

Excellus
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
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
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
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

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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
Radiation Treatment Delivery				
77402	Radiation treatment delivery; Level 1 (eg, single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77407	Radiation treatment delivery; Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77412	Radiation treatment delivery; Level 3, multiple isocenters with photon therapy (eg, 2D, 3D, or IMRT) or a single-isocenter photon therapy (eg, 3D or IMRT) with active motion management, or total skin electrons, or mixed-electron/photon field(s), including imaging guidance, when performed	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
77437	Surface radiation therapy; superficial, delivery, =150 kV, per fraction (eg, electronic brachytherapy)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77438	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
77439	Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (List separately in addition to code for primary procedure)	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
Image-Guided Radiation (IGRT)				
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
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
79101	Radiopharmaceutical, therapy, by intravenous administration	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
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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