

RADIATION THERAPY PROCEDURES REQUIRING PRECERTIFICATION FOR EVICORE HEALTHCARE ARRANGEMENT

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Related Policy
<ul style="list-style-type: none"> Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors

INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting Oxford benefit plans. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify its policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Clinical Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Clinical Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Clinical Policy. Other Policies may apply.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

CONDITIONS OF COVERAGE

Applicable Lines of Business/Products	This policy applies to Oxford Commercial plan membership [excluding Oxford USA].
Benefit Type	General benefits package
Referral Required (Does not apply to non-gatekeeper products)	No
Authorization Required (Precertification always required for inpatient admission)	Yes ¹ Note: All requests are handled by eviCore healthcare.
Precertification with Medical Director Review Required	Yes ² Note: All requests are handled by eviCore healthcare.
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Outpatient, Office, Ambulatory Surgical Center

Special Considerations

¹Refer to the Benefits Consideration section for precertification guidelines for Members enrolled in:

- Connecticut group plans, New York group plans, or New Jersey large group plans with out-of-network benefits.
- New Jersey (NJ) Small group plans, NJ Individual plans (for DOS prior to 01/01/17), NJ School Board plans and NJ Municipality plans.

²Precertification with review by a Medical Director or their designee is required.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

New York (NY) Large and Small Groups, Connecticut (CT) Large and Small Groups, and New Jersey (NJ) Large Groups with Out-of-Network Benefits

Commercial members enrolled on Connecticut group plans, New York group plans, or New Jersey large group plans with out-of-network benefits also need to obtain precertification for radiation therapy procedures provided by an out-of-network provider.

New Jersey (NJ) Small, NJ Individual (for DOS prior to 01/01/17), NJ School Board and NJ Municipality Products

Services indicated as requiring a precertification require medical necessity review. This review may be requested prior to service. If a medical necessity review is not requested by the provider prior to service, the medical necessity review will be conducted after the service is rendered with no penalty imposed for failure to request the review prior to rendering the service. It is the referring physician's responsibility to provide medical documentation to demonstrate clinical necessity for the study that is being requested (for review prior to service) or has been rendered (for review after service was provided).

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Oxford has engaged eviCore healthcare to perform initial reviews of requests for precertification and medical necessity reviews. Oxford continues to be responsible for decisions to limit or deny coverage and for appeals.

All precertification requests are handled by eviCore healthcare. To obtain precertification for a course of radiation therapy, please contact via one of the two options listed below:

- Providers can call eviCore healthcare at (877)-PRE-AUTH (1-877-773-2884); or
- Providers can log onto the eviCore healthcare website using the [Prior Authorization and Notification App](#).

Note: It is eviCore healthcare's policy not to accept precertification requests from persons or entities other than referring physicians for Radiation Therapy services.

eviCore healthcare has established correct coding and evidence-based guidelines to determine the medical necessity and appropriate billing of radiation oncology services. These guidelines have been carefully researched and are continually updated in order to be consistent with the most current evidence-based guidelines and recommendations for the provision of radiation therapy from national and international medical societies and evidence-based medicine research centers. In addition, the criteria are supplemented by information published in peer reviewed literature.

The radiation therapy evidence-based guidelines and management criteria are available on the eviCore healthcare website: <https://www.evicore.com/resources/pages/providers.aspx>. Additionally, eviCore healthcare has established Radiation Therapy Coding guidelines which may be referenced while seeking reimbursement for specific radiation

therapy treatment. The eviCore healthcare Radiation Therapy Coding Guidelines can also be found on the eviCore healthcare website:

<https://www.evicore.com/resources/pages/providers.aspx?solution=Radiation%20Therapy#ReferenceGuidelines>.

Radiation therapy services are typically delivered as an "episode of care," outlined in detail in a radiation therapy treatment plan written before the patient receives the first dose of radiation.

Providers of radiation therapy services are required to submit a treatment and billing plan for the episode of treatment after the initial clinical evaluation of the member by the treating radiation oncologist and radiation therapy team, and prior to initiating therapy. The treating provider may be asked to submit a clinical submission form. The following information/documentation may be required:

- Copies of office notes and treatment planning documents.
- Results of key diagnostic studies such as pathology reports, MRI, CT or bone scan.

