

Univera
Radiation Oncology Code List

| CPT® Code | CPT® Code Description | Commercial, CHP, FHP | Medicaid | Medicare |
|-------------------------------|--|-----------------------------|-----------------------------|-----------------------------|
| Brachytherapy | | | | |
| 77761 | Intracavitary radiation source application; simple | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77762 | Intracavitary radiation source application; intermediate | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77763 | Intracavitary radiation source application; complex | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77767 | HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77768 | HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77770 | HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77771 | HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77772 | HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77778 | Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77789 | Surface application of low dose rate radionuclide source | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 0394T | HDR electronic brachytherapy, skin surface application, per fraction | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 0395T | HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G0458 | Low dose rate (LDR) prostate brachytherapy services, composite rate | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| Cardiac Focal Ablation | | | | |
| 0747T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |

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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 | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77372 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77373 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G0339 | Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| Intensity Modulated Radiation Therapy (IMRT) | | | | |
| 77385 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77386 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6015 | Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 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) | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| Intraoperative Radiation Therapy (IORT) | | | | |
| 77424 | Intraoperative radiation treatment delivery, x-ray, single treatment session | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77425 | Intraoperative radiation treatment delivery, electrons, single treatment session | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| Proton Beam Radiation Therapy | | | | |
| 77520 | Proton treatment delivery; simple, without compensation | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77522 | Proton treatment delivery; simple, with compensation | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77523 | Proton treatment delivery; intermediate | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77525 | Proton treatment delivery; complex | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |

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| | Radiation Treatment Delivery | | | |
| 77401 | Radiation treatment delivery, superficial and/or ortho voltage, per day | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77402 | Radiation treatment delivery, >1 MeV; simple | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77417 | Therapeutic radiology port images(s) | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| A9609 | Injection, of fluorodeoxyglucose F18 FDG therapeutic, up to 15 millicuries | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G0563 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6003 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6004 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6005 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6006 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6007 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6008 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6009 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6011 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6012 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6013 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6014 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |

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| Image-Guided Radiation (IGRT) | | | | |
| 77014 | Computed tomography guidance for placement of radiation therapy fields | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77387 | Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6001 | Ultrasonic guidance for placement of radiation therapy fields | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| G6002 | Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| Therapeutic Radiopharmaceuticals | | | | |
| 79005 | Radiopharmaceutical therapy, by oral administration; used for I-131 treatment | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 77750 | Infusion or instillation of radioelement solution (includes 3-month follow-up care) | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 79101 | Radiopharmaceutical, therapy, by intravenous administration | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| 79403 | Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| A9513 | Lutetium Lu 177, dotatate, therapeutic, 1 mCi | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| A9543 | Yttrium 90 Ibritumomab Tiuxetan (Zevalin) | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| A9590 | Iodine I-131, iobenguane, 1 millicurie | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| A9606 | Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo) | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| A9607 | Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| A9699 | Radiopharmaceutical, therapeutic, not otherwise classified | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| C2616 | Brachytherapy source, nonstranded, yttrium-90, per source | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |
| S2095 | Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres | PA Medical Necessity Review | PA Medical Necessity Review | PA Medical Necessity Review |

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