



MASSACHUSETTS

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Medical Policy

Carelon (formerly AIM) Quality Care Cancer Program (Radiation Oncology) CPT and HCPCS Codes

Policy Number: 938

BCBSA Reference Number: N/A

NCD/LCD: N/A

Effective Date: July 1, 2021

Related Policies

Carelon Quality Care Cancer Program (Radiation Oncology), #[937](#)

Commercial and Medicare Advantage Products

The following CPT and HCPCS codes require prior authorization as part of the Quality Care Cancer Program. Carelon Medical Benefits Management, an independent company, administers the program on our behalf. These apply to Commercial and Medicare Advantage products. For medical necessity criteria, see [Carelon Medical Benefits Management Clinical Guidelines](#).

CPT Codes

CPT codes	Code Description
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)
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
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)
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
20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment
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
55860	Exposure of prostate, any approach, for insertion of radioactive substance

55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
58346	Insertion of Heyman capsules for clinical brachytherapy
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)
76965	Ultrasonic guidance for interstitial radioelement application
77014 *	Computed tomography guidance for placement of radiation therapy fields
77295	3-dimensional radiotherapy plan, including dose-volume histograms
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
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)
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan
77370	Special medical radiation physics consultation
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions

* When requested for CT simulation, this code is bundled with the simulation CPT codes

77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed
77402	Radiation treatment delivery, => 1 MeV; simple
77407	Radiation treatment delivery, => 1 MeV; intermediate
77412	Radiation treatment delivery, => 1 MeV; complex
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session
77425	Intraoperative radiation treatment delivery, electrons, single treatment session
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
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
77469	Intraoperative radiation treatment management
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
77520	Proton treatment delivery; simple, without compensation
77522	Proton treatment delivery; simple, with compensation
77523	Proton treatment delivery; intermediate
77525	Proton treatment delivery; complex
77761	Intracavitary radiation source application; simple
77762	Intracavitary radiation source application; intermediate
77763	Intracavitary radiation source application; complex
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
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
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed
77790	Supervision, handling, loading of radiation source

HCPCS	
A9600	Strontium Sr-89 chloride, therapeutic, per mCi (Metastron)
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie (Pluvicto)
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi (Zevalin)
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi (Lutathera)
A9590	Iodine I-131, iobenguane, 1 mCi (Azedra)
A9606	Radium RA-223 dichloride, therapeutic, per UCI (Xofigo)
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per mCi (Sodium Iodide 131)
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment
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

G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate
Q3001	Radioelements for brachytherapy, any type, each
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy

Policy History

5/2024	Policy clarified. The following codes 55899; 43499; 47999 were removed from the Carelon Radiation Oncology Program. Effective 2/12/2022.
4/2023	Policy revised. The following codes will be removed from the Carelon Radiation Oncology Program. Effective 4/8/2023. G6001; G6002; G6003; G6004; G6005; G6006; G6007; G6008; G6009; G6010; G6011; G6012; G6013; G6014; G6015; G6016; G6017.
3/2023	AIM Specialty Health changed its name to Carelon Medical Benefits Management.
11/2022	Policy revised to add radiopharmaceutical codes. A9607. Prior authorization will be required through Carelon Medical Benefits Management. Effective 11/8/2022.
10/2022	Policy revised to add radiopharmaceutical codes. A9600; A9543; A9513; A9590; A9606; A9528. Prior authorization will be required through Carelon Medical Benefits Management. Effective 10/8/2022.
7/2021	New document #938 issued. Effective 7/1/2021.