



Horizon Blue Cross Blue Shield of New Jersey

## Horizon Radiation Oncology Code List

CPT® Code	CPT® Code Description	Commercial	Medicare
<b>Brachytherapy</b>			
0394T	HDR electronic brachytherapy, skin surface application, per fraction	PA Medical Necessity Review	PA Medical Necessity Review
0395T	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction	PA Medical Necessity Review	PA Medical Necessity Review
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	PA Medical Necessity Review	PA Medical Necessity Review
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)	PA Medical Necessity Review	PA Medical Necessity Review
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	PA Medical Necessity Review	PA Medical Necessity Review
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	PA Medical Necessity Review	PA Medical Necessity Review
77761	Intracavitary radiation source application; simple	PA Medical Necessity Review	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial	Medicare
77762	Intracavitary radiation source application; intermediate	PA Medical Necessity Review	PA Medical Necessity Review
77763	Intracavitary radiation source application; complex	PA Medical Necessity Review	PA Medical Necessity Review
77767	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel	PA Medical Necessity Review	PA Medical Necessity Review
77768	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	PA Medical Necessity Review	PA Medical Necessity Review
77770	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel	PA Medical Necessity Review	PA Medical Necessity Review
77771	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels	PA Medical Necessity Review	PA Medical Necessity Review
77772	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels	PA Medical Necessity Review	PA Medical Necessity Review
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed	PA Medical Necessity Review	PA Medical Necessity Review
77789	Surface application of low dose rate radionuclide source	PA Medical Necessity Review	PA Medical Necessity Review
77790	Supervision, handling, loading of radiation source	PA Medical Necessity Review	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial	Medicare
77799	Unlisted procedure, clinical brachytherapy (this code to be used in place of 77776 and 77777)	PA Medical Necessity Review	PA Medical Necessity Review
C2616	Brachytherapy source, nonstranded, yttrium-90, per source	PA Medical Necessity Review	PA Medical Necessity Review
C9726	Placement and removal (if performed) of applicator into breast for radiation therapy	PA Medical Necessity Review	PA Medical Necessity Review
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	PA Medical Necessity Review	PA Medical Necessity Review
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	PA Medical Necessity Review	PA Medical Necessity Review
<b>Stereotactic Radiation Therapy</b>			
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	PA Medical Necessity Review	PA Medical Necessity Review
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	PA Medical Necessity Review	PA Medical Necessity Review
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	PA Medical Necessity Review	PA Medical Necessity Review
<b>Stereotactic Radiation Therapy</b>			
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	PA Medical Necessity Review	PA Medical Necessity Review
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	PA Medical Necessity Review	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial	Medicare
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	PA Medical Necessity Review	PA Medical Necessity Review
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	PA Medical Necessity Review	PA Medical Necessity Review
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	PA Medical Necessity Review	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial	Medicare
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	PA Medical Necessity Review	PA Medical Necessity Review
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	PA Medical Necessity Review	PA Medical Necessity Review
<b>Intensity Modulated Radiation Therapy (IMRT)</b>			
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	PA Medical Necessity Review	PA Medical Necessity Review
