

Superficial Radiation Treatment

Humana

Medicaid Medical Coverage Policy

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Description

Superficial radiation therapy (SRT), including treatments with radiation from **electronically generated, low energy radiation sources (ELS)**, is a form of radiotherapy used to treat superficial areas (eg, skin lesions). SRT devices use low-energy sources (eg, x-ray or miniature electron accelerators) to artificially produce radiation with a peak voltage of up to 120 kVp.⁴ This makes SRT more penetrating than Grenz ray therapy but less invasive than traditional orthovoltage (generally between 120 and 300 kVp)⁴ external beam irradiation. Additionally, because SRT does not use high voltage electrons or radioactive isotopes, the radiation shielding requirements are less stringent than with other forms of radiotherapy. This permits SRT to be performed in more locations including standard physician (eg, dermatology) offices. The **SRT-100** is an example of an approved US Food & Drug Administration (FDA) SRT device.

Image-guided radiation therapy (IGRT) refers to radiation delivery that is guided by concurrent imaging. IGRT is most commonly used when a high degree of accuracy is required (eg, brain tumors) or when the precise location of a tumor might be affected by normal body motion (eg, breathing motion during the treatment of lung tumors). Image-guided superficial radiation therapy (IG-SRT) is an emerging treatment that combines SRT (including electronic brachytherapy) with concurrent or daily imaging (eg, high-definition dermal ultrasound [HRDUS]) to purportedly improve the effectiveness of treatment by allowing for adjustment of the radiation dosage provided during each treatment session. IG-SRT is currently being explored to treat conditions such as basal cell carcinoma, Kaposi's sarcoma, keloid scarring and squamous

cell carcinoma. The Sensus **SRT-100 IG-SRT System** (also known as the SRT-100 Vision) is FDA approved for IG-SRT.

Coverage Determination

Humana members may be eligible under the Plan for **SRT (77436, 77437, 77438, 77439)** for the treatment of **superficial nonmelanoma skin cancer (eg, basal cell carcinoma [BCC], cutaneous squamous cell carcinoma [cSCC])** when surgical intervention is contraindicated or refused.^{1-5,10-12}

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for any of the following:

- Image-guided superficial radiation therapy (eg, SRT performed in conjunction with concurrent or daily imaging)^{10,11}

A review of the current medical literature shows that the **evidence is insufficient** to determine that this service is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of IG-SRT in clinical management.

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
77436	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting	
77437	Surface radiation therapy; superficial, delivery, =150 kV, per fraction (eg, electronic brachytherapy)	
77438	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	
77439	Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (List separately in addition to code for primary procedure)	

CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

References

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5. American Society for Radiation Oncology (ASTRO). Definitive and postoperative radiation therapy for basal and squamous cell cancers of the skin: an ASTRO clinical practice guideline. <https://astro.org>. Published January 2020.
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7. ECRI Institute. Clinical Evidence Assessment. Image-guided superficial radiotherapy (SkinCure Oncology) for nonmelanoma skin cancer. <https://home.ecri.org>. Published January 22, 2025.
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10. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Basal cell skin cancer. <https://nccn.org>. Updated September 2, 2025.

11. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Squamous cell skin cancer. <https://nccn.org>. Updated September 2, 2025.
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13. US Food & Drug Administration (FDA). 510(k) summary: Sensus Healthcare superficial radiotherapy system SRT-100. <https://fda.gov>. May 14, 2013.

Change Summary

11/04/2025 New Policy

01/15/2026 Technical Update Provider Claims Codes Update, No Coverage Change Remove Deleted Code, Add Replacement Codes