

**Blue Care Network of Michigan  
Radiation Oncology Code List**

CPT® Code	CPT® Code Description	Commerical	Medicare
	<b>Brachytherapy</b>		
<b>0395T</b>	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction	Requires Prior Authorization	Requires Prior Authorization
<b>77316</b>	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	Requires Prior Authorization	Requires Prior Authorization
<b>77317</b>	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	Requires Prior Authorization	Requires Prior Authorization
<b>77318</b>	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	Requires Prior Authorization	Requires Prior Authorization
<b>77761</b>	Intracavitary radiation source application; simple	Requires Prior Authorization	Requires Prior Authorization
<b>77762</b>	Intracavitary radiation source application; intermediate	Requires Prior Authorization	Requires Prior Authorization
<b>77763</b>	Intracavitary radiation source application; complex	Requires Prior Authorization	Requires Prior Authorization
<b>77767</b>	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel	Requires Prior Authorization	Requires Prior Authorization
<b>77768</b>	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
<b>77770</b>	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel	Requires Prior Authorization	Requires Prior Authorization
<b>77771</b>	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels	Requires Prior Authorization	Requires Prior Authorization
<b>77772</b>	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels	Requires Prior Authorization	Requires Prior Authorization
<b>77778</b>	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed	Requires Prior Authorization	Requires Prior Authorization
<b>77789</b>	Surface application of low dose rate radionuclide source	Requires Prior Authorization	Requires Prior Authorization
<b>77790</b>	Supervision, handling, loading of radiation source	Requires Prior Authorization	Requires Prior Authorization
<b>77799</b>	Unlisted procedure, clinical brachytherapy (this code to be used in place of 77776 and 77777)	Requires Prior Authorization	Requires Prior Authorization
<b>C2616</b>	Brachytherapy source, nonstranded, yttrium-90, per source	Requires Prior Authorization	Requires Prior Authorization

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<b>C9726</b>	Placement and removal (if performed) of applicator into breast for radiation therapy	Requires Prior Authorization	Requires Prior Authorization
<b>G0458</b>	Low dose rate (LDR) prostate brachytherapy services, composite rate	Requires Prior Authorization	Requires Prior Authorization
<b>Stereotactic Radiation Therapy</b>			
<b>77371</b>	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
<b>77372</b>	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
<b>77373</b>	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
<b>77432</b>	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	Requires Prior Authorization	Requires Prior Authorization
<b>77435</b>	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Requires Prior Authorization	Requires Prior Authorization
<b>G0339</b>	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
<b>G0340</b>	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
<b>Intensity Modulated Radiation Therapy (IMRT)</b>			
<b>77301</b>	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	Requires Prior Authorization	Requires Prior Authorization
<b>77338</b>	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	Requires Prior Authorization	Requires Prior Authorization
<b>Neutron Beam Radiation Therapy</b>			
<b>77423</b>	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
<b>Cardiac Focal Ablation</b>			
<b>0745T</b>	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	Requires Prior Authorization	Requires Prior Authorization
<b>0746T</b>	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	Requires Prior Authorization	Requires Prior Authorization
<b>0747T</b>	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	Requires Prior Authorization	Requires Prior Authorization
<b>Intraoperative Radiation Therapy (IORT)</b>			
<b>19294</b>	Preparation of tumor cavity, with placement of radiation therapy applicator for intraoperative radiation therapy (IORT), concurrent with partial mastectomy	Requires Prior Authorization	Requires Prior Authorization
<b>77424</b>	Intraoperative radiation treatment delivery, x-ray, single treatment session	Requires Prior Authorization	Requires Prior Authorization
<b>77425</b>	Intraoperative radiation treatment delivery, electrons, single treatment session	Requires Prior Authorization	Requires Prior Authorization
<b>77469</b>	Intraoperative radiation treatment management	Requires Prior Authorization	Requires Prior Authorization

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<b>Proton Beam Radiation Therapy</b>			
<b>77520</b>	Proton treatment delivery; simple, without compensation	Requires Prior Authorization	Requires Prior Authorization
<b>77522</b>	Proton treatment delivery; simple, with compensation	Requires Prior Authorization	Requires Prior Authorization
<b>77523</b>	Proton treatment delivery; intermediate	Requires Prior Authorization	Requires Prior Authorization
<b>77525</b>	Proton treatment delivery; complex	Requires Prior Authorization	Requires Prior Authorization
<b>S8030</b>	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Requires Prior Authorization	Requires Prior Authorization
<b>Hyperthermia Treatment</b>			
<b>77600</b>	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	Requires Prior Authorization	Requires Prior Authorization
<b>77605</b>	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	Requires Prior Authorization	Requires Prior Authorization
<b>77610</b>	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	Requires Prior Authorization	Requires Prior Authorization
<b>77615</b>	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	Requires Prior Authorization	Requires Prior Authorization
<b>77620</b>	Hyperthermia generated by intracavitary probe(s)	Requires Prior Authorization	Requires Prior Authorization
<b>Radiation Treatment Management</b>			
<b>77427</b>	Radiation treatment management, 5 treatments	Requires Prior Authorization	Requires Prior Authorization
<b>77431</b>	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	Requires Prior Authorization	Requires Prior Authorization
<b>77470</b>	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	Requires Prior Authorization	Requires Prior Authorization
<b>77499</b>	Unlisted procedure, therapeutic radiology treatment management	Requires Prior Authorization	Requires Prior Authorization
<b>Radiation Treatment Planning</b>			
<b>77261</b>	Therapeutic radiology treatment planning; simple	Requires Prior Authorization	Requires Prior Authorization
<b>77262</b>	Therapeutic radiology treatment planning; intermediate	Requires Prior Authorization	Requires Prior Authorization
<b>77263</b>	Therapeutic radiology treatment planning; complex	Requires Prior Authorization	Requires Prior Authorization
<b>77280</b>	Therapeutic radiology simulation-aided field setting; simple	Requires Prior Authorization	Requires Prior Authorization
<b>77285</b>	Therapeutic radiology simulation-aided field setting; intermediate	Requires Prior Authorization	Requires Prior Authorization
<b>77290</b>	Therapeutic radiology simulation-aided field setting; complex	Requires Prior Authorization	Requires Prior Authorization
<b>77293</b>	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Requires Prior Authorization	Requires Prior Authorization