In conjunction with board certified radiation oncologists, eviCore healthcare staff will evaluate the submitted treatment and billing plans. Providers will be informed, in writing, as to which elements have been approved for payment. Oxford continues to be responsible for decisions to limit or deny coverage and for appeals.

Where provided by state regulations, a board certified radiation oncologist will be available to discuss the payment decision with the treating radiation oncologist.

DEFINITIONS

Brachytherapy: Involves placing radioactive material directly inside the body (it is thus different from EBRT, in which case external sources of high energy are focused on a tumor). This is done by injecting temporary or permanent radioactive implants directly into the body. The implants usually contain radioactive Iodine, radioactive Palladium, or high activity radioactive seeds (Iridium-192).

Conventional External Beam Radiation Therapy (CRT): A commonly used method for delivering an external beam of high-energy x-rays to the location of the patient's tumor. The aim of CRT is carefully plan for the destruction of the tumor while doing minimal damage, if any, to surrounding normal tissues. No radioactivity sources are placed inside the patient's body.

Image-Guided Radiation Therapy (IGRT): The process of obtaining frequent Two and Three-Dimensional Imaging, during a course of radiation treatment, and using those images to direct radiation therapy during the course of treatment.

Intensity Modulated Radiation Therapy (IMRT): Based on the use of computerized 3-D treatment planning systems that accurately formulates plans to deliver high doses of radiation to tumors of varying shapes.

Ionizing Radiation: Originating from radioactive materials, x-ray tubes, or particle accelerators consists of subatomic particles or electromagnetic waves that are energetic enough to damages molecules within the cells, especially the DNA or genetic material. Damaging the DNA destroys specific cell functions, particularly the ability to divide or proliferate. While both normal and cancerous cells go through a repair process, a cancer cell's ability to repair molecular injury is frequently inferior. As a result, cancer cells sustain more permanent damage and subsequent cell death than occurs in the normal cell population. This permits selective destruction of bad cells growing among good cells.

Lutathera (Lutetium; Lu 177 Dotatate): A therapeutic radiopharmaceutical used as a radiation therapy treatment of inoperable and metastatic somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors (GEP-NETS) and inoperable and metastatic somatostatin receptor-positive tumors of the pancreas.

Proton Beam Therapy (PBT): A type of external beam radiation therapy that utilizes protons to deliver ionizing damage to a target.

Selective Internal Radiation Therapy (SIRT): The targeted injection of radioactive microspheres into hepatic arteries for selective entrapment of yttrium-90 microspheres in arteriolar capillaries within the tumor tissue.

Stereotactic Radiosurgery (SRS): Also known by the manufacturer instrument names Gamma Knife, LINAC and CyberKnife, is a technique used instead of conventional surgery, to selectively destroy a small area of tissue through precise delivery of radiation to that area.

Three-Dimensional Conformal Radiation Therapy (3D CRT): A more advanced form of external beam radiation that uses CT scans with computerized constructions to create a 3D picture of the tumor so that multiple radiation beams can be shaped (hence "conformal") exactly to the contour of the treatment area.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

Coding Clarification: Refer to the policy titled [Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors](#) for additional information regarding CPT code 79445.

CPT Code	Description	Precertification Requirement Effective Date
0073T	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	12/01/2009 – 12/31/2014
0182T	High dose rate electronic brachytherapy, per fraction	12/01/2009 – 12/31/2016
0197T	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	12/01/2009 – 12/31/2014
0394T	HDR electronic brachytherapy, skin surface application, per fraction	03/01/2017
0395T	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction	03/01/2017
0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	01/01/2016 – 02/28/2016
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	01/01/2016 – 02/28/2016
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	03/01/2017
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)	03/01/2017
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	03/01/2017
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	03/01/2017
32553	Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	03/01/2017
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	03/01/2017
49411	Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	03/01/2017

