Cigna Commercial
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	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
19294	Preparation of tumor cavity, with placement of radiation therapy applicator for intraoperative radiation therapy (IORT), concurrent with partial mastectomy	No - Claim Policies Apply	CareCore National	
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	No - Claim Policies Apply	CareCore National	
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)	No - Claim Policies Apply	CareCore National	
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	No - Claim Policies Apply	CareCore National	
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	No - Claim Policies Apply	CareCore National	
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	No - Claim Policies Apply	CareCore National	
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	No - Claim Policies Apply	CareCore National	
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)	No - Claim Policies Apply	CareCore National	
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	No - Claim Policies Apply	CareCore National	
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	No - Claim Policies Apply	CareCore National	
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	No - Claim Policies Apply	CareCore National	
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	No - Claim Policies Apply	CareCore National	
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	No - Claim Policies Apply	CareCore National	

CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
58346	Insertion of Heyman capsules for clinical brachytherapy	No - Claim Policies Apply	CareCore National	
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	No - Claim Policies Apply	CareCore National	EviCore Radiation Oncology Program Addition Effective 01/01/19
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	No - Claim Policies Apply	CareCore National	EviCore Radiation Oncology Program Addition Effective 01/01/19
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	No - Claim Policies Apply	CareCore National	EviCore Radiation Oncology Program Addition Effective 01/01/19
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	No - Claim Policies Apply	CareCore National	EviCore Radiation Oncology Program Addition Effective 01/01/19
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	No - Claim Policies Apply	CareCore National	EviCore Radiation Oncology Program Addition Effective 01/01/19
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	No - Claim Policies Apply	CareCore National	
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	No - Claim Policies Apply	CareCore National	
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	No - Claim Policies Apply	CareCore National	
76965	Ultrasonic guidance for interstitial radioelement application	No - Claim Policies Apply	CareCore National	
77261	Therapeutic radiology treatment planning; simple	No - Claim Policies Apply	CareCore National	
77262	Therapeutic radiology treatment planning; intermediate	No - Claim Policies Apply	CareCore National	
77263	Therapeutic radiology treatment planning; complex	No - Claim Policies Apply	CareCore National	
77280	Therapeutic radiology simulation-aided field setting; simple	No - Claim Policies Apply	CareCore National	
77285	Therapeutic radiology simulation-aided field setting; intermediate	No - Claim Policies Apply	CareCore National	
77290	Therapeutic radiology simulation-aided field setting; complex	No - Claim Policies Apply	CareCore National	
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	No - Claim Policies Apply	CareCore National	

CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
77295	3-dimensional radiotherapy plan, including dose-volume histograms	No - Claim Policies Apply	CareCore National	
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	No - Claim Policies Apply	CareCore National	
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	No - Claim Policies Apply	CareCore National	
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	No - Claim Policies Apply	CareCore National	
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)	No - Claim Policies Apply	CareCore National	
77316	Brachytherapy isodose plan; simple (calculation(s) made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	No - Claim Policies Apply	CareCore National	
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)	No - Claim Policies Apply	CareCore National	
77318	Brachytherapy isodose plan; complex (calculation(s) made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	No - Claim Policies Apply	CareCore National	
77321	Special teletherapy port plan, particles, hemibody, total body	No - Claim Policies Apply	CareCore National	
77331	Special dosimetry (e.g., TLD, microdosimetry) (specify), only when prescribed by the treating physician	No - Claim Policies Apply	CareCore National	
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	No - Claim Policies Apply	CareCore National	
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	No - Claim Policies Apply	CareCore National	
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	No - Claim Policies Apply	CareCore National	
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	No - Claim Policies Apply	CareCore National	
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	No - Claim Policies Apply	CareCore National	
77370	Special medical radiation physics consultation	No - Claim Policies Apply	CareCore National	
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	
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	
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	
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Yes	CareCore National	
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	No - Claim Policies Apply	CareCore National	

CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
77402	Radiation treatment delivery; Level 1 (eg, single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed	Yes	CareCore National	
77407	Radiation treatment delivery; Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed	Yes	CareCore National	
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	
77417	Therapeutic radiology port images(s)	No - Claim Policies Apply	CareCore National	
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	
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Yes	CareCore National	EviCore Radiation Oncology Program Addition Effective 01/01/19
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Yes	CareCore National	
77427	Radiation treatment management, 5 treatments	No - Claim Policies Apply	CareCore National	
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	No - Claim Policies Apply	CareCore National	
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	No - Claim Policies Apply	CareCore National	
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	No - Claim Policies Apply	CareCore National	
77436	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting	No - Claim Policies Apply	CareCore National	CMS Addition Effective 01/01/26
77437	Surface radiation therapy; superficial, delivery, ≤150 kV, per fraction (eg, electronic brachytherapy)	Yes	CareCore National	CMS Addition Effective 01/01/26
77438	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	Yes	CareCore National	CMS Addition Effective 01/01/26
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	CMS Addition Effective 01/01/26
77469	Intraoperative radiation treatment management	No - Claim Policies Apply	CareCore National	
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	No - Claim Policies Apply	CareCore National	
77499	Unlisted procedure, therapeutic radiology treatment management	No - Claim Policies Apply	CareCore National	
77520	Proton treatment delivery; simple, without compensation	Yes	CareCore National	
77522	Proton treatment delivery; simple, with compensation	Yes	CareCore National	
77523	Proton treatment delivery; intermediate	Yes	CareCore National	

CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
77525	Proton treatment delivery; complex	Yes	CareCore National	
77761	Intracavitary radiation source application; simple	Yes	CareCore National	
77762	Intracavitary radiation source application; intermediate	Yes	CareCore National	
77763	Intracavitary radiation source application; complex	Yes	CareCore National	
77767	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel	Yes	CareCore National	
77768	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	Yes	CareCore National	
77770	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel	Yes	CareCore National	
77771	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels	Yes	CareCore National	
77772	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels	Yes	CareCore National	
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed.	Yes	CareCore National	
77789	Surface application of low dose rate radionuclide source	Yes	CareCore National	
77790	Supervision, handling, loading of radiation source	No - Claim Policies Apply	CareCore National	
77799	Unlisted procedure, clinical brachytherapy	No - Claim Policies Apply	CareCore National	
79005	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment	Yes	CareCore National	
79101	Radiopharmaceutical, therapy, by intravenous administration	Yes	CareCore National	EviCore Radiation Oncology Program Effective 01/01/19 Addition
0395T	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction	Yes	CareCore National	
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	No - Claim Policies Apply	CareCore National	AMA Addition Effective 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	No - Claim Policies Apply	CareCore National	AMA Addition Effective 01/01/2023
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	Yes	CareCore National	AMA Addition Effective 01/01/2023
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Yes	CareCore National	EviCore Radiation Oncology Program Addition Effective 01/01/19

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A9606	Radium ra-223 dichloride, therapeutic, per microcurie (Xofigo)	Yes	CareCore National	EviCore Radiation Oncology Program Addition Effective 01/01/19
A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Yes	CareCore National	
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	Yes	CareCore National	
C2616	Brachytherapy source, nonstranded, yttrium-90, per source	Yes	CareCore National	
C9726	Placement and removal (if performed) of applicator into breast for radiation therapy	No - Claim Policies Apply	CareCore National	EviCore Radiation Oncology Program Addition Effecitve 01/01/19
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	
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	
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	Yes	CareCore National	EviCore Radiation Oncology Program Addition Effective 01/01/19
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	Yes	CareCore National	
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	No - Claim Policies Apply	CareCore National	

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