Radiation Oncology Coverage Criteria

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Policy type: Medical Necessity

RELATED DOCUMENTS

OH Radiation Oncology Scope Document
OH UM 54 – Radiation Therapy Review Criteria
Proton Beam Radiation Therapy Policy

OVERVIEW

OncoHealth performs prior authorization reviews for contracted clients' commercial, Managed Medicaid, and Medicare Advantage products. Organization and Coverage determinations may be directed, where applicable, to available National Coverage Determinations (NCD) or Local Coverage Determinations (LCD) in which compliance is required. Determinations may also be directed by state-specific guidelines and/or health plan specific radiation therapy coverage policies.

PURPOSE

To establish coverage criteria for radiation therapy administered under the medical benefit when a radiation coverage policy does not exist, or the requested use falls outside established radiation specific criteria.

SCOPE

OncoHealth reviews radiation therapy and associated procedure codes for medical necessity. This may include but is not limited to the following radiation modalities that are frequently used in cancer care:

- 3D Conformal Radiation Therapy (3D-CRT)
- Intensity-Modulated Radiation Therapy (IMRT)
- Image-Guided Radiation Therapy (IGRT)
- Stereotactic Body Radiation Therapy (SBRT/SABR)
- Proton Beam Therapy (PBT)

A review of billing (CPT/HCPCS) codes is completed when determining the medical necessity of a radiation therapy prior authorization request. This review is based upon the radiotherapy technique,

number of fractions and the appropriateness of the requested codes and treatment approach as they are requested for a given diagnosis.

POLICY STATEMENT

Coverage may be approved when the requested therapy is considered medically necessary, reasonable, and is supported by nationally recognized oncology compendia such as the National Cancer Comprehensive Guidelines, American Society for Radiation Oncology (ASTRO) guidelines, and federal and state specific guidance, where applicable.

POLICY AND CLINICAL INDICATIONS

A radiation treatment and its associated codes may be medically necessary when ALL of the following criteria are met:

- The treatment request is supported by at least one of the following for the specific clinical situation and treatment under review:
    - NCCN Category 1 or 2A level of recommendation in the current applicable NCCN Clinical Practice Guideline;
    - NCCN Category 2B level of recommendation if there is no higher rated NCCN Category recommendation available;
    - American Society for Radiation Oncology (ASTRO) Model Policies and/or the ASTRO Radiation Oncology Coding Resource
    - In the absence of support listed above, OH clinician may consider other uses of a radiation treatment medically necessary if supported as safe and effective according to fully published, high-quality, peer-reviewed articles (**meeting abstracts and case reports are excluded from consideration**); **AND**
- Prescribed by or in consultation with a radiation oncologist or other board-certified prescriber with qualifications to treat the specified malignancy; **AND**
- The treatment request is submitted with clinical records to support the medical necessity and/or reasonableness of treatment (oncology progress notes, pathology, imaging, treatment history, etc.)

AUTHORIZATION DURATION

Authorizations are issued for 3 (three) months, unless the ordering physician requests a different timespan or the patients' unique circumstance or condition supports the medical necessity for a different authorization timeframe.

EXCLUSIONS

Coverage may be denied for:

- Re-irradiation therapy without justification
- Non-evidence-based treatment

- Therapies exceeding recommended dosing and/or fractionation without rationale
- Treatment that is inconsistent with coding guidelines without appropriate justification
- Experimental or investigational indications outside of the scope of a clinical trial

REFERENCES

1. National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology (NCCN Guidelines ®). Disease specific guidelines and supportive care guidelines. Available at: https://www.nccn.org/guidelines/category_1 . Accessed May 27, 2026.
2. American Society for Radiation Oncology (ASTRO). Disease specific guidelines, and coding guidance. Available at: https://www.astro.org/myastro/login. Accessed May 27, 2026.
3. American Society for Radiation Oncology (ASTRO). Model Policies. Available at: https://www.astro.org/practice-support/reimbursement/model-policies. Accessed May 27, 2026.

DISCLAIMER

Radiation Therapy Coverage Policies are developed as needed, reviewed and updated at least annually, and are subject to change. Other policies and coverage determination guidelines may apply. Federal and state regulatory requirements and member specific benefit plan documents, if applicable, must be reviewed prior to utilizing this Radiation Therapy Coverage Policy. This Radiation Therapy Coverage Policy is for informational purposes only and does not constitute medical advice nor dictate how providers should practice medicine. This policy should not be reproduced, stored in a retrieval system, or altered from its original form without written permission from OncoHealth, Inc.