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	PA Medical Necessity Review	PA Medical Necessity Review
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	PA Medical Necessity Review	PA Medical Necessity Review
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	PA Medical Necessity Review	PA Medical Necessity Review
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	PA Medical Necessity Review	PA Medical Necessity Review
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	PA Medical Necessity Review	PA Medical Necessity Review
<b>Neutron Beam Radiation Therapy</b>			
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)	PA Medical Necessity Review	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial	Medicare
<b>Intraoperative Radiation Therapy (IORT)</b>			
19294	Preparation of tumor cavity, with placement of radiation therapy applicator for intraoperative radiation therapy (IORT), concurrent with partial mastectomy	PA Medical Necessity Review	PA Medical Necessity Review
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	PA Medical Necessity Review	PA Medical Necessity Review
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	PA Medical Necessity Review	PA Medical Necessity Review
77469	Intraoperative radiation treatment management	PA Medical Necessity Review	PA Medical Necessity Review
<b>Proton Beam Radiation Therapy</b>			
77520	Proton treatment delivery; simple, without compensation	PA Medical Necessity Review	PA Medical Necessity Review
77522	Proton treatment delivery; simple, with compensation	PA Medical Necessity Review	PA Medical Necessity Review
77523	Proton treatment delivery; intermediate	PA Medical Necessity Review	PA Medical Necessity Review
77525	Proton treatment delivery; complex	PA Medical Necessity Review	PA Medical Necessity Review
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	PA Medical Necessity Review	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial	Medicare
<b>Hyperthermia Treatment</b>			
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	PA Medical Necessity Review	PA Medical Necessity Review
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	PA Medical Necessity Review	PA Medical Necessity Review
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	PA Medical Necessity Review	PA Medical Necessity Review
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	PA Medical Necessity Review	PA Medical Necessity Review
77620	Hyperthermia generated by intracavitary probe(s)	PA Medical Necessity Review	PA Medical Necessity Review
<b>Radiation Treatment Management</b>			
77427	Radiation treatment management, 5 treatments	PA Medical Necessity Review	PA Medical Necessity Review
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	PA Medical Necessity Review	PA Medical Necessity Review
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	PA Medical Necessity Review	PA Medical Necessity Review
77499	Unlisted procedure, therapeutic radiology treatment management	PA Medical Necessity Review	PA Medical Necessity Review
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment	PA Medical Necessity Review	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial	Medicare
<b>Radiation Treatment Planning</b>			
77261	Therapeutic radiology treatment planning; simple	PA Medical Necessity Review	PA Medical Necessity Review
77262	Therapeutic radiology treatment planning; intermediate	PA Medical Necessity Review	PA Medical Necessity Review
77263	Therapeutic radiology treatment planning; complex	PA Medical Necessity Review	PA Medical Necessity Review
77280	Therapeutic radiology simulation-aided field setting; simple	PA Medical Necessity Review	PA Medical Necessity Review
77285	Therapeutic radiology simulation-aided field setting; intermediate	PA Medical Necessity Review	PA Medical Necessity Review
77290	Therapeutic radiology simulation-aided field setting; complex	PA Medical Necessity Review	PA Medical Necessity Review
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review
<b>Radiation Treatment Delivery</b>			
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	PA Medical Necessity Review	PA Medical Necessity Review
77402	Radiation treatment delivery, >1 MeV; simple	PA Medical Necessity Review	PA Medical Necessity Review