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<b>Radiation Treatment Delivery</b>			
<b>77402</b>	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
<b>77407</b>	Radiation treatment delivery; Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed	Requires Prior Authorization	Requires Prior Authorization
<b>77412</b>	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
<b>77417</b>	Therapeutic radiology port images(s)	Requires Prior Authorization	Requires Prior Authorization
<b>Image-Guided Radiation (IGRT)</b>			
<b>77387</b>	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Requires Prior Authorization	Requires Prior Authorization
<b>Medical Radiation Physics, Dosimetry, and Treatment Devices</b>			
<b>77295</b>	3-dimensional radiotherapy plan, including dose-volume histograms	Requires Prior Authorization	Requires Prior Authorization
<b>77300</b>	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	Requires Prior Authorization	Requires Prior Authorization
<b>77306</b>	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	Requires Prior Authorization	Requires Prior Authorization
<b>77307</b>	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)	Requires Prior Authorization	Requires Prior Authorization
<b>77321</b>	Special teletherapy port plan, particles, hemibody, total body	Requires Prior Authorization	Requires Prior Authorization
<b>77331</b>	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	Requires Prior Authorization	Requires Prior Authorization
<b>77332</b>	Treatment devices, design and construction; simple (simple block, simple bolus)	Requires Prior Authorization	Requires Prior Authorization
<b>77333</b>	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	Requires Prior Authorization	Requires Prior Authorization
<b>77334</b>	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	Requires Prior Authorization	Requires Prior Authorization
<b>77336</b>	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	Requires Prior Authorization	Requires Prior Authorization
<b>77370</b>	Special medical radiation physics consultation	Requires Prior Authorization	Requires Prior Authorization
<b>77399</b>	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	Requires Prior Authorization	Requires Prior Authorization

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<b>Therapeutic Radiopharmaceuticals</b>			
<b>79005</b>	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment	Requires Prior Authorization	Requires Prior Authorization
<b>79101</b>	Radiopharmaceutical, therapy, by intravenous administration	Requires Prior Authorization	Requires Prior Authorization
<b>A9513</b>	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Requires Prior Authorization	Requires Prior Authorization
<b>A9606</b>	Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo)	Requires Prior Authorization	Requires Prior Authorization
<b>A9607</b>	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Requires Prior Authorization	Requires Prior Authorization
<b>A9699</b>	Radiopharmaceutical, therapeutic, not otherwise classified	Requires Prior Authorization	Requires Prior Authorization
<b>C2616</b>	Brachytherapy source, nonstranded, yttrium-90, per source	Requires Prior Authorization	Requires Prior Authorization
<b>S2095</b>	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	Requires Prior Authorization	Requires Prior Authorization
<b>Associated Services with Radiation Therapy</b>			
<b>19296</b>	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	Requires Prior Authorization	Requires Prior Authorization
<b>19297</b>	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)	Requires Prior Authorization	Requires Prior Authorization
<b>19298</b>	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	Requires Prior Authorization	Requires Prior Authorization
<b>31643</b>	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	Requires Prior Authorization	Requires Prior Authorization
<b>32553</b>	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Requires Prior Authorization	Requires Prior Authorization
<b>41019</b>	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	Requires Prior Authorization	Requires Prior Authorization
<b>49411</b>	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intrapelvic (except prostate), and/or retroperitoneum, single or multiple	Requires Prior Authorization	Requires Prior Authorization
<b>49412</b>	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)	Requires Prior Authorization	Requires Prior Authorization
<b>55875</b>	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	Requires Prior Authorization	Requires Prior Authorization
<b>55876</b>	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	Requires Prior Authorization	Requires Prior Authorization
<b>55920</b>	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	Requires Prior Authorization	Requires Prior Authorization
<b>57155</b>	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	Requires Prior Authorization	Requires Prior Authorization
<b>57156</b>	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	Requires Prior Authorization	Requires Prior Authorization

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<b>58346</b>	Insertion of Heyman capsules for clinical brachytherapy	Requires Prior Authorization	Requires Prior Authorization
<b>76873</b>	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	Requires Prior Authorization	Requires Prior Authorization
<b>76965</b>	Ultrasonic guidance for interstitial radioelement application	Requires Prior Authorization	Requires Prior Authorization
<b>Neuro SRS</b>			
<b>61796</b>	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Requires Prior Authorization	Requires Prior Authorization
<b>61797</b>	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	Requires Prior Authorization	Requires Prior Authorization
<b>61798</b>	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Requires Prior Authorization	Requires Prior Authorization
<b>61799</b>	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	Requires Prior Authorization	Requires Prior Authorization
<b>61800</b>	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	Requires Prior Authorization	Requires Prior Authorization

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