



# Coverage and Updates

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June 2026



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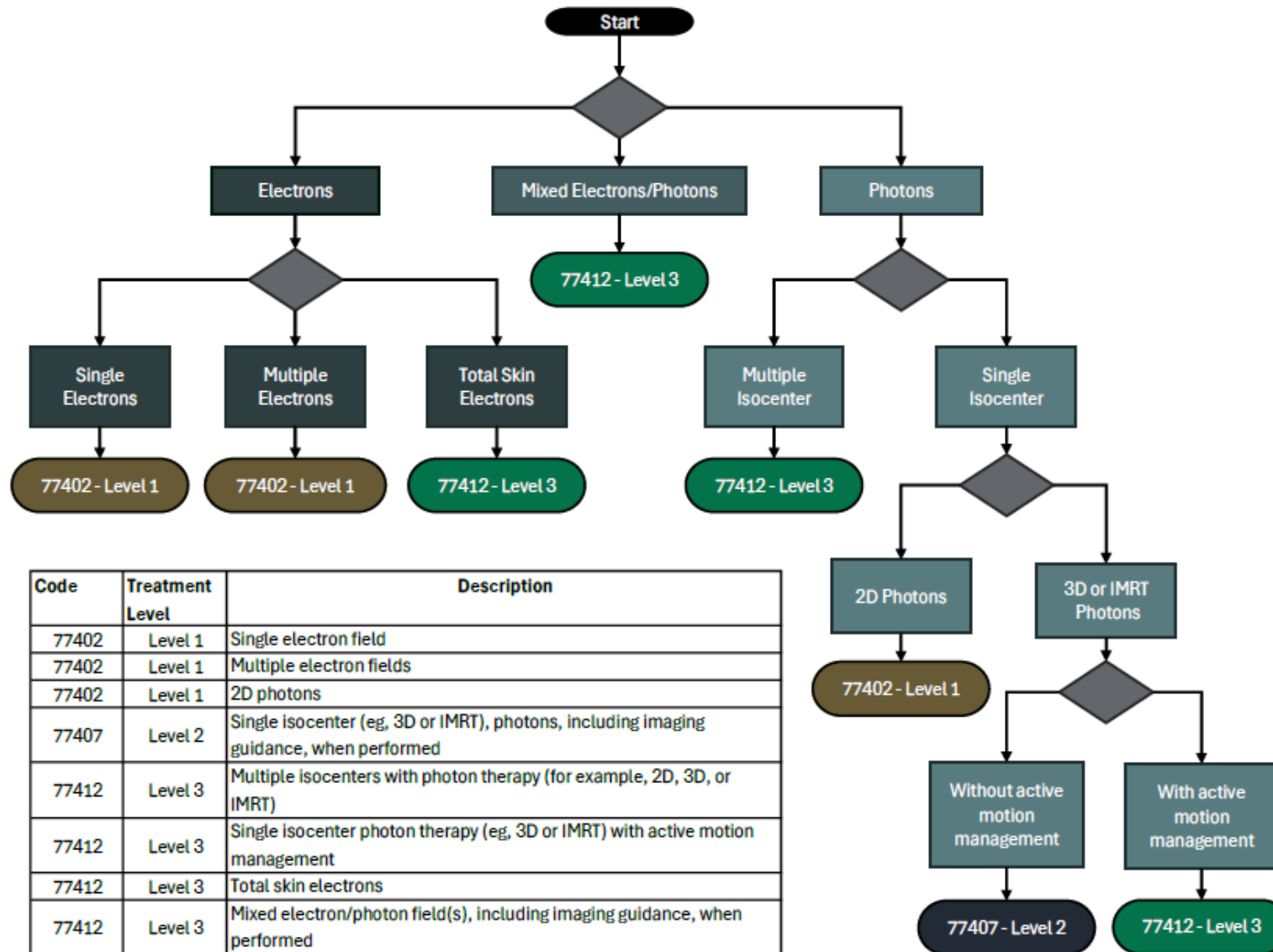
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# 2026 Radiation Oncology Treatment Code Changes

2D, 3D, and Intensity Modulated Radiation Therapy (IMRT)

*\*Not to be used for Proton Therapy, Stereotactic, or Brachytherapy*



# 2026 MPFS Treatment Codes and Rates

Non-Stereotactic Daily Treatment Q2 2026

## 77402 Level 1

**\$82.17 MPFS**

**\$104.24 OPFS**

Radiation treatment delivery; Level 1 (for example, single electron field, multiple electron fields, **single isocenter** 2D photons), including imaging guidance, when performed