CPT® Code	CPT® Code Description	Commercial	Medicare
77407	Radiation treatment delivery; two separate treatment areas; three or more ports on a single treatment area; or three or more simple blocks; >=1 MeV; intermediate	PA Medical Necessity Review	PA Medical Necessity Review
77412	Radiation treatment delivery; three or more separate treatment areas; custom blocking; tangential ports; wedges; rotational beam; field-in-field or other tissue compensation that does not meet IMRT guidelines; or electron beam; >=1 MeV; complex	PA Medical Necessity Review	PA Medical Necessity Review
77417	Therapeutic radiology port images(s)	PA Medical Necessity Review	PA Medical Necessity Review
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	PA Medical Necessity Review	PA Medical Necessity Review
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	PA Medical Necessity Review	PA Medical Necessity Review
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	PA Medical Necessity Review	PA Medical Necessity Review
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater	PA Medical Necessity Review	PA Medical Necessity Review
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev	PA Medical Necessity Review	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial	Medicare
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	PA Medical Necessity Review	PA Medical Necessity Review
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	PA Medical Necessity Review	PA Medical Necessity Review
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	PA Medical Necessity Review	PA Medical Necessity Review
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	PA Medical Necessity Review	PA Medical Necessity Review
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	PA Medical Necessity Review	PA Medical Necessity Review
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	PA Medical Necessity Review	PA Medical Necessity Review
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	PA Medical Necessity Review	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial	Medicare
<b>Radiologic Guidance</b>			
77014	Computed tomography guidance for placement of radiation therapy fields	PA Medical Necessity Review	PA Medical Necessity Review
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	PA Medical Necessity Review	PA Medical Necessity Review
G6001	Ultrasonic guidance for placement of radiation therapy fields	PA Medical Necessity Review	PA Medical Necessity Review
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	PA Medical Necessity Review	PA Medical Necessity Review
<b>Medical Radiation Physics, Dosimetry, and Treatment Devices</b>			
77295	3-dimensional radiotherapy plan, including dose-volume histograms	PA Medical Necessity Review	PA Medical Necessity Review
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	PA Medical Necessity Review	PA Medical Necessity Review
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	PA Medical Necessity Review	PA Medical Necessity Review
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)	PA Medical Necessity Review	PA Medical Necessity Review
77321	Special teletherapy port plan, particles, hemibody, total body	PA Medical Necessity Review	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial	Medicare
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	PA Medical Necessity Review	PA Medical Necessity Review
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	PA Medical Necessity Review	PA Medical Necessity Review
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	PA Medical Necessity Review	PA Medical Necessity Review
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	PA Medical Necessity Review	PA Medical Necessity Review
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	PA Medical Necessity Review	PA Medical Necessity Review
77370	Special medical radiation physics consultation	PA Medical Necessity Review	PA Medical Necessity Review
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	PA Medical Necessity Review	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial	Medicare
<b>Therapeutic Radiopharmaceuticals</b>			
79005	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment	PA Medical Necessity Review	PA Medical Necessity Review
79101	Radiopharmaceutical, therapy, by intravenous administration	PA Medical Necessity Review	PA Medical Necessity Review
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	PA Medical Necessity Review	PA Medical Necessity Review
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	PA Medical Necessity Review	PA Medical Necessity Review
A9543	Yttrium 90 Ibritumomab Tiuxetan (Zevalin)	PA Medical Necessity Review	PA Medical Necessity Review
A9606	Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo)	PA Medical Necessity Review	PA Medical Necessity Review
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	PA Medical Necessity Review	PA Medical Necessity Review
A9590	Iodine i-131, iobenguane, 1 millicurie	PA Medical Necessity Review	PA Medical Necessity Review
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	PA Medical Necessity Review	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial	Medicare
<b>Associated Services with Radiation Therapy</b>			
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	PA Medical Necessity Review	PA Medical Necessity Review
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)	PA Medical Necessity Review	PA Medical Necessity Review
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	PA Medical Necessity Review	PA Medical Necessity Review
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	PA Medical Necessity Review	PA Medical Necessity Review
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	PA Medical Necessity Review	PA Medical Necessity Review
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	PA Medical Necessity Review	PA Medical Necessity Review
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	PA Medical Necessity Review	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial	Medicare
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)	PA Medical Necessity Review	PA Medical Necessity Review
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	PA Medical Necessity Review	PA Medical Necessity Review
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	PA Medical Necessity Review	PA Medical Necessity Review
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	PA Medical Necessity Review	PA Medical Necessity Review
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	PA Medical Necessity Review	PA Medical Necessity Review
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	PA Medical Necessity Review	PA Medical Necessity Review
58346	Insertion of Heyman capsules for clinical brachytherapy	PA Medical Necessity Review	PA Medical Necessity Review
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	PA Medical Necessity Review	PA Medical Necessity Review
76965	Ultrasonic guidance for interstitial radioelement application	PA Medical Necessity Review	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial	Medicare
<b>Neuro SRS</b>			
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	PA Medical Necessity Review	PA Medical Necessity Review
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	PA Medical Necessity Review	PA Medical Necessity Review
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review

CPT copyright 2022 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.