



**Prominence Health Plan
Radiation Oncology CPT Code List**

| CPT® Code | CPT® Code Description | Commercial | Medicare |
|-------------------------------|--|------------|----------|
| Brachytherapy | | | |
| 0394T | HDR electronic brachytherapy, skin surface application, per fraction | Yes | No |
| 0395T | HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction | Yes | No |
| 77316 | Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s) | Yes | No |
| 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) | Yes | No |
| 77318 | Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s) | Yes | No |
| 77761 | Intracavitary radiation source application; simple | Yes | No |
| 77762 | Intracavitary radiation source application; intermediate | Yes | No |
| 77763 | Intracavitary radiation source application; complex | Yes | No |
| 77767 | HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel | Yes | No |
| 77768 | HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions | Yes | No |
| 77770 | HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel | Yes | No |
| 77771 | HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels | Yes | No |
| 77772 | HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels | Yes | No |
| 77778 | Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed | Yes | No |
| 77789 | Surface application of low dose rate radionuclide source | Yes | No |
| 77790 | Supervision, handling, loading of radiation source | Yes | No |
| 77799 | Unlisted procedure, clinical brachytherapy (this code to be used in place of 77776 and 77777) | Yes | No |
| C9726 | Placement and removal (if performed) of applicator into breast for radiation therapy | Yes | No |
| G0458 | Low dose rate (LDR) prostate brachytherapy services, composite rate | Yes | No |
| Cardiac Focal Ablation | | | |
| 0745T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance | Yes | No |
| 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 | Yes | No |
| 0747T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia | Yes | No |

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|---|---|------------|----------|
| 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 | Yes | No |
| 77372 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based | Yes | No |
| 77373 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions | Yes | No |
| 77432 | Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session) | Yes | No |
| 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 | Yes | No |
| G0339 | Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment | Yes | No |
| 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 | Yes | No |
| Intensity Modulated Radiation Therapy (IMRT) | | | |
| 77301 | Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications | Yes | No |
| 77338 | Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan | Yes | No |
| 77385 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple | Yes | No |
| 77386 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex | Yes | No |
| G6015 | Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session | Yes | No |
| 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 | Yes | No |
| 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) | Yes | No |
| Intraoperative Radiation Therapy (IORT) | | | |
| 19294 | Preparation of tumor cavity, with placement of radiation therapy applicator for intraoperative radiation therapy (IORT), concurrent with partial mastectomy | Yes | No |
| 77424 | Intraoperative radiation treatment delivery, x-ray, single treatment session | Yes | No |
| 77425 | Intraoperative radiation treatment delivery, electrons, single treatment session | Yes | No |
| 77469 | Intraoperative radiation treatment management | Yes | No |
| Proton Beam Radiation Therapy | | | |
| 77520 | Proton treatment delivery; simple, without compensation | Yes | No |
| 77522 | Proton treatment delivery; simple, with compensation | Yes | No |
| 77523 | Proton treatment delivery; intermediate | Yes | No |
| 77525 | Proton treatment delivery; complex | Yes | No |
| S8030 | Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy | Yes | No |
| Hyperthermia Treatment | | | |
| 77600 | Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less) | Yes | No |
| 77605 | Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm) | Yes | No |
| 77610 | Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators | Yes | No |
| 77615 | Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators | Yes | No |
| 77620 | Hyperthermia generated by intracavitary probe(s) | Yes | No |