## 77407 Level 2

**\$309.96 MPFS**

**\$394.05 OPFS**

Radiation treatment delivery; Level 2, single isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed

## 77412 Level 3

**\$443.56 MPFS**

**\$564.51 OPFS**

Radiation treatment delivery; Level 3, multiple isocenters with photon therapy (for example, 2D, 3D, or IMRT) **or** a single isocenter photon therapy (eg, 3D or IMRT) with active motion management, **or** total skin electrons, **or** mixed electron/photon field(s), including imaging guidance, when performed

# CPT Technical Corrections

Posted June 1, 2026, Effective January 1, 2026



## Definitions

Radiation Treatment Delivery, megavoltage ( $\geq 1$  MeV), any energy.

► **Level 1:** Any photon 2D radiation therapy delivered to a single isocenter with uniform radiation beam intensities and radiation delivery set-up, either by surface anatomic landmarks or bony landmarks with kV or MeV imaging **or** any electron therapy not meeting Level 3 criteria.

**Level 2:** Any photon therapy delivered with 3D CRT or IMRT to a single isocenter. Note: Does not include active motion management.

**Level 3:** Any photon therapy with active motion management, including 2D, 3D CRT or IMRT **or** any photon delivery with 2D, 3D CRT or IMRT to two separate multiple isocenters **or** total skin electrons **or** mixed electron and photon fields.

**Revise the Radiation Treatment Delivery subsection by:** Revise the Radiation Treatment Delivery subsection by: 1) adding “to a single isocenter” to the Level 1 definition; 2) updating the Level 3 definition by moving “2D” to the second row of the definition with multiple isocenters to align with the code descriptor (77412) and replacing the term “two separate” with the term “multiple”; 3) removing “or” to specify a “single isocenter” for code 77402; and 4) adding an exclusionary parenthetical note following code 77412 to instruct users how to appropriately report radiation treatment services.

# Image Guidance

Including SGRT

Professional Rate  
Q2 2026

**77387-26**  
**\$36.41 MPFS**

Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed

# ASTRO Active Motion Management Model Policy

DRAFT POLICY

- Comments will be accepted through this Wednesday June 24<sup>th</sup>.
- Submit your comment here:  
<https://www.astro.org/provider-resources/public-comment>
- View the DRAFT model policy here:  
[https://www.astro.org/ASTRO/media/ASTRO/Advocacy/PDFs/ActiveMotionManagementModel\\_26.pdf](https://www.astro.org/ASTRO/media/ASTRO/Advocacy/PDFs/ActiveMotionManagementModel_26.pdf)

# ASTRO Model Policy

## Active Motion Management



### DESCRIPTION

Treatment delivery with active motion management (CPT 77412) includes intra-fraction localization and tracking of the target(s), organs at risk (OAR), and/or patient motion to optimize beam delivery (e.g., intra-fraction motion, surface guidance). Intra-fraction motion management may utilize fiducials or imaging to monitor the target or OAR(s) when motion would decrease dose to the target and/or increase dose to the OARs ( e.g. during the breathing cycle in a deep inspiration breath hold, movement of the prostate with bladder or rectal filling, bowel peristalsis that alters the position of the target or OAR, etc.). Active motion management minimizes OAR and target motion uncertainties and allows more accurate delivery of radiation to mobile targets and active avoidance of OAR.

During AMM, radiation delivery is dynamically controlled or modified (automatically or manually) in direct response to detected motion of the target (or validated surrogate) and/or relevant OARs.

**Defining threshold for AMM:** AMM requires that motion information actively and continuously influences radiation delivery in real time (e.g., beam on/off decisions or beam adaptation) to a clinical target such that failure to track would result in unfavorable clinical consequences. If motion data does not directly influence beam delivery during treatment, the activity does not meet the definition of AMM. AMM is not applicable for patient movement evaluation that occurs in a static setup (e.g. patient coughing or arm movement), or simply for patient positioning prior to treatment delivery, but rather expected patient movement outside of pre-set parameters during the treatment processes every day.