CPT Code	Description	Precertification Requirement Effective Date
49412	Placement of interstitial device(s) for radiation therapy guidance (e.g., 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)	03/01/2017
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	03/01/2017
55876	Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	03/01/2017
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	03/01/2017
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	03/01/2017
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	03/01/2017
58346	Insertion of Heyman capsules for clinical brachytherapy	03/01/2017
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	12/01/2009
76950	Ultrasonic guidance for placement of radiation therapy fields	12/01/2009 - 12/31/2014
76965	Ultrasonic guidance for interstitial radioelement application	03/01/2017
77014	Computed tomography guidance for placement of radiation therapy fields	12/01/2009
77261	Therapeutic radiology treatment planning; simple	12/01/2009
77262	Therapeutic radiology treatment planning; intermediate	12/01/2009
77263	Therapeutic radiology treatment planning; complex	12/01/2009
77280	Therapeutic radiology simulation-aided field setting; simple	12/01/2009
77285	Therapeutic radiology simulation-aided field setting; intermediate	12/01/2009
77290	Therapeutic radiology simulation-aided field setting; complex	12/01/2009
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	01/01/2014
77295	3-dimensional radiotherapy plan, including dose-volume histograms	12/01/2009
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	12/01/2009
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	12/01/2009
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	12/01/2009
77305	Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)	12/01/2009 - 12/31/2014
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	01/01/2015
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)	01/01/2015
77310	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)	12/01/2009 - 12/31/2014
77315	Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)	12/01/2009 - 12/31/2014
77316	Brachytherapy isodose plan; simple (calculation(s) made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	01/01/2015

CPT Code	Description	Precertification Requirement Effective Date
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)	01/01/2015
77318	Brachytherapy isodose plan; complex (calculation(s) made from over 10 sources, or remote afterloading brachytherapy, 12 channels), includes basic dosimetry calculation(s)	01/01/2015
77321	Special teletherapy port plan, particles, hemibody, total body	12/01/2009
77326	Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)	12/01/2009 – 12/31/2014
77327	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)	12/01/2009 – 12/31/2014
77328	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)	12/01/2009 – 12/31/2014
77331	Special dosimetry (e.g., TLD, microdosimetry) (specify), only when prescribed by the treating physician	12/01/2009
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	12/01/2009
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	12/01/2009
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	12/01/2009
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	12/01/2009
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	01/01/2010
77370	Special medical radiation physics consultation	12/01/2009
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	12/01/2009
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	12/01/2009
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	12/01/2009
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	01/01/2015
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	01/01/2015
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	01/01/2015
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	12/01/2009
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	12/01/2009
77402	Radiation treatment delivery, ≥ 1 MeV; simple	12/01/2009
77403	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV	12/01/2009 – 12/31/2014

CPT Code	Description	Precertification Requirement Effective Date
77404	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV	12/01/2009 – 12/31/2014
77406	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater	12/01/2009 – 12/31/2014
77407	Radiation treatment delivery, =>1 MeV; intermediate	12/01/2009
77408	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV	12/01/2009 – 12/31/2014
77409	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV	12/01/2009 – 12/31/2014
77411	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater	12/01/2009 – 12/31/2014
77412	Radiation treatment delivery, =>1 MeV; complex	12/01/2009
77413	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV	12/01/2009 – 12/31/2014
77414	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV	12/01/2009 – 12/31/2014
77416	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater	12/01/2009 – 12/31/2014
77417	Therapeutic radiology port image(s)	12/01/2009
77418	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	12/01/2009 – 12/31/2014
77421	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy	12/01/2009 – 12/31/2014
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)	12/01/2009
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	01/01/2012
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	01/01/2012
77427	Radiation treatment management, 5 treatments	12/01/2009
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	12/01/2009
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	12/01/2009
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	12/01/2009
77469	Intraoperative radiation treatment management	01/01/2012
77470	Special treatment procedure (e.g., total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)	12/01/2009
77499	Unlisted procedure, therapeutic radiology treatment management	12/01/2009
77520	Proton treatment delivery; simple, without compensation	12/01/2009
77522	Proton treatment delivery; simple, with compensation	12/01/2009
77523	Proton treatment delivery; intermediate	12/01/2009
77525	Proton treatment delivery; complex	12/01/2009
77600	Hyperthermia, externally generated; superficial (i.e., heating to a depth of 4 cm or less)	01/01/2011

