MVP Health Care/eviCore Healthcare Prior Authorization Procedure List: Radiology

MVP has delegated the utilization management review for all prospective review of Radiation Therapy, MRI/MRA, PET Scan, Nuclear Cardiology, and CT/CTA and 3D imaging to eviCore healthcare. To obtain an authorization, submit requests at evicore.com or call 1-800-568-0458 and follow the radiology or radiation therapy prompts.

Category/grouping	CPT Code	CPT Code Description	Commercial (incl/EP) & select ASO groups Requires Prior Authorization
3DI	76376	3D Rendering W/O Postprocessing	Yes
3DI	76377	3D Rendering W Postprocessing	Yes
BMRI	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Yes
BMRI	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Yes
BMRI	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computeraided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Yes
BMRI	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computeraided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Yes
ССТА	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3d image postprocessing, assessment of lv cardiac function, rv structure and function and evaluation of venous structures, if performed)	Yes
ССТА	0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report.	Yes
ССТА	0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission.	Yes
ССТА	0625T	Automated quantification and characterization of coronary atherosclerotic plaque tassess severity of coronary disease, using data from coronary computed tomographiangiography; computerized analysis of data from coronary computed tomographicangiography.	Yes
CCTA	0626T	Automated quantification and characterization of coronary atherosclerotic plaque to	Yes

		assess severity of coronary disease, using data from coronary computed tomographiangiography; review of computerized analysis output to reconcile discordant data, interpretation and report.	
ССТА	0710T	Noninvasive arterial plaque analysis using software processing of data from non- coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	I/E
ССТА	0711T	Noninvasive arterial plaque analysis using software processing of data from non- coronary computerized tomography angiography; data preparation and transmission	I/E
ССТА	0712T	Noninvasive arterial plaque analysis using software processing of data from non- coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	I/E
ССТА	0713T	Noninvasive arterial plaque analysis using software processing of data from non- coronary computerized tomography angiography; data review, interpretation and report	I/E
CMRI	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material	Yes
CMRI	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Yes

Category/ Grouping	L L L L C C C C C	CPT Code Description	Commercial (incl/EP) & select ASO groups Requires Prior Authorization
CMRI	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences	Yes
CMRI	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Yes
CMRI	/5565	Cardiac magnetic resonance imaging for velocity flow mapping (list separately in addition to code for primary procedure)	Yes
СРЕТ	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Yes
СРЕТ		Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Yes
СРЕТ		Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Yes
CPET	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Yes
СРЕТ		Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Yes
СРЕТ	/ 8/15/9	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study	Yes

Category/ Grouping	CPT Code	CPT Code Description	Commercial (incl/EP) & select ASO groups Requires Prior Authorization
СРЕТ	78491	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Yes
CPET	78492	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and/or stress (exercise or pharmacologic)	Yes
СТ	70450	C T Head Without Contrast	Yes
СТ	70460	C T Head With Contrast	Yes
СТ	70470	C T Head Without & With Contrast	Yes
СТ	70480	C T Orbit Without Contrast	Yes
СТ	70481	C T Orbit With Contrast	Yes
СТ	70482	C T Orbit Without & With Contrast	Yes
СТ	70486	C T Maxillofacial Without Contrast	Yes
CT	70487	C T Maxillofacial With Contrast	Yes
СТ	70488	C T Maxillofacial Without & With Contrast	Yes
СТ	70490	C T Soft Tissue Neck Without Contrast	Yes
СТ	70491	C T Soft Tissue Neck With Contrast	Yes
CT	70492	C T Soft Tissue Neck Without & With Contrast	Yes
СТ		C T Angiography Head	Yes
СТ	70498	C T Angiography Neck	Yes
СТ	71250	C T Thorax, Diagnostic; Without Contrast Material	Yes
СТ	71260	C T Thorax, Diagnostic; With Contrast Material(s)	Yes
СТ	71270	C T Thorax, Diagnostic; Without Contrast Material, Followed By Contrast Material(s) And Further Sections	Yes
СТ	71271	Computed Tomography, Thorax, Low Dose For Lung Cancer Screening, Without Contrast Material(S) -	Yes