# ASTRO Model Policy

## Active Motion Management



### REQUIRED ELEMENTS

- Motion tracking and management occur while radiation is being delivered (intrafraction), not solely before treatment initiation.
- Continuous monitoring of the target position (or valid surrogate) throughout beam delivery.
- Radiation delivery is actively dependent on motion data such as the beam is either:
  - Gated (beam on/off), and/or
  - Adaptively modified based on target position during respiration or other motion.

### EXAMPLES OF ENABLING TECHNOLOGIES (non-exhaustive)

- Respiratory gating systems.
- Triggered imaging used to support real-time delivery control.
- Fiducial-based tracking.
- Real-time imaging systems (e.g., MR Linac, Surface-guided RT).
- Breath-hold techniques, such as Deep Inspiration Breath Hold (DIBH), when beam control is tied to the motion.

# ASTRO Model Policy

## Active Motion Management

### SURFACE GUIDANCE (SGRT)

SGRT used solely for patient positioning or monitoring without direct, real-time control of beam delivery based on motion data is considered IGRT/position management and not AMM.

SGRT may be considered AMM only when motion data are used to actively gate (automatic or manual) or otherwise control beam via continuous motion feedback during treatment delivery.

# ASTRO Model Policy

## Active Motion Management

### INDICATIONS

The treating physician should determine the appropriateness of AMM based on their expertise and patient-specific factors in each clinical case.

AMM is most appropriately applied when respiratory or physiologic motion clinically affects target position and/or the ability to maintain the sparing of OARs or reduce harmful doses to healthy tissues/organs. Examples may include (non-exhaustive):

- Thoracic tumors (e.g., lung, mediastinum, chest wall).
- Upper abdominal tumors (e.g., liver, pancreas, stomach).
- Breast cases where DIBH or other AMM techniques are used for cardiac and/or normal tissue sparing (e.g., breast/chest wall with regional nodes; partial breast, breast boosts).
- Prostate where AMM is used via continuous tracking of fiducial markers for intrafraction triggered imaging.

# ASTRO Model Policy

## Active Motion Management

### DOCUMENTATION REQUIREMENTS

Documentation should clearly establish that AMM criteria are met and should be sufficient and clear for a third-party reviewer to understand both the clinical need and the AMM workflow used. Suggested documentation should include the following elements, as applicable:

1. Clinical rationale/medical necessity for AMM for the individual patient.
2. AMM method and technology used (e.g., identify the specific system and whether gating and/or adaptive modification is performed).
3. AMM parameters/workflow, including monitoring method, thresholds/tolerances, and what constitutes an out-of-tolerance event which will lead to beam interruption or stopping altogether.
4. How motion data are acquired and reviewed during treatment and how staff are alerted to deviations.
5. Beam control methodology (beam-on/beam-off criteria and/or adaptation logic/commands) and confirmation that delivery would be actively controlled and delivered by motion data management systems during treatment.

# Payer Coverage Updates



## EVICORE

**To support an approval for CPT 77412 due to active motion management**, we recommend that providers include clear, explicit detail addressing the following elements:

1. Medical necessity for motion management
2. Real-time monitoring or gating system used: Identify the specific system or technology used for intrafraction motion tracking
3. Workflow or parameters used for active motion management: Describe how motion is monitored during treatment, including thresholds, tolerance levels, and patient-specific setup.
4. Description of respiratory monitoring and tracking during treatment: Clarify whether monitoring is continuous, how motion data is acquired, and how the therapist is alerted to deviations.
5. Methodology determining beam on and beam off: State the criteria used to gate delivery, including what triggers beam-off events.

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## CARELON

Driven by Modality + IGRT and special codes.

All 3 daily treatment codes are included on non-stereotactic cases.

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## UNITED HEALTHCARE

Requires auth for daily treatment code + IGRT + specials.

Focused on fraction count more than level of treatment.

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## EVOLENT

The last policy update was made in June 2025 with a 1/1/26 effective date.

All decisions are modality-driven in the current policy.

# VisionRT Resources

## Authorization and claim appeal text



The NCCN Guidelines, Version 5.2026, for Prostate Cancer strongly support the use of image guidance to reduce treatment-related toxicity (Principles of Radiation Therapy section, page 71). Specifically, Item 3 under this section highlights the value of real-time intrafraction volumetric tracking to enhance treatment accuracy and safety.

