Blue Choice Health Plan
Radiation Oncology Utilization Review Matrix 2026

CPT Codes Requiring Authorization	Description	Allowable Billed Groupings
19296	Brachytherapy Applicator Insertion (Breast Surgeon)	19296, 19297,19298[i]
19297	Brachytherapy Applicator Insertion (Breast Surgeon)	19296, 19297,19298
19298	Brachytherapy Applicator Insertion (Breast Surgeon)	19296, 19297,19298
77280	Simulation - Set Up Simple or Verification	77280
77285	Simulation - Set Up Complex/ Interm.	77285, 77290
77290	Simulation - Set Up Complex/ Interm.	77285, 77290
77295	3D Simulation Plan	77295
77300	Dosimetry - Calculation	77300
77301	IMRT Isodose Plan	77301
77306	Teletherapy Isodose Plan; simple	77306, 77307, 77321
77307	Teletherapy Isodose Plan; complex	77306, 77307, 77321
77316	Brachytherapy Isodose Plan; simple	77316, 77317, 77318
77317	Brachytherapy Isodose Plan; intermediate	77316, 77317, 77318
77318	Brachytherapy Isodose Plan; complex	77316, 77317, 77318
77321	Teletherapy Isodose Plan	77306, 77307, 77321
77331	Dosimetry - Special	77331
77332	Treatment Devices	77332, 77333, 77334
77333	Treatment Devices	77332, 77333, 77334
77334	Treatment Devices	77332, 77333, 77334
77336	Weekly Physics Consultation	77336
77338	Treatment Devices - IMRT (MLC)	77338
77370	Special Physics Consultation	77370
77371	Treatment Deliveries - Gamma Knife	77371
77372	Treatment Deliveries - Stereotactic Radiation Therapy	77372, 77373, G0339, G0340
77373	Treatment Deliveries - Stereotactic Radiation Therapy	77372, 77373, G0339, G0340
77387	Guidance for localization of target volume for delivery of radiation treatment, all forms of IGRT, includes intrafraction tracking, when performed – professional component only; (technical component factored into all treatment code and no longer reported for any place of service)	77387
77399	Dosimetry -Unlisted	77399
77402	Radiation treatment delivery, Level 1 (e.g., single electron field, multiple electron fields, or 2D photons)	77402
77407	Radiation treatment delivery, level 2, single isocenter (e.g., 3D or IMRT), photons, including imaging guidance, when performed	77407

CPT Codes Requiring Authorization	Description	Allowable Billed Groupings
77412	Radiation treatment delivery, level 3 multiple isocenters with photon therapy (e.g., 2D, 3D, or IMRT) OR a single isocenter photon therapy (e.g., 3D or IMRT) with active motion management, OR total skin electrons, OR mixed electron/photon field(s), including imaging guidance, when performed	77412
77417	Port Films	77417
77423	Treatment Deliveries - Neutron Beam	77423
77424	Treatment Deliveries –IORT, Xray or Electron, Single Treatment Session	77424, 77425
77425	Treatment Deliveries –IORT, Xray or Electron, Single Treatment Session	77424, 77425
77427	Treatment Management - 5 Treatments	77427
77431	Treatment Management (1-2 tx)	77431
77432	Treatment Management - SRS	77432
77435	Treatment Management - SBRT	77435
77436	Surface radiation therapy; Superficial or orthovoltage, treatment planning and simulation-aided field setting, once per course of treatment	77436
77437	Superficial treatment delivery; includes electronic brachytherapy; <150 kV, per fraction	77437
77438	Orthovoltage treatment delivery, >150-500 kV, per fraction	77438
77439	Superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per treatment fraction	77439
77469	Treatment Management -IORT	77469
77470	Special Treatment Management	77470
77499	Radiation Therapy Management -Unlisted	77499
77520	Treatment Deliveries - Proton Beam	77520, 77522, 77523, 77525
77522	Treatment Deliveries - Proton Beam	77520, 77522, 77523, 77525
77523	Treatment Deliveries - Proton Beam	77520, 77522, 77523, 77525
77525	Treatment Deliveries - Proton Beam	77520, 77522, 77523, 77525
77600	Treatment Deliveries - Hyperthermia	77600, 77605, 77610, 77615, 77620
77605	Treatment Deliveries - Hyperthermia	77600, 77605, 77610, 77615, 77620
77610	Treatment Deliveries - Hyperthermia	77600, 77605, 77610, 77615, 77620
77615	Treatment Deliveries - Hyperthermia	77600, 77605, 77610, 77615, 77620
77620	Treatment Deliveries - Hyperthermia	77600, 77605, 77610, 77615, 77620
77761	Treatment Deliveries - Brachytherapy, LDR	77761, 77762, 77763, 77778, 77789
77762	Treatment Deliveries - Brachytherapy, LDR	77761, 77762, 77763, 77778, 77789

CPT Codes Requiring Authorization	Description	Allowable Billed Groupings
77763	**Treatment Deliveries - Brachytherapy, LDR**	**77761, 77762, 77763, 77778, 77789**
77767	**Treatment Deliveries – Brachytherapy, HDR – Skin Surface**	**77767, 77768**
77768	**Treatment Deliveries - Brachytherapy, HDR – Skin Surface**	**77767, 77768**
77789	**Treatment Deliveries - Brachytherapy, LDR**	**77761, 77762, 77763, 77778, 77789**
77790	**Supervision Loading Handling Source**	**77790**
77799	**Treatment Deliveries - Brachytherapy - Unspecified**	**77799**
77770	**Treatment Deliveries - Brachytherapy, HDR – Intracavitary – Interstitial**	**77770, 77771, 77772**
77771	**Treatment Deliveries - Brachytherapy, HDR – Intracavitary – Interstitial**	**77770, 77771, 77772**
77772	**Treatment Deliveries - Brachytherapy, HDR– Intracavitary – Interstitial**	**77770, 77771, 77772**
77778	**Treatment Deliveries - Brachytherapy, LDR**	**77761, 77762, 77763, 77778, 77789**
0395T	**Treatment Deliveries - Brachytherapy, HDR Electronic – Intercavitary – Interstitial**	**0395T**
C2616	**Brachytherapy source, non-stranded, yttrium-90**	**C2616**

[i] The radiation oncologist is required to obtain a medical necessity review for **Accelerated Partial Breast Irradiation (APBI).** The **breast surgeon** will receive approval for the insertion of the catheters if APBI is approved as medically necessary. The surgeon can request a review for approval at www.RadMD.com or call Evolent's call center toll free.