Category/ Grouping	CPT Code	CPT Code Description	Commercial (incl/EP) & select ASO groups Requires Prior Authorization
СТ	74275	C T Angiography Chest Without Contrast Material, Followed by Contrast Material and Further Sections, Including Image Postprocessing	Yes
CT	72125	C T Cervical Spine Without Contrast	Yes
CT	72126	C T Cervical Spine With Contrast	Yes
CT	72127	C T Cervical Spine Without & With Contrast	Yes
CT	72128	C T Thoracic Spine Without Contrast	Yes
CT	72129	C T Thoracic Spine With Contrast	Yes
CT	72130	C T Thoracic Spine Without & With Contrast	Yes
CT	72131	C T Lumbar Spine Without Contrast	Yes
CT	72132	C T Lumbar Spine With Contrast	Yes
CT	72133	C T Lumbar Spine Without & With Contrast	Yes
CT	72191	C T Angiography Pelvis	Yes
CT	72192	C T Pelvis Without Contrast	Yes
CT	72193	C T Pelvis With Contrast	Yes
CT	72194	C T Pelvis Without & With Contrast	Yes
CT	73200	C T Upper Extremity Without Contrast	Yes
CT	73201	C T Upper Extremity With Contrast	Yes
CT	73202	C T Upper Extremity Without & With Contrast	Yes
CT	73206	C T Angiography Upper Extremity	Yes
CT	73700	C T Lower Extremity Without Contrast	Yes
СТ	73701	C T Lower Extremity With Contrast	Yes
СТ		C T Lower Extremity Without & With Contrast	Yes
CT	73706	C T Angiography Lower Extremity	Yes
СТ	74150	C T Abdomen Without Contrast	Yes
СТ	74160	C T Abdomen With Contrast	Yes

Category/ Grouping	CPT Code	CPT Code Description	Commercial (incl/EP) & select ASO groups Requires Prior Authorization
СТ	74170	C T Abdomen Without & With Contrast	Yes
СТ	74174	CT angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes
СТ	74175	C T Angiography Abdomen	Yes
СТ	74176	C T Abdomen And Pelvis Without Contrast	Yes
СТ	74177	CT Abdomen And Pelvis With Contrast	Yes
СТ	74178	Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions	Yes
СТ	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Yes
СТ	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Yes
СТ	74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Yes
СТ	75635	C T Angiography Abdominal Aorta	Yes
СТ	76380	C T Limited Or Localized Follow-Up Study	Yes
СТ	0042T	CT Perfusion Brain	Yes
СТ	0501T	Noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated ffr model, with anatomical data review in comparison with estimated ffr model to reconcile discordantdata, interpretation and report	Yes

Category/ Grouping	CPT Code	CPT Code Description	Commercial (incl/EP) & select ASO groups Requires Prior Authorization
СТ	0502T	Noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	Yes
СТ	05031	Noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated ffr model	Yes
СТ	05041	Noninvasive estimated coronary fractional flow reserve (ffr) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated ffr model to reconcile discordant data, interpretation and report	Yes
СТ	0633T	Computed Tomography, Breast, Including 3d Rendering, When Performed, Unilateral; Without Contrast Material -	Yes
СТ	0634T	Computed Tomography, Breast, Including 3d Rendering, When Performed, Unilateral; With Contrast Material(s) -	Yes
СТ	0635T	Computed Tomography, Breast, Including 3d Rendering, When Performed, Unilateral; Without Contrast, Followed By Contrast Material(s) -	Yes
СТ	0636T	Computed Tomography, Breast, Including 3d Rendering, When Performed, Bilateral; Without Contrast Material(S)	Yes
СТ	0637T	Computed Tomography, Breast, Including 3d Rendering, When Performed, Bilateral; With Contrast Material(s) -	Yes
СТ		Computed Tomography, Breast, Including 3d Rendering, When Performed, Bilateral; Without Contrast, Followed By Contrast Material(S)-	Yes

