

Horizon Radiation Oncology Code List

How Code is Managed:

- **Requires Prior Authorization** - Primary codes for treatment delivery and image-guided radiation therapy (IGRT) must be submitted directly to EviCore for prior authorization.
- **Claim Policies Apply** - Ancillary codes that support radiation treatment delivery are managed through claim edits. These codes require an active authorization for the associated primary code (Treatment Delivery and IGRT) to ensure payment is supported.

CPT® Code	CPT® Code Description	How Code is Managed Commercial	How Code is Managed Medicare
19294	Preparation of tumor cavity, with placement of radiation therapy applicator for intraoperative radiation therapy (IORT), concurrent with partial mastectomy	Claim Policies Apply	Claim Policies Apply
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	Claim Policies Apply	Claim Policies Apply
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)	Claim Policies Apply	Claim Policies Apply
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	Claim Policies Apply	Claim Policies Apply
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	Claim Policies Apply	Claim Policies Apply
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Claim Policies Apply	Claim Policies Apply
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	Claim Policies Apply	Claim Policies Apply
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	Claim Policies Apply	Claim Policies Apply
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)	Claim Policies Apply	Claim Policies Apply

CPT® Code	CPT® Code Description	How Code is Managed Commercial	How Code is Managed Medicare
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	Claim Policies Apply	Claim Policies Apply
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	Claim Policies Apply	Claim Policies Apply
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	Claim Policies Apply	Claim Policies Apply
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	Claim Policies Apply	Claim Policies Apply
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	Claim Policies Apply	Claim Policies Apply
58346	Insertion of Heyman capsules for clinical brachytherapy	Claim Policies Apply	Claim Policies Apply
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Claim Policies Apply	Claim Policies Apply
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	Claim Policies Apply	Claim Policies Apply
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Claim Policies Apply	Claim Policies Apply
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	Claim Policies Apply	Claim Policies Apply
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	Claim Policies Apply	Claim Policies Apply
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	Claim Policies Apply	Claim Policies Apply
76965	Ultrasonic guidance for interstitial radioelement application	Claim Policies Apply	Claim Policies Apply
77261	Therapeutic radiology treatment planning; simple	Claim Policies Apply	Claim Policies Apply

CPT® Code	CPT® Code Description	How Code is Managed Commercial	How Code is Managed Medicare
77262	Therapeutic radiology treatment planning; intermediate	Claim Policies Apply	Claim Policies Apply
77263	Therapeutic radiology treatment planning; complex	Claim Policies Apply	Claim Policies Apply
77280	Therapeutic radiology simulation-aided field setting; simple	Claim Policies Apply	Claim Policies Apply
77285	Therapeutic radiology simulation-aided field setting; intermediate	Claim Policies Apply	Claim Policies Apply
77290	Therapeutic radiology simulation-aided field setting; complex	Claim Policies Apply	Claim Policies Apply
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Claim Policies Apply	Claim Policies Apply
77295	3-dimensional radiotherapy plan, including dose-volume histograms	Claim Policies Apply	Claim Policies Apply
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, only when prescribed by the treating physician	Claim Policies Apply	Claim Policies Apply
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	Claim Policies Apply	Claim Policies Apply
77306	Teletherapy isodose plan; simple	Claim Policies Apply	Claim Policies Apply
77307	Teletherapy isodose plan; complex	Claim Policies Apply	Claim Policies Apply
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	Claim Policies Apply	Claim Policies Apply
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)	Claim Policies Apply	Claim Policies Apply
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	Claim Policies Apply	Claim Policies Apply

CPT® Code	CPT® Code Description	How Code is Managed Commercial	How Code is Managed Medicare
77321	Special teletherapy port plan, particles, hemibody, total body	Claim Policies Apply	Claim Policies Apply
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	Claim Policies Apply	Claim Policies Apply
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	Claim Policies Apply	Claim Policies Apply
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	Claim Policies Apply	Claim Policies Apply
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	Claim Policies Apply	Claim Policies Apply
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	Claim Policies Apply	Claim Policies Apply
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	Claim Policies Apply	Claim Policies Apply
77370	Special medical radiation physics consultation	Claim Policies Apply	Claim Policies Apply
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Requires Prior Authorization	Requires Prior Authorization
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Requires Prior Authorization	Requires Prior Authorization
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Requires Prior Authorization	Requires Prior Authorization
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Requires Prior Authorization	Requires Prior Authorization
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	Claim Policies Apply	Claim Policies Apply
77402	Radiation treatment delivery; Level 1 (eg, single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed	Requires Prior Authorization	Requires Prior Authorization

CPT® Code	CPT® Code Description	How Code is Managed Commercial	How Code is Managed Medicare
77407	Radiation treatment delivery; Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed	Requires Prior Authorization	Requires Prior Authorization
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	Requires Prior Authorization	Requires Prior Authorization
77417	Therapeutic radiology port images(s)	Claim Policies Apply	Claim Policies Apply
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)	Requires Prior Authorization	Requires Prior Authorization
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Requires Prior Authorization	Requires Prior Authorization
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Requires Prior Authorization	Requires Prior Authorization
77427	Radiation treatment management, 5 treatments	Claim Policies Apply	Claim Policies Apply
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	Claim Policies Apply	Claim Policies Apply
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	Claim Policies Apply	Claim Policies Apply
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	Claim Policies Apply	Claim Policies Apply
77436	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting	Claim Policies Apply	Claim Policies Apply
77437	Surface radiation therapy, superficial, delivery, ≤150 kV, per fraction (eg, electronic brachytherapy)	Requires Prior Authorization	Requires Prior Authorization
77438	Surface radiation therapy, orthovoltage, delivery, >150-500 kV, per fraction	Requires Prior Authorization	Requires Prior Authorization
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)	Requires Prior Authorization	Requires Prior Authorization

CPT® Code	CPT® Code Description	How Code is Managed Commercial	How Code is Managed Medicare
77469	Intraoperative radiation treatment management	Claim Policies Apply	Claim Policies Apply
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	Claim Policies Apply	Claim Policies Apply
77499	Unlisted procedure, therapeutic radiology treatment management	Claim Policies Apply	Claim Policies Apply
77520	Proton treatment delivery; simple, without compensation	Requires Prior Authorization	Requires Prior Authorization
77522	Proton treatment delivery; simple, with compensation	Requires Prior Authorization	Requires Prior Authorization
77523	Proton treatment delivery; intermediate	Requires Prior Authorization	Requires Prior Authorization
77525	Proton treatment delivery; complex	Requires Prior Authorization	Requires Prior Authorization
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	Requires Prior Authorization	Requires Prior Authorization
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	Requires Prior Authorization	Requires Prior Authorization
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	Requires Prior Authorization	Requires Prior Authorization
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	Requires Prior Authorization	Requires Prior Authorization
77620	Hyperthermia generated by intracavitary probe(s)	Requires Prior Authorization	Requires Prior Authorization
77761	Intracavitary radiation source application; simple	Requires Prior Authorization	Requires Prior Authorization
77762	Intracavitary radiation source application; intermediate	Requires Prior Authorization	Requires Prior Authorization

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77763	Intracavitary radiation source application; complex	Requires Prior Authorization	Requires Prior Authorization
77767	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel	Requires Prior Authorization	Requires Prior Authorization
77768	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	Requires Prior Authorization	Requires Prior Authorization
77770	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel	Requires Prior Authorization	Requires Prior Authorization
77771	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels	Requires Prior Authorization	Requires Prior Authorization
77772	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels	Requires Prior Authorization	Requires Prior Authorization
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed	Requires Prior Authorization	Requires Prior Authorization
77789	Surface application of low dose rate radionuclide source	Requires Prior Authorization	Requires Prior Authorization
77790	Supervision, handling, loading of radiation source	Claim Policies Apply	Claim Policies Apply
77799	Unlisted procedure, clinical brachytherapy	Requires Prior Authorization	Requires Prior Authorization
79005	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment	Requires Prior Authorization	Requires Prior Authorization
79101	Radiopharmaceutical, therapy, by intravenous administration	Requires Prior Authorization	Requires Prior Authorization
0395T	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction	Requires Prior Authorization	Requires Prior Authorization
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	Claim Policies Apply	Claim Policies Apply

CPT® Code	CPT® Code Description	How Code is Managed Commercial	How Code is Managed Medicare
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	Claim Policies Apply	Claim Policies Apply
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	Requires Prior Authorization	Requires Prior Authorization
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Requires Prior Authorization	Requires Prior Authorization
A9606	Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo)	Requires Prior Authorization	Requires Prior Authorization
A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Requires Prior Authorization	Requires Prior Authorization
A9609	Injection, of fluorodeoxyglucose F18 FDG therapeutic, up to 15 millicuries	Requires Prior Authorization	Requires Prior Authorization
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	Requires Prior Authorization	Requires Prior Authorization
C2616	Brachytherapy source, nonstranded, yttrium-90, per source	Requires Prior Authorization	Requires Prior Authorization
C9726	Placement and removal (if performed) of applicator into breast for radiation therapy	Claim Policies Apply	Claim Policies Apply
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Requires Prior Authorization	Requires Prior Authorization
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	Requires Prior Authorization	Requires Prior Authorization
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	Requires Prior Authorization	Requires Prior Authorization
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)	Claim Policies Apply	Claim Policies Apply
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	Requires Prior Authorization	Requires Prior Authorization

CPT® Code	CPT® Code Description	How Code is Managed Commercial	How Code is Managed Medicare
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	Requires Prior Authorization	Requires Prior Authorization
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Claim Policies Apply	Claim Policies Apply

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