

Medical Mutual of Ohio

Procedure Description	Precertification Given With This CPT/HCPCS Code	Allowed Billing Category
Image-Guided Radiation Therapy (IGRT)	G6002 77387	G6001, G6017, 77014
Superficial/Orthovoltage	77401	N/A
Electron Beam Therapy	77412 G6014	77402, 77407 G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013
Conventional Isodose Planning (Complex)	77412 G6014	77402, 77407 G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013
3D Conformal (3DCRT)	77412 G6014	77402, 77407 G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013
Intensity Modulated Radiation Therapy (IMRT)	77385 <i>*Breast and prostate diagnoses only</i> G6015	G6016
Rotational Arc Therapy	77385 <i>*Breast and prostate diagnoses only</i> G6015	G6016
Tomotherapy (IMRT)	77385 <i>*Breast and prostate diagnoses only</i> G6015	G6016
Intensity Modulated Radiation Therapy (IMRT)	77386 G6015	G6016
Rotational Arc Therapy	77386 G6015	G6016
Tomotherapy (IMRT)	77386 G6015	G6016
Stereotactic Body Radiation Therapy (SBRT)	77373	G0339, G0340
Stereotactic Radiosurgery (SRS) (GammaKnife Based)	77371	N/A
Stereotactic Radiosurgery (SRS) (Linac Based)	77372	G0339
Multi-Fraction Stereotactic Radiosurgery	77373	G0339, G0340
Proton Beam Therapy	77525	77520, 77522, 77523
Neutron Beam Therapy	77423	N/A
Hyperthermia	77620	77600, 77605, 77610, 77615
Low-Dose Rate (LDR) Brachytherapy	77778 77763	77799, G0458 77761, 77762
High-Dose Rate (HDR) Brachytherapy	77772 77768	77770, 77771 77767
Electronic Brachytherapy	0394T 0395T	N/A
Electron Beam Intraoperative Radiation Therapy (IORT)	77425	N/A
Low-Energy X-Ray Intraoperative Radiation Therapy (IORT)	77424	N/A
Cardiac Radioablation	0747T	N/A
Azedra (Iobenguane I-131)	79101	N/A
Iodine-131 (I-131)	79005	N/A
Lutathera (Lutetium Lu 177 dotatate)	79101	N/A
Pluvicto® (Lutetium Lu 177 Vipivotide Tetraxetan)	79101	N/A
Xofigo® (Radium-223)	79101	N/A
Zevalin® (Ibritumomab tiuxetan)	79403	N/A
Selective Internal Radiation Therapy (SIRT)	77778	S2095

* Only one treatment delivery code can be reported for the same encounter per date of service regardless of the number of treatment sites or treatment techniques. The highest complexity of treatment should be prioritized for billing purposes.

**SBRT (77373) is only allowed up to a maximum of 5 fractions. The exact number approved is indicated on the notification.