Category/ Grouping	CPT Code	CPT Code Description	Commercial (incl/EP) & select ASO groups Requires Prior Authorization
СТ		Scintimammography (Radioimmunoscintigraphy Of The Breast), Unilateral, Including Supply Of Radiopharmaceutical	Yes
СТ	S8092	Electron Beam Computed Tomography (Also Known As Ultrafast Ct, Cinet)	Yes
MR	0609T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Acquisition Of Single Voxel Data, Per Disc, On Biomarkers (Ie, Lactic Acid, Carbohydrate, Alanine, Laal, Propionic Acid, Proteoglycan, And Collagen) In At Least 3 Discs -	Yes
MR	116 1111	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Transmission Of Biomarker Data For Software Analysis	Yes
MR	0611T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Postprocessing For Algorithmic Analysis Of Biomarker Data For Determination Of Relative Chemical Differences Between Discs -	Yes
MR	0612T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Interpretation And Report -	Yes
MRA	70544	M R A Head Without Contrast	Yes
MRA	70545	M R A Head With Contrast	Yes
MRA	70546	M R A Head With & Without Contrast	Yes
MRA	70547	M R A Neck Without Contrast	Yes
MRA		M R A Neck With Contrast	Yes
MRA		M R A Neck With & Without Contrast	Yes
MRA		M R A Chest (Excluding Myocardium) With Or Without Contrast	Yes
MRA		M R A Spinal Canal With Or Without Contrast	Yes
MRA	72198	M R A Pelvis With Or Without Contrast	Yes

Category/ Grouping	CPT Code	CPT Code Description	Commercial (incl/EP) & select ASO groups Requires Prior Authorization
MRA	73225	M R A Upper Extremity With Or Without Contrast	Yes
MRA	73725	M R A Lower Extremity With Or Without Contrast	Yes
MRA	74185	M R A Abdomen With Or Without Contrast	Yes
MRI	70336	MRITMJ	Yes
MRI	70540	M R I Orbit, Face,Neck and/or Without Contrast	Yes
MRI	70542	M R I Face, Orbit, Neck With Contrast	Yes
MRI	70543	M R I Face, Orbit, Neck With & Without Contrast	Yes
MRI	70551	M R I Head Without Contrast	Yes
MRI	70552	M R I Head With Contrast	Yes
MRI	70553	M R I Head With & Without Contrast	Yes
MRI	70554	MRI Brain, functional MRI	Yes
MRI	70555	MRI Brain, functional MRI, requiring physician	Yes
MRI	71550	M R I Chest Without Contrast	Yes
MRI	71551	M R I Chest With Contrast	Yes
MRI	71552	M R I Chest With & Without Contrast	Yes
MRI	72141	M R I Cervical Spine Without Contrast	Yes
MRI	72142	M R I Cervical Spine With Contrast	Yes
MRI	72146	M R I Thoracic Spine Without Contrast	Yes
MRI	72147	M R I Thoracic Spine With Contrast	Yes
MRI	72148	M R I Lumbar Spine Without Contrast	Yes
MRI	72149	M R I Lumbar Spine With Contrast	Yes
MRI	72156	M R I Cervical Spine With & Without Contrast	Yes
MRI	72157	M R I Thoracic Spine With & Without Contrast	Yes
MRI	72158	M R I Lumbar Spine With & Without Contrast	Yes

Category/ Grouping	CPT Code	CPT Code Description	Commercial (incl/EP) & select ASO groups Requires Prior Authorization
MRI	72195	M R I Pelvis Without Contrast	Yes
MRI	72196	M R I Pelvis With Contrast	Yes
MRI	72197	M R I Pelvis With & Without Contrast	Yes
MRI	73218	M R I Upper Extremity Without Contrast	Yes
MRI	73219	M R I Upper Extremity With Contrast	Yes
MRI	73220	M R I Upper Extremity With & Without Contrast	Yes
MRI	73221	M R I Upper Extremity Joint Without Contrast	Yes
MRI	73222	M R I Upper Extremity Joint With Contrast	Yes
MRI	73223	M R I Upper Extremity Joint With & Without Contrast	Yes
MRI	73718	M R I Lower Extremity Without Contrast	Yes
MRI	73719	M R I Lower Extremity With Contrast	Yes
MRI	73720	M R I Lower Extremity With & Without Contrast	Yes
MRI	73721	M R I Lower Extremity Joint Without Contrast	Yes
MRI	73722	M R I Lower Extremity Joint With Contrast	Yes
MRI	73723	M R I Lower Extremity Joint With & Without Contrast	Yes
MRI	74181	M R I Abdomen Without Contrast	Yes
MRI	74182	M R I Abdomen With Contrast	Yes
MRI	74183	M R I Abdomen With & Without Contrast	Yes
MRI	1/1/1/	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	Yes
MRI		Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	Yes
MRI	76390	M R I Spectroscopy	Yes
MRI	76391	Magnetic resonance (eg, vibration) elastography	Yes