Member's medical records must document that services are medically necessary for treatment requested. All documentation must be available upon request. Failure to produce requested information may result in a denial of service(s).

REVISION HISTORY

Date	Updates	Author
05/27/2026	Policy Creation	OH P&T Committee
5/28/2026	Reviewed by OH P&T; adopted as internal criteria	OH P&T Committee
8/10/2026	Minor addition to Appendix, reviewed and approved by OH P&T	OH P&T Committee
8/31/2026	Approved by OH QUMC	OH QUMC

APPENDIX

Radiation codes covered under this policy include, but are not limited to, the following codes that are within scope for OncoHealth review. Inclusion of a code does not constitute or imply that a client has delegated determination authority to OncoHealth, nor does it guarantee individual member coverage or provider reimbursement. Coverage is determined by the member's specific benefit plan document and applicable laws governing coverage of services. This list is to be updated at least quarterly an may also be reviewed on an ad hoc basis as needed.

CPT/HCPCS Code	Description
19294	Prepj tum cav iort prtl mast
19296	Place po breast cath for rad
19297	Place breast cath for rad
19298	Place breast rad tube/caths
19499	Breast surgery procedure
20555	Place ndl musc/tis for rt
20665	Rmvl tongs/halo anthr indiv
31575	Diagnostic laryngoscopy
31643	Diag bronchoscope/catheter
32553	Ins mark thor for rt perq
32701	Thorax stereo rad targetw/tx
36246	Ins cath abd/l-ext art 2nd
36247	Ins cath abd/l-ext art 3rd
36248	Ins cath abd/l-ext art addl
37242	Vasc embolize/occlude artery
37243	Vasc embolize/occlude organ
41019	Place needles h&n for rt
49411	Ins mark abd/pel for rt perq
55860	Surgical exposure prostate
55862	Extensive prostate surgery
55865	Extensive prostate surgery
55874	Tprnl plmt biodegrdabl matrl
55875	Transperi needle place pros
55876	Place rt device/marker pros
55920	Place needles pelvic for rt
57150	Treat vagina infection
57155	Insert uteri tandems/ovoids
57156	Ins vag brachytx device
57180	Introduction Procedures on the Vagina
57400	Dilation of vagina
57410	Pelvic examination
58346	Insert heyman uteri capsule
61790	Treat trigeminal nerve
61791	Treat trigeminal tract
61796	SRS cranial lesion simple
61797	SRS cran les simple addl

61798	SRS cranial lesion complex
61799	SRS cran les complex addl
61800	Apply SRS headframe add-on
63620	SRS spinal lesion
63621	SRS spinal lesion addl
67218	Treatment of retinal lesion
75726	Artery x-rays abdomen
75774	Artery x-ray each vessel
76000	Fluoroscopy <1 hr phys/qhp
76498	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures
76641	Ultrasound breast complete
76642	Ultrasound breast limited
76872	Us transrectal
76873	Echograp trans r pros study
76942	Ultrasonic Guidance Procedures
76965	Echo guidance radiotherapy
77002	Fluoroscopic Guidance
77012	Computed Tomography Guidance
77021	Magnetic Resonance Imaging Guidance
77261	Radiation therapy planning
77262	Radiation therapy planning
77263	Radiation therapy planning
77280	Set radiation therapy field
77285	Set radiation therapy field
77290	Set radiation therapy field
77293	Respirator motion mgmt simul
77295	Set radiation therapy field
77299	Radiation therapy planning
77300	Radiation therapy dose plan
77301	Radiotherapy dose plan imrt
77306	Telethx isodose plan simple
77307	Telethx isodose plan cplx
77316	Brachytx isodose plan simple
77317	Brachytx isodose intermed
77318	Brachytx isodose complex
77321	Special teletx port plan
77331	Special radiation dosimetry
77332	Radiation treatment aid(s)

