

Prior Authorization Procedure List: Radiation Oncology

| Category | CPT [®] / HCPCS Codes | CPT [®] / HCPCS Description | Notations | Jefferson Health Plans | | Health Partners Plans | |
|---------------------------|--------------------------------|---|-----------|------------------------|--------------|--|------------------------|
| | | | | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid CHIP Excluded for Rad Onc | DHS Healthy Beginnings |
| 00-Brachy | | Brachytherapy | | | | | |
| 01-Brachy | 77761 | Intracavitary radiation source application; simple | | Included | Included | Included | Included |
| 01-Brachy | 77762 | Intracavitary radiation source application; intermediate | | Included | Included | Included | Included |
| 01-Brachy | 77763 | Intracavitary radiation source application; complex | | Included | Included | Included | Included |
| 01-Brachy | 77767 | HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel | | Included | Included | Included | Included |
| 01-Brachy | 77768 | HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions | | Included | Included | Included | Included |
| 01-Brachy | 77770 | HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel | | Included | Included | Included | Included |
| 01-Brachy | 77771 | HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels | | Included | Included | Included | Included |
| 01-Brachy | 77772 | HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels | | Included | Included | Included | Included |
| 01-Brachy | 77778 | Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed | | Included | Included | Included | Included |
| 01-Brachy | 77789 | Surface application of low dose rate radionuclide source | | Included | Included | Included | Included |
| 01-Brachy | 0395T | HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction | | Included | Included | Included | Included |
| 01-Brachy | C2616 | Brachytherapy source, nonstranded, yttrium-90, per source | | Included | Included | Included | Included |
| 01-Brachy | S2095 | Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres | | Included | Included | Included | Included |
| 01-Brachy | G0458 | Low dose rate (LDR) prostate brachytherapy services, composite rate | | Included | Included | Included | Included |
| 02-Cardiac Focal Ablation | | Cardiac Focal Ablation | | | | | |
| 03-Cardiac Focal Ablation | 0747T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia | | Included | Included | Included | Included |
| 04-Stereo | | Stereotactic Radiation Therapy | | | | | |
| 05-Stereo | 77371 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based | | Included | Included | Included | Included |
| 05-Stereo | 77372 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based | | Included | Included | Included | Included |
| 05-Stereo | 77373 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions | | Included | Included | Included | Included |
| 05-Stereo | G0339 | Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment | | Included | Included | Included | Included |
| 05-Stereo | 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 | | Included | Included | Included | Included |
| 08-Neutron | | Neutron Beam Radiation Therapy | | | | | |
| 09-Neutron | 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) | | Included | Included | Included | Included |
| 10-IORT | | Intraoperative Radiation Therapy (IORT) | | | | | |
| 11-IORT | 77424 | Intraoperative radiation treatment delivery, x-ray, single treatment session | | Included | Included | Included | Included |
| 11-IORT | 77425 | Intraoperative radiation treatment delivery, electrons, single treatment session | | Included | Included | Included | Included |
| 12-Proton | | Proton Beam Radiation Therapy | | | | | |
| 13-Proton | 77520 | Proton treatment delivery; simple, without compensation | | Included | Included | Included | Included |
| 13-Proton | 77522 | Proton treatment delivery; simple, with compensation | | Included | Included | Included | Included |
| 13-Proton | 77523 | Proton treatment delivery; intermediate | | Included | Included | Included | Included |
| 13-Proton | 77525 | Proton treatment delivery; complex | | Included | Included | Included | Included |
| 14-Hyperthermia | | Hyperthermia Treatment | | | | | |
| 15-Hyperthermia | 77600 | Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less) | | Included | Included | Included | Included |
| 15-Hyperthermia | 77605 | Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm) | | Included | Included | Included | Included |
| 15-Hyperthermia | 77610 | Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators | | Included | Included | Included | Included |
| 15-Hyperthermia | 77615 | Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators | | Included | Included | Included | Included |
| 15-Hyperthermia | 77620 | Hyperthermia generated by intracavitary probe(s) | | Included | Included | Included | Included |

| Category | CPT / HCPCS Codes | CPT / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid CHIP Excluded for Rad Onc | DHS Healthy Beginnings |
|---------------|-------------------|--|-----------|----------------------|--------------|--|------------------------|
| 20-Delivery | | Radiation Treatment Delivery | | | | | |
| 21-Delivery | 77402 | Radiation treatment delivery; Level 1 (eg, single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed | | Included | Included | Included | Included |
| 21-Delivery | 77407 | Radiation treatment delivery; Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed | | Included | Included | Included | Included |
| 21-Delivery | 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 | | Included | Included | Included | Included |
| 21-Delivery | 77437 | Surface radiation therapy; superficial, delivery, =150 kV, per fraction (eg, electronic brachytherapy) | | Included | Included | Included | Included |
| 21-Delivery | 77438 | Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction | | Included | Included | Included | Included |
| 21-Delivery | 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) | | Included | Included | Included | Included |
| 21-Delivery | A9609 | Injection, of fluorodeoxyglucose F18 FDG therapeutic, up to 15 millicuries | | Included | Included | Included | Included |
| 21-Delivery | 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 | | Included | Included | Included | Included |
| 22-Guidance | | Image-Guided Radiation (IGRT) | | | | | |
| 23-Guidance | 77387 | Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed | | Included | Included | Included | Included |
| 26-RadioPharm | | Therapeutic Radiopharmaceuticals | | | | | |
| 27-Radiopharm | 79101 | Radiopharmaceutical, therapy, by intravenous administration | | Included | Included | Included | Included |
| 27-Radiopharm | 79005 | Radiopharmaceutical therapy, by oral administration; used for I-131 treatment | | Included | Included | Included | Included |
| 27-Radiopharm | A9513 | Lutetium Lu 177, dotatate, therapeutic, 1 mCi | | Included | Included | Included | Included |
| 27-Radiopharm | A9606 | Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo) | | Included | Included | Included | Included |
| 27-Radiopharm | A9607 | Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie | | Included | Included | Included | Included |
| 27-Radiopharm | A9699 | Radiopharmaceutical, therapeutic, not otherwise classified | | Included | Included | Included | Included |

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