Category/ Grouping	CPT Code	CPT Code Description	Commercial (incl/EP) & select ASO groups Requires Prior Authorization
MRI	1 //()/	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Yes
MRI	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ.	Yes
MRI	0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, watercontent), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure).	Yes
MRI	0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	I/E
MRI	0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	I/E
NUC CARD		Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Yes
NUC CARD		Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Yes

Category/ Grouping	CPT Code	CPT Code Description	Commercial (incl/EP) & select ASO groups Requires Prior Authorization
NUC MED	78472	Cardiac Bloodpool Img, Single	Yes
NUC MED	78473	Cardiac Bloodpool Img, Multi	Yes
NUC MED	78481	Heart First Pass Single	Yes
NUC MED	78483	Cardiac Blood Pool Imaging Multiple	Yes
NUC MED	78494	Cardiac Blood Pool Imaging , SPECT	Yes
NUC MED	78496	Cardiac Blood Pool Imaging - Single Study @ Rest	Yes
PETCT		Tumor Imaging, Positron Emission Tomography (Pet) With Concurrently Acquired Computer Tomography (Ct) For Attenuation Correction And Anatomical Localization; Skull Base To Mid-Thigh	Yes
PETCT	78816	Tumor Imaging, Positron Emission Tomography (Pet) With Concurrently Acquired Computer Tomography (Ct) For Attenuation Correction And Anatomical Localization; Whole Body	Yes
NUC MED	78466	Myocardial Infarction Scan	Yes
NUC MED	78468	Heart Infarct Image Ejection Fraction	Yes
NUC MED	78469	Heart Infarct Image 3D SPECT	Yes

CPT Code	CPT Code Description	Requires Prior Authorization for all plans	Included Claims Management
	Brachytherapy		
0394T	HDR electronic brachytherapy, skin surface application, per fraction	Yes	Yes
0395T	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction	Yes	Yes
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	Yes	Yes
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)	Yes	Yes
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	Yes	Yes
77761	Intracavitary radiation source application; simple	Yes	Yes
77762	Intracavitary radiation source application; intermediate	Yes	Yes
77763	Intracavitary radiation source application; complex	Yes	Yes
77767	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel	Yes	Yes
77768	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	Yes	Yes
77770	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel	Yes	Yes
77771	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels	Yes	Yes
77772	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels	Yes	Yes
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed	Yes	Yes
77789	Surface application of low dose rate radionuclide source	Yes	Yes
77790	Supervision, handling, loading of radiation source	Yes	Yes
77799	Unlisted procedure, clinical brachytherapy (this code to be used in place of 77776 and 77777)	Yes	Yes
C9726	Placement and removal (if performed) of applicator into breast for radiation therapy	Yes	Yes
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	Yes	Yes
	Cardiac Focal Ablation		
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	Yes	Yes

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	Yes	Yes
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	Yes	Yes
	Stereotactic Radiation Therapy		
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	Yes
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Yes	Yes
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	Yes
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	Yes	Yes
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	Yes	Yes
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Yes	Yes
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	Yes
	Intensity Modulated Radiation Therapy (IMRT)		
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	Yes	Yes
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	Yes	Yes
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed;	Yes	Yes
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed;	Yes	Yes
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	Yes	Yes

CPT Code	CPT Code Description	Requires Prior Authorization for all plans	Included Claims Management		
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	Yes	Yes		
	Neutron Beam Radiation Therapy				
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	Yes		
	Intraoperative Radiation Therapy (IORT)				
19294	Preparation of tumor cavity, with placement of radiation therapy applicator for intraoperative radiation therapy (IORT), concurrent with partial mastectomy	Yes	Yes		
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Yes	Yes		
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Yes	Yes		
77469	Intraoperative radiation treatment management	Yes	Yes		
	Proton Beam Radiation Therapy				
77520	Proton treatment delivery; simple, without compensation	Yes	Yes		
77522	Proton treatment delivery; simple, with compensation	Yes	Yes		
77523	Proton treatment delivery; intermediate	Yes	Yes		
77525	Proton treatment delivery; complex	Yes	Yes		
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Yes	Yes		
	Hyperthermia Treatment				
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	Yes	Yes		
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	Yes	Yes		
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	Yes	Yes		
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	Yes	Yes		
77620	Hyperthermia generated by intracavitary probe(s)	Yes	Yes		

CPT® Code	CPT Code Description	Requires Prior Authorization for all plans	Included Claims Management
	Radiation Treatment Management		
77427	Radiation treatment management, 5 treatments	Yes	Yes
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	Yes	Yes
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary	Yes	Yes
77499	Unlisted procedure, therapeutic radiology treatment management	Yes	Yes
	Radiation Treatment Planning		
77261	Therapeutic radiology treatment planning; simple	Yes	Yes
77262	Therapeutic radiology treatment planning; intermediate	Yes	Yes
77263	Therapeutic radiology treatment planning; complex	Yes	Yes
77280	Therapeutic radiology simulation-aided field setting; simple	Yes	Yes
77285	Therapeutic radiology simulation-aided field setting; intermediate	Yes	Yes
77290	Therapeutic radiology simulation-aided field setting; complex	Yes	Yes
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Yes	Yes

CPT Code	CPT Code Description	Requires Prio Authorizatior for all plans	Claims
	Radiation Treatment Delivery		
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	Yes	Yes
77402	Radiation treatment delivery, >1 MeV; simple	Yes	Yes
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	Yes	Yes
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;	Yes	Yes
77417	Therapeutic radiology port images(s)	Yes	Yes
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	Yes	Yes
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks:	Yes	Yes
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks:	Yes	Yes
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks:	Yes	Yes
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev	Yes	Yes
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	Yes	Yes
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	Yes	Yes
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	Yes	Yes
G6011	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	Yes	Yes
G6012	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	Yes	Yes

G6013	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	Yes	Yes
G6014	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	Yes	Yes

CPT Code	CPT Code Description	Requires Prior Authorization for all plans	Included Claims Management		
	Image-Guided Radiation (IGRT)				
77014	Computed tomography guidance for placement of radiation therapy fields	Yes	Yes		
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Yes	Yes		
G6001	Ultrasonic guidance for placement of radiation therapy fields	Yes	Yes		
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Yes	Yes		
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	Yes	Yes		
	Medical Radiation Physics, Dosimetry, and Treatment Devices				
77295	3-dimensional radiotherapy plan, including dose-volume histograms	Yes	Yes		
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	Yes	Yes		
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	Yes	Yes		
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)	Yes	Yes		
77321	Special teletherapy port plan, particles, hemibody, total body	Yes	Yes		
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	Yes	Yes		
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	Yes	Yes		
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	Yes	Yes		
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	Yes	Yes		
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	Yes	Yes		

CPT® Code	CPT® Code Description	Requires Prior Authorization for all plans	Included Claims Management
77370	Special medical radiation physics consultation	Yes	Yes
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	Yes	Yes
	Therapeutic Radiopharmaceuticals		
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	Yes	Yes
79005	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment	Yes	Yes
79101	Radiopharmaceutical, therapy, by intravenous administration	Yes	Yes
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	Yes	Yes
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Yes	Yes
A9543	Yttrium 90 Ibritumomab Tiuxetan (Zevalin)	Yes	Yes
A9606	Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo)	Yes	Yes
A9607	Lutetium Iu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Yes	Yes
A9590	lodine i-131, iobenguane, 1 millicurie	Yes	Yes
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	Yes	Yes
C2616	Brachytherapy source, nonstranded, yttrium-90, per source	Yes	Yes
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	Yes	Yes
	Associated Services with Radiation Therapy		
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	Yes	Yes
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)	Yes	Yes
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	Yes	Yes
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	Yes	Yes

lacement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), ercutaneous, intra-thoracic, single or multiple	Yes	Yes
lacement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral,	Yes	Yes
lace		ment of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral,

CPT® Code	CPT® Code Description	Requires Prior Authorization for all plans	Included Claims Management
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	Yes	Yes
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)	Yes	Yes
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	Yes	Yes
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	Yes	Yes
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	Yes	Yes

CPT® Code	CPT® Code Description	Requires Prior Authorization for all plans	Included Claims Management		
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	Yes	Yes		
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	Yes	Yes		
58346	Insertion of Heyman capsules for clinical brachytherapy	Yes	Yes		
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	Yes	Yes		
76965	Ultrasonic guidance for interstitial radioelement application	Yes	Yes		
	Neuro SRS				
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Yes	Yes		
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	Yes	Yes		
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Yes	Yes		
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	Yes	Yes		
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	Yes	Yes		

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