77333	Radiation treatment aid(s)
77334	Radiation treatment aid(s)
77336	Radiation physics consult
77338	Design mlc device for imrt
77370	Radiation physics consult
77371	Srs multisource
77372	Srs linear based
77373	Sbrt delivery
77387	Guidance for radj tx dlvr
77399	External radiation dosimetry
77402	Radiation tx delivery lvl 1
77407	Radiation tx delivery lvl 2
77412	Radiation tx delivery lvl 3
77417	Radiology port film(s)
77423	Neutron beam tx complex
77424	Io rad tx delivery by x-ray
77425	Io rad tx deliver by elctrns
77427	Radiation tx management x5
77431	Radiation therapy management
77432	Stereotactic radiation trmt
77435	Sbrt management
77436	Surf radj ther tx planning
77437	Surf radj ther supfc<=150kv
77438	Surf rad thr orthvlt>150-500
77439	Surf rad thr img gdn us plmt
77469	Lo radiation tx management
77470	Special radiation treatment
77499	Radiation therapy management
77520	Proton trmt simple w/o comp
77522	Proton trmt simple w/comp
77523	Proton trmt intermediate
77525	Proton treatment complex
77600	Hyperthermia treatment
77605	Hyperthermia treatment
77610	Hyperthermia treatment
77615	Hyperthermia treatment
77620	Hyperthermia treatment
77750	Infuse radioactive materials

77761	Apply intrcav radiat simple
77762	Apply intrcav radiat interm
77763	Apply intrcav radiat compl
77767	Hdr rdncl skn surf brachytx
77768	Hdr rdncl skn surf brachytx
77770	Hdr rdncl ntrstl/icav brchtx
77771	Hdr rdncl ntrstl/icav brchtx
77772	Hdr rdncl ntrstl/icav brchtx
77778	Apply interstit radiat compl
77789	Apply surface radiation
77790	Radiation handling
77799	Radium/radioisotope therapy
78018	Thyroid met imaging body
78201	Liver imaging
78800	Rp loclzj tum 1 area 1 d img
78801	Rp loclzj tum 2+area 1+d img
78802	Rp loclzj tum whbdy 1 d img
78803	Rp loclzj tum spect 1 area
78804	Rp loclzj tum whbdy 2+d img
79005	Nuclear rx oral admin
79101	Nuclear rx iv admin
79200	Nuclear rx intracav admin
79300	Nuclr rx interstit colloid
79403	Hematopoietic nuclear tx
79440	Nuclear rx intra-articular
79445	Nuclear rx intra-arterial
79999	Nuclear medicine therapy
0395T	Hdr elctr ntrst/ntrcv brchtx
A4641	Radiopharm dx agent noc
A4648	Tissue marker, implantable, any type
A9513	Lutetium Lu 177 dotatat ther
A9517	I131 iodide cap, rx
A9527	Iodine I-125 sodium iodide
A9530	I131 iodide sol, rx
A9540	Tc99m MAA
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic
A9543	Y90 ibritumomab, rx
A9563	P32 Na phosphate

A9564	P32 chromic phosphate
A9600	Sr89 strontium
A9604	Sm 153 lexidronam
A9606	Radium Ra223 dichloride ther
A9607	Lutetium lu 177 vipivotide tetraxetan
A9699	Radiopharmaceutical, therapeutic, not otherwise classified
C1715	Brachytherapy needle
C1716	Brachytx, non-str, gold-198
C1717	Brachytx, non-str,hdr ir-192
C1719	Brachytx, NS, Non-HDRIr-192
C1728	Catheter, brachytherapy seed administration
C2616	Brachytx, non-str, yttrium-90
C2634	Brachytx, non-str, HA, I-125
C2635	Brachytx, non-str, HA, P-103
C2636	Brachy linear, non-str,P-103
C2637	Brachytherapy source, non-stranded, ytterbium-169
C2638	Brachytx, stranded, I-125
C2639	Brachytx,non-stranded,I-125
C2640	Brachytx, stranded, P-103
C2641	Brachytx, non-stranded,P-103
C2642	Brachytx, stranded, C-131
C2643	Brachytx, non-stranded,C-131
C2698	Brachytx, stranded, NOS
C2699	Brachytx, non-stranded, NOS
C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy
C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy
C9728	Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g., fiducial markers, dosimeter)
G0339	Robot lin-radsurg com, first
G0340	Robt lin-radsurg fractx 2-5
G0458	Ldr prostate brachy comp rat
G0562	Complex simulation w/pet-ct
G0563	Sbrt w/positron emission del
Q3001	Brachytherapy Radioelements
Q9967	LOCM 300-399mg/ml iodine,1ml

S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy