

Cigna Commercial
Prior Authorization Procedure List: Radiation Oncology

CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	Included with UM + CS	Grouping for filter	External Notation
Brachytherapy						
0395T	HDR electronic brachytherapy, interstitial or intracavitory treatment, per fraction	Yes	CareCore National	Yes		
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	CareCore National	Yes		
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	CareCore National	Yes		
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	CareCore National	Yes		
77761	Intracavitory radiation source application; simple	Yes	CareCore National	Yes		
77762	Intracavitory radiation source application; intermediate	Yes	CareCore National	Yes		
77763	Intracavitory radiation source application; complex	Yes	CareCore National	Yes		
77767	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel	Yes	CareCore National	Yes		
77768	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	Yes	CareCore National	Yes		
77770	HDR radionuclide interstitial or intracavitory brachytherapy; 1 channel	Yes	CareCore National	Yes		
77771	HDR radionuclide rate interstitial or intracavitory brachytherapy; 2 to 12 channels	Yes	CareCore National	Yes		
77772	HDR radionuclide interstitial or intracavitory brachytherapy; over 12 channels	Yes	CareCore National	Yes		
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed	Yes	CareCore National	Yes		
77789	Surface application of low dose rate radionuclide source	Yes	CareCore National	Yes		
77790	Supervision, handling, loading of radiation source	Yes	CareCore National	Yes		
77799	Unlisted procedure, clinical brachytherapy (this code to be used in place of 77776 and 77777)	Yes	CareCore National	Yes		

CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	Included with UM + CS	Grouping for filter	External Notation
C9726	Placement and removal (if performed) of applicator into breast for radiation therapy	Yes	CareCore National	Yes	1/1/19 - eviCore Radiation Therapy Program Additions	
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	Yes	CareCore National	Yes	1/1/19 - eviCore Radiation Therapy Program Additions	
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	CareCore National	Yes	AMA addition - eff 01/01/2023	
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	CareCore National	Yes	AMA addition - eff 01/01/2023	
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	Yes	CareCore National	Yes	AMA addition - eff 01/01/2023	
Client Specific Managed Code(s)						
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Yes	CareCore National	Yes		
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Yes	CareCore National	Yes		
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	CareCore National	Yes		
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Yes	CareCore National	Yes		
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	CareCore National	Yes		
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	Yes	CareCore National	Yes		
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	CareCore National	Yes		
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Yes	CareCore National	Yes		
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	CareCore National	Yes		
Intensity Modulated Radiation Therapy (IMRT)						
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	Yes	CareCore National	Yes		
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	Yes	CareCore National	Yes		
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	CareCore National	Yes		

CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	Included with UM + CS	Grouping for filter	External Notation
	Intraoperative Radiation Therapy (IORT)	Yes	CareCore National			
19294	Preparation of tumor cavity, with placement of radiation therapy applicator for intraoperative radiation therapy (IORT), concurrent with partial mastectomy	Yes	CareCore National	Yes		
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Yes	CareCore National	Yes	1/1/19 - eviCore Radiation Therapy Program Additions	
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Yes	CareCore National	Yes		
77469	Intraoperative radiation treatment management	Yes	CareCore National	Yes		
	Proton Beam Radiation Therapy	Yes	CareCore National			
77520	Proton treatment delivery; simple, without compensation	Yes	CareCore National	Yes		
77522	Proton treatment delivery; simple, with compensation	Yes	CareCore National	Yes		
77523	Proton treatment delivery; intermediate	Yes	CareCore National	Yes		
77525	Proton treatment delivery; complex	Yes	CareCore National	Yes		
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Yes	CareCore National	Yes		
	Hyperthermia Treatment	Yes	CareCore National			
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	Out Of Scope	Out Of Scope	Yes		
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	Out Of Scope	Out Of Scope	Yes		
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	Out Of Scope	Out Of Scope	Yes		
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	Out Of Scope	Out Of Scope	Yes		
77620	Hyperthermia generated by intracavitary probe(s)	Out Of Scope	Out Of Scope	Yes		
	Radiation Treatment Management	Yes	CareCore National			
77427	Radiation treatment management, 5 treatments	Yes	CareCore National	Yes		
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	Yes	CareCore National	Yes		
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	Yes	CareCore National	Yes		
77499	Unlisted procedure, therapeutic radiology treatment management	Yes	CareCore National	Yes		
	Radiation Treatment Planning					
77261	Therapeutic radiology treatment planning; simple	Yes	CareCore National	Yes		

CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	Included with UM + CS	Grouping for filter	External Notation
77262	Therapeutic radiology treatment planning; intermediate	Yes	CareCore National	Yes		
77263	Therapeutic radiology treatment planning; complex	Yes	CareCore National	Yes		
77280	Therapeutic radiology simulation-aided field setting; simple	Yes	CareCore National	Yes		
77285	Therapeutic radiology simulation-aided field setting; intermediate	Yes	CareCore National	Yes		
77290	Therapeutic radiology simulation-aided field setting; complex	Yes	CareCore National	Yes		
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Yes	CareCore National	Yes		
Radiation Treatment Delivery						
77402	Radiation treatment delivery; Level 1 (eg, single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed	Yes	CareCore National	Yes		
77407	Radiation treatment delivery; Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed	Yes	CareCore National	Yes		
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	Yes	CareCore National	Yes		
77417	Therapeutic radiology port images(s)	Yes	CareCore National	Yes		
77437	Surface radiation therapy; superficial, delivery, =150 kV, per fraction (eg, electronic brachytherapy)	Yes	CareCore National	Yes		
77438	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	Yes	CareCore National	Yes		
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)	Yes	CareCore National	Yes		
Image-Guided Radiation (IGRT)						
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Yes	CareCore National	Yes		
Medical Radiation Physics, Dosimetry, and Treatment Devices						
77295	3-dimensional radiotherapy plan, including dose-volume histograms	Yes	CareCore National	Yes		
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	CareCore National	Yes		
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	Yes	CareCore National	Yes		
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	CareCore National	Yes		
77321	Special teletherapy port plan, particles, hemibody, total body	Yes	CareCore National	Yes		

CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	Included with UM + CS	Grouping for filter	External Notation
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	Yes	CareCore National	Yes		
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	Yes	CareCore National	Yes		
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	Yes	CareCore National	Yes		
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	Yes	CareCore National	Yes		
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	CareCore National	Yes		
77370	Special medical radiation physics consultation	Yes	CareCore National	Yes		
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	Yes	CareCore National	Yes		
Therapeutic Radiopharmaceuticals						
79005	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment	Yes	CareCore National	Yes		
79101	Radiopharmaceutical, therapy, by intravenous administration	Yes	CareCore National	Yes	1/1/19 - eviCore Radiation Therapy Program Additions	
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Yes	CareCore National	Yes	1/1/19 - eviCore Radiation Therapy Program Additions	
A9606	Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo)	Yes	CareCore National	Yes	1/1/19 - eviCore Radiation Therapy Program Additions	
A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Yes	CareCore National	Yes		
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	Yes	CareCore National	Yes		
C2616	Brachytherapy source, nonstranded, yttrium-90, per source	Yes	CareCore National	Yes		
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	Yes	CareCore National	Yes		
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	CareCore National	Yes		
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	CareCore National	Yes		
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	CareCore National	Yes		
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	Out Of Scope	Out Of Scope	Yes		

CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	Included with UM + CS	Grouping for filter	External Notation
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Yes	CareCore National	Yes		
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	CareCore National	Yes		
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	CareCore National	Yes		
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	CareCore National	Yes		
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	Yes	CareCore National	Yes		
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	Yes	CareCore National	Yes		
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	Yes	CareCore National	Yes		
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	Yes	CareCore National	Yes		
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	Yes	CareCore National	Yes		
58346	Insertion of Heyman capsules for clinical brachytherapy	Yes	CareCore National	Yes		
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	Yes	CareCore National	Yes		
76965	Ultrasonic guidance for interstitial radioelement application	Yes	CareCore National	Yes		
77436	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting	Yes	CareCore National	Yes		
Neuro SRS						
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Yes	CareCore National	Yes	1/1/19 - eviCore Radiation Therapy Program Additions	
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	CareCore National	Yes	1/1/19 - eviCore Radiation Therapy Program Additions	
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Yes	CareCore National	Yes	1/1/19 - eviCore Radiation Therapy Program Additions	
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	CareCore National	Yes	1/1/19 - eviCore Radiation Therapy Program Additions	
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	Yes	CareCore National	Yes	1/1/19 - eviCore Radiation Therapy Program Additions	

CPT copyright 2026 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.