CPT Code	Description	Precertification Requirement Effective Date
77605	Hyperthermia, externally generated; deep (i.e., heating to depths greater than 4 cm)	01/01/2011
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	01/01/2011
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	01/01/2011
77620	Hyperthermia generated by intracavitary probe(s)	01/01/2011
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	12/01/2009
77761	Intracavitary radiation source application; simple	12/01/2009
77762	Intracavitary radiation source application; intermediate	12/01/2009
77763	Intracavitary radiation source application; complex	12/01/2009
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	01/01/2016
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	01/01/2016
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	01/01/2016
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	01/01/2016
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	01/01/2016
77776	Interstitial radiation source application; simple	12/01/2009 – 12/31/2015
77777	Interstitial radiation source application; intermediate	12/01/2009 – 12/31/2015
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	12/01/2009
77785	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel	12/01/2009 – 12/31/2015
77786	Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels	12/01/2009 – 12/31/2015
77787	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels	12/01/2009 – 12/31/2015
77789	Surface application of low dose rate radionuclide source	12/01/2009
77790	Supervision, handling, loading of radiation source	12/01/2009
77799	Unlisted procedure, clinical brachytherapy	12/01/2009
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	11/01/2012

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Coding Clarification:

- Please refer to the policy titled [Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors](#) for additional information regarding HCPCS code S2095.
- *For evidence-based guidelines and management criteria for the use of Lutathera (Lutetium; Lu 177 Dotatate) as part of a radiation treatment plan, refer to the eviCore healthcare website: <https://www.evicore.com/resources/pages/providers.aspx>

HCPCS Code	Description	Precertification Requirement Effective Date
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	01/01/2019

HCPCS Code	Description	Precertification Requirement Effective Date
A9606	Radium ra-223 dichloride, therapeutic, per microcurie	03/01/2017
A9699*	Radiopharmaceutical, therapeutic, not otherwise classified	07/01/2018
C9408	Iodine I-131 iobenguane, therapeutic, 1 mCi	01/01/2019
G0173	Linear accelerator based stereotactic radiosurgery, complete course of therapy in one session	12/01/2009 – 12/31/2014
G0251	Linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, maximum 5 sessions per course of treatment	12/01/2009 – 12/31/2014
G0338	Linear accelerator based stereotactic radiosurgery plan, including does volume histograms for target and critical structure tolerances, plan optimization performed for highly conformal distributions, plan positional accuracy and does verification, all lesions treated, per course of treatment	01/01/2011 – 02/28/2017
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session, or first session of fractionated treatment	12/01/2009
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	12/01/2009
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	03/01/2017
G6001	Ultrasonic guidance for placement of radiation therapy fields	01/01/2015
G6002	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy	01/01/2015
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5MeV	01/01/2015
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10MeV	01/01/2015
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19MeV	01/01/2015
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20MeV or greater	01/01/2015
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5MeV	01/01/2015
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10MeV	01/01/2015
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19MeV	01/01/2015
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20MeV or greater	01/01/2015
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5MeV	01/01/2015
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10MeV	01/01/2015
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19MeV	01/01/2015
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20MeV or greater	01/01/2015

HCPCS Code	Description	Precertification Requirement Effective Date
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	01/01/2015
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	01/01/2015
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	01/01/2015
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	11/01/2012

Revenue Code	Description	Precertification Requirement Effective Date
330	Radiology/therapeutic - general classification	12/01/2009 - 02/28/2016
333	Radiology/therapeutic - radiation therapy	12/01/2009
339	Radiology/therapeutic - other	12/01/2009 - 02/28/2016
344	Therapeutic radiopharmaceuticals	12/01/2009 - 02/28/2016
973	Professional fees - radiology/therapeutic	12/01/2009

DESCRIPTION OF SERVICES

The following radiation therapy procedures require precertification through eviCore healthcare:

- Brachytherapy (internal radiation placement therapies)
- EBRT (external beam radiation)
 - **Ionizing Radiation** (CRT)
 - 3D Conformal Radiation Therapy (3D CRT)
 - Intensity Modulated Radiation Therapy (IMRT)
 - Image Guided Radiation Therapy (IGRT)
- Proton Beam Therapy
- Stereotactic Radiosurgery (e.g., Cyberknife, Rapid-Arc) and all similar emerging technologies.
- Other emerging therapies that use Ionizing Radiation to treat cancer such as hyperthermia and neutron beam therapy.

Note: Additional procedures may be added to the list of procedures requiring precertification through eviCore healthcare, as necessary.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	<ul style="list-style-type: none"> • Updated list of applicable CPT/HCPCS codes to reflect annual code edits: <ul style="list-style-type: none"> ○ Added A9513 and C9408 ○ Removed 0190T and C9031 ○ Revised description for 77387 • Archived previous policy version CANCER 014.16 T2