clinical brachytherapy	Requires Prior Authorization	Requires Prior Authorization
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	Requires Prior Authorization	Requires Prior Authorization
76965	Ultrasonic guidance for interstitial radioelement application	Requires Prior Authorization	Requires Prior Authorization

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

CPT copyright 2022 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.