

Horizon Radiation Oncology Code List

CPT® Code	CPT® Code Description	Commercial	Medicare
43241	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; W/ TRANSENDOSCOPIC INTRALUMINAL TUBE OR CATHETER PLACEMENT	Removed	Removed
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	Removed	Removed
0190T	PLACEMENT OF INTRAOCULAR RADIATION SOURCE APPLICATOR	Removed	Removed
A4648	TISSUE MARKER, IMPLANTABLE, ANY TYPE EACH	Removed	Removed
A4650	IMPLANT RADIATION DOSIMETER, EACH	Removed	Removed
A9517	IODINE I-131 SODIUM IODIDE CAPSULE(S), THERAPEUTIC, PER MILLICURIE	Removed	Removed
A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	Removed	Removed
A9530	IODINE I-131 SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	Removed	Removed
A9545	IODINE I-131 TOSITUMOMAB, THERAPEUTIC, PER TREATMENT DOSE	Removed	Removed
A9563	SODIUM PHOSPHATE P-32, THERAPEUTIC, PER MILLICURIE	Removed	Removed
A9564	CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE	Removed	Removed
A9600	STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, PER MILLICURIE	Removed	Removed
A9604	SAMARIUM SM-153 LEXIDRONAM, THERAPEUTIC, PER TREATMENT DOSE, UP TO 150 MILLICURIES	Removed	Removed
C1715	BRACHYTHERAPY NEEDLE	Removed	Removed
C1716	BRACHYTHERAPY SOURCE, NON-STRANDED, GOLD-198, PER ...	Removed	Removed

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C1717	BRACHYTHERAPY SOURCE, NON-STRANDED, GOLD-198 PER...	Removed	Removed
C1719	BRACHYTHERAPY SOURCE, NON-STRANDED, NON-HIGH DOSE ...	Removed	Removed
C1728	CATHETER, BRACHYTHERAPY SEED ADMINISTRATION	Removed	Removed
C2634	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY,...	Removed	Removed
C2635	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY,...	Removed	Removed
C2636	BRACHYTHERAPY LINEAR SOURCE, NON-STRANDED, PALADIU...	Removed	Removed
C2637	BRACHYTHERAPY SOURCE, NON-STRANDED, YTTERBIUM-169,...	Removed	Removed
C2638	BRACHYTHERAPY SOURCE, STRANDED, IODINE-125, PER SO...	Removed	Removed
C2639	BRACHYTHERAPY SOURCE, NON-STRANDED, IODINE-125, PER...	Removed	Removed
C2640	BRACHYTHERAPY SOURCE, STRANDED, PALLADIUM-103, PER...	Removed	Removed
C2641	BRACHYTHERAPY SOURCE, NON-STRANDED, PALLADIUM-103,...	Removed	Removed
C2642	BRACHYTHERAPY SOURCE, STRANDED, CESIUM-131, PER SO...	Removed	Removed
C2643	BRACHYTHERAPY SOURCE, NON-STRANDED, CESIUM-131, PER...	Removed	Removed
C2644	BRACHYTHERAPY SOURCE, CESIUM-131 CHLORIDE SOLUTION, PER MILLICURIE	Removed	Removed
C2698	BRACHYTHERAPY SOURCE, STRANDED, NOT OTHERWISE SPEC...	Removed	Removed
C2699	BRACHYTHERAPY SOURCE, NON-STRANDED, NOT OTHERWISE	Removed	Removed
C9725	PLACEMENT OF ENDORECTAL INTRACAVITARY APPLICATOR FOR HIGH INTENSITY BRACHYTHERAPY	Removed	Removed
C9728	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY/SURGERY GUIDANCE(EG, FIDUCIAL MARKERS, DOSIMETER), OTHER THAN PROSTATE (ANY APPROACH), SINGLE OR MULTIPLE	Removed	Removed
G0399	ROBOTIC STEREOTACTIC SURGERY 1 SESSION	Removed	Removed
Q3001	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH	Removed	Removed

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Brachytherapy			
0395T	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction	PA Medical Necessity Review	PA Medical Necessity Review
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	PA Medical Necessity Review	PA Medical Necessity Review
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)	PA Medical Necessity Review	PA Medical Necessity Review
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	PA Medical Necessity Review	PA Medical Necessity Review
77761	Intracavitary radiation source application; simple	PA Medical Necessity Review	PA Medical Necessity Review
77762	Intracavitary radiation source application; intermediate	PA Medical Necessity Review	PA Medical Necessity Review
77763	Intracavitary radiation source application; complex	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
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
77770	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel	PA Medical Necessity Review	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial	Medicare
77771	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels	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
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed	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
77790	Supervision, handling, loading of radiation source	PA Medical Necessity Review	PA Medical Necessity Review
77799	Unlisted procedure, clinical brachytherapy (this code to be used in place of 77776 and 77777)	PA Medical Necessity Review	PA Medical Necessity Review
C2616	Brachytherapy source, nonstranded, yttrium-90, per source	PA Medical Necessity Review	PA Medical Necessity Review
C9726	Placement and removal (if performed) of applicator into breast for radiation therapy	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
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	PA Medical Necessity Review	PA Medical Necessity Review

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	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	PA Medical Necessity Review	PA Medical Necessity Review
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	PA Medical Necessity Review	PA Medical Necessity Review
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	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
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
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
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	PA Medical Necessity Review	PA Medical Necessity Review
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	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
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