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|---------------------------------------|--|------------|----------|
| Radiation Treatment Management | | | |
| 77427 | Radiation treatment management, 5 treatments | Yes | No |
| 77431 | Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only | Yes | No |
| 77470 | Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation) | Yes | No |
| 77499 | Unlisted procedure, therapeutic radiology treatment management | Yes | No |
| Radiation Treatment Planning | | | |
| 77261 | Therapeutic radiology treatment planning; simple | Yes | No |
| 77262 | Therapeutic radiology treatment planning; intermediate | Yes | No |
| 77263 | Therapeutic radiology treatment planning; complex | Yes | No |
| 77280 | Therapeutic radiology simulation-aided field setting; simple | Yes | No |
| 77285 | Therapeutic radiology simulation-aided field setting; intermediate | Yes | No |
| 77290 | Therapeutic radiology simulation-aided field setting; complex | Yes | No |
| 77293 | Respiratory motion management simulation (List separately in addition to code for primary procedure) | Yes | No |
| Radiation Treatment Delivery | | | |
| 77401 | Radiation treatment delivery, superficial and/or ortho voltage, per day | Yes | No |
| 77402 | Radiation treatment delivery, >1 MeV; simple | Yes | No |
| 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 | Yes | No |
| 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 | Yes | No |
| 77417 | Therapeutic radiology port images(s) | Yes | No |
| G6003 | Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5mev | Yes | No |
| G6004 | Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10mev | Yes | No |
| G6005 | Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19mev | Yes | No |
| G6006 | Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater | Yes | No |
| G6007 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev | Yes | No |
| G6008 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev | Yes | No |
| G6009 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev | Yes | No |
| 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 | Yes | No |
| G6011 | Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev | Yes | No |
| G6012 | Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev | Yes | No |
| G6013 | Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev | Yes | No |
| G6014 | Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater | Yes | No |

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|--|---|------------|----------|
| Image-Guided Radiation (IGRT) | | | |
| 77014 | Computed tomography guidance for placement of radiation therapy fields | Yes | No |
| 77387 | Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed | Yes | No |
| G6001 | Ultrasonic guidance for placement of radiation therapy fields | Yes | No |
| G6002 | Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy | Yes | No |
| 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 | Yes | No |
| Medical Radiation Physics, Dosimetry, and Treatment Devices | | | |
| 77295 | 3-dimensional radiotherapy plan, including dose-volume histograms | Yes | No |
| 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 | Yes | No |
| 77306 | Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s) | Yes | No |
| 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) | Yes | No |
| 77321 | Special teletherapy port plan, particles, hemibody, total body | Yes | No |
| 77331 | Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician | Yes | No |
| 77332 | Treatment devices, design and construction; simple (simple block, simple bolus) | Yes | No |
| 77333 | Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus) | Yes | No |
| 77334 | Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts) | Yes | No |
| 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 | Yes | No |
| 77370 | Special medical radiation physics consultation | Yes | No |
| 77399 | Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services | Yes | No |

| CPT® Code | CPT® Code Description | Commercial | Medicare |
|---|--|------------|----------|
| Therapeutic Radiopharmaceuticals | | | |
| 77750 | Infusion or instillation of radioelement solution (includes 3-month follow-up care) | Yes | No |
| 79005 | Radiopharmaceutical therapy, by oral administration; used for I-131 treatment | Yes | No |
| 79101 | Radiopharmaceutical, therapy, by intravenous administration | Yes | No |
| 79403 | Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion | Yes | No |
| A9513 | Lutetium Lu 177, dotatate, therapeutic, 1 mCi | Yes | No |
| A9543 | Yttrium 90 Ibritumomab Tiuxetan (Zevalin) | Yes | No |
| A9590 | Iodine i-131, iobenguane, 1 millicurie | Yes | No |
| A9606 | Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo) | Yes | No |
| A9607 | Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie | Yes | No |
| A9699 | Radiopharmaceutical, therapeutic, not otherwise classified | Yes | No |
| C2616 | Brachytherapy source, nonstranded, yttrium-90, per source | Yes | No |
| S2095 | Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres | Yes | No |

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|---|---|------------|----------|
| 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 | Yes | No |
| 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) | Yes | No |
| 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 | Yes | No |
| 31643 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application | Yes | No |
| 32553 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple | Yes | No |
| 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 | Yes | No |
| 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 | Yes | No |
| 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) | Yes | No |
| 55875 | Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy | Yes | No |
| 55876 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple | Yes | No |
| 55920 | Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application | Yes | No |
| 57155 | Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy | Yes | No |
| 57156 | Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy | Yes | No |
| 58346 | Insertion of Heyman capsules for clinical brachytherapy | Yes | No |
| 76873 | Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure) | Yes | No |
| 76965 | Ultrasonic guidance for interstitial radioelement application | Yes | No |
| Neuro SRS | | | |
| 61796 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion | Yes | No |
| 61797 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure) | Yes | No |
| 61798 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion | Yes | No |
| 61799 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure) | Yes | No |
| 61800 | Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure) | Yes | No |

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