Peer-reviewed literature further supports the clinical benefit of active motion management, including surface-guided radiation therapy (SGRT), in prostate radiotherapy. A relevant recent publication includes:

Macedo-Jiménez et al. (2025) <https://doi.org/10.1186/s13014-025-02638-3> analyzed intra-fractional surface motion during adaptive prostate radiotherapy. The study documented consistent vertical shifts over the course of extended treatment sessions and highlighted temporal discrepancies between surface and internal target positions. While the authors note that SGRT alone may have limitations for inter-fractional alignment, their findings clearly demonstrate the presence and progression of intra-fraction motion during prostate radiotherapy—underscoring the importance of real-time motion monitoring and management techniques such as those provided by AlignRT.

The NCCN Guidelines, Version XX.2026, for Invasive Breast Cancer emphasize the importance of individualizing RT planning and delivery (optimizing delivery of individual therapy section, page 60). Item 4 under this section specifically includes the use of respiratory control and cardiac blocking to protect the heart and surrounding critical structures.

Several studies support the use of active motion management via Surface Guided Radiation Therapy (SGRT) in breast radiotherapy, including:

1. Ono et al. (2021) <https://doi.org/10.1186/s13014-021-01777-7> quantified motion during DIBH for breast cancer using cine EPID and variance component analysis. They calculated a PTV margin of 3.59 mm, showing that even under breath-hold conditions, motion is present and measurable.
2. Michalski et al. (<https://doi.org/10.1111/j.1754-9485.2012.02434.x>) conducted in 2012 a systematic review on inter- and intra-fraction motion during breast radiotherapy. With focus in intra-fractional motion, they report that while average motion remains within a 5 mm tolerance, individual variations can be significant, underscoring the need for daily motion management. This publication sets the scene while the most subsequent reviews focus more on motion management strategies (e.g. <https://doi.org/10.3233/XST-180472>, <https://doi.org/10.1088/1361-6560/ab2ba8>).
3. Gough E, Ashworth S, Moodie T, et al. <https://dx.doi.org/10.1016/j.meddos.2024.03.002> shows that DIBH reduces right coronary artery and lung radiation dose in right breast cancer radiotherapy.
4. Rice L, Harris S, Green MM, Price PM <https://dx.doi.org/10.1259/bjrcr.20150038> shows that DIBH used in right breast radiation therapy minimizes liver dose.

Additionally, the textbook Short Course Breast Radiotherapy, published by Springer (<https://link.springer.com/book/10.1007/978-3-319-24388-7>), notes: “The conventional WBI fractionation scheme is 2 Gy per fraction. Several WBI fractionation schemes, including hypofractionated WBI (HWBI), have been investigated. HWBI offers advantages to the patient such as reduced out-of-pocket costs as well as to radiation oncology departments such as the ability to schedule and treat more patients per year on a given linear accelerator. ... Generally, HWBI requires better control of the patient’s motion during delivery. The reduced number of fractions in HWBI requires more precise and accurate patient positioning.”

# Additional Notes

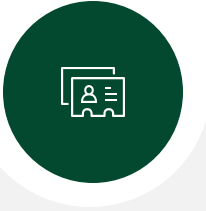
## Claim Edits and Payment Rates



- There is no NCCI P2P edit between 77387 and any of the plan codes.
  - Professional IGRT and plan charges can now be billed on the same date of service when a plan and treatment are done the same day.
- Continue watching your payment rates on all codes.
  - Payers are updating their fee schedules and the new rates are all over the place.
  - BCBS TX updated payment rates 5/1/26 that allow more for 77407 than 77412.
- Reach out to ASTRO, ACRO, and state resources with payment disparities.
  - Several state Medicaid plans have not updated their fee schedules to allow for payment of 77387 and still have old payment rates on 77402/77407/77412.
- Watch for the 2027 CMS Proposed Rules!
  - The release date is usually around July 4<sup>th</sup> weekend.

Code	Description
<b>77301</b>	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications  <b>NCCI Validation Results:</b> <b>No NCCI edit; Check CPT® coding guidelines to make sure code is allowed.</b>  + Modifiers + CPT® Assistant + Lay Term + My Specialty Coding Alert Related Articles + MPFS Physician + Path Lab Fee Schedules + ICD-10-CM Crossreference
<b>77387</b> #	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed  <b>NCCI Validation Results:</b> <b>No NCCI edit; Check CPT® coding guidelines to make sure code is allowed.</b>  + Modifiers + CPT® Assistant + Lay Term + My Specialty Coding Alert Related Articles + MPFS Physician + Path Lab Fee Schedules + ICD-10-CM Crossreference

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