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	Intensity Modulated Radiation Therapy (IMRT)		
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	PA Medical Necessity Review	PA Medical Necessity Review
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	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
	Intraoperative Radiation Therapy (IORT)		
19294	Preparation of tumor cavity, with placement of radiation therapy applicator for intraoperative radiation therapy (IORT), concurrent with partial mastectomy	PA Medical Necessity Review	PA Medical Necessity Review
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	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
77469	Intraoperative radiation treatment management	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
77522	Proton treatment delivery; simple, with compensation	PA Medical Necessity Review	PA Medical Necessity Review
77523	Proton treatment delivery; intermediate	PA Medical Necessity Review	PA Medical Necessity Review
77525	Proton treatment delivery; complex	PA Medical Necessity Review	PA Medical Necessity Review
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	PA Medical Necessity Review	PA Medical Necessity Review
Hyperthermia Treatment			
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	PA Medical Necessity Review	PA Medical Necessity Review
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	PA Medical Necessity Review	PA Medical Necessity Review
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	PA Medical Necessity Review	PA Medical Necessity Review
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	PA Medical Necessity Review	PA Medical Necessity Review
77620	Hyperthermia generated by intracavitary probe(s)	PA Medical Necessity Review	PA Medical Necessity Review

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	Radiation Treatment Management		
77427	Radiation treatment management, 5 treatments	PA Medical Necessity Review	PA Medical Necessity Review
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	PA Medical Necessity Review	PA Medical Necessity Review
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	PA Medical Necessity Review	PA Medical Necessity Review
77499	Unlisted procedure, therapeutic radiology treatment management	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

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	Radiation Treatment Planning		
77261	Therapeutic radiology treatment planning; simple	PA Medical Necessity Review	PA Medical Necessity Review
77262	Therapeutic radiology treatment planning; intermediate	PA Medical Necessity Review	PA Medical Necessity Review
77263	Therapeutic radiology treatment planning; complex	PA Medical Necessity Review	PA Medical Necessity Review
77280	Therapeutic radiology simulation-aided field setting; simple	PA Medical Necessity Review	PA Medical Necessity Review
77285	Therapeutic radiology simulation-aided field setting; intermediate	PA Medical Necessity Review	PA Medical Necessity Review
77290	Therapeutic radiology simulation-aided field setting; complex	PA Medical Necessity Review	PA Medical Necessity Review
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review

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	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
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
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
77417	Therapeutic radiology port images(s)	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
77438	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	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
A9609	Injection, of fluorodeoxyglucose F18 FDG therapeutic, up to 15 millicuries	PA Medical Necessity Review	PA Medical Necessity Review
G0562	Therapeutic radiology simulation-aided field setting; complex, including acquisition of pet and ct imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	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

CPT® Code	CPT® Code Description	Commercial	Medicare
	Radiologic Guidance		
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
	Medical Radiation Physics, Dosimetry, and Treatment Devices		
77295	3-dimensional radiotherapy plan, including dose-volume histograms	PA Medical Necessity Review	PA Medical Necessity Review
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	PA Medical Necessity Review	PA Medical Necessity Review
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	PA Medical Necessity Review	PA Medical Necessity Review
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)	PA Medical Necessity Review	PA Medical Necessity Review
77321	Special teletherapy port plan, particles, hemibody, total body	PA Medical Necessity Review	PA Medical Necessity Review

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77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	PA Medical Necessity Review	PA Medical Necessity Review
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	PA Medical Necessity Review	PA Medical Necessity Review
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	PA Medical Necessity Review	PA Medical Necessity Review
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	PA Medical Necessity Review	PA Medical Necessity Review
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	PA Medical Necessity Review	PA Medical Necessity Review
77370	Special medical radiation physics consultation	PA Medical Necessity Review	PA Medical Necessity Review
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	PA Medical Necessity Review	PA Medical Necessity Review

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	Therapeutic Radiopharmaceuticals		
79005	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment	PA Medical Necessity Review	PA Medical Necessity Review
79101	Radiopharmaceutical, therapy, by intravenous administration	PA Medical Necessity Review	PA Medical Necessity Review
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	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
A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	PA Medical Necessity Review	PA Medical Necessity Review
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	PA Medical Necessity Review	PA Medical Necessity Review

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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	PA Medical Necessity Review	PA Medical Necessity Review
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)	PA Medical Necessity Review	PA Medical Necessity Review
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	PA Medical Necessity Review	PA Medical Necessity Review
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	PA Medical Necessity Review	PA Medical Necessity Review
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	PA Medical Necessity Review	PA Medical Necessity Review
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	PA Medical Necessity Review	PA Medical Necessity Review
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	PA Medical Necessity Review	PA Medical Necessity Review

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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)	PA Medical Necessity Review	PA Medical Necessity Review
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	PA Medical Necessity Review	PA Medical Necessity Review
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	PA Medical Necessity Review	PA Medical Necessity Review
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	PA Medical Necessity Review	PA Medical Necessity Review
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	PA Medical Necessity Review	PA Medical Necessity Review
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	PA Medical Necessity Review	PA Medical Necessity Review
58346	Insertion of Heyman capsules for clinical brachytherapy	PA Medical Necessity Review	PA Medical Necessity Review
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	PA Medical Necessity Review	PA Medical Necessity Review
76965	Ultrasonic guidance for interstitial radioelement application	PA Medical Necessity Review	PA Medical Necessity Review
77436	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting	PA Medical Necessity Review	PA Medical Necessity Review

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Neuro SRS			
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	PA Medical Necessity Review	PA Medical Necessity Review
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	PA Medical Necessity Review	PA Medical Necessity Review
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review

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