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ACROinsights – Coverage and Billing for Non-Oncologic Conditions

The goal of this series of articles is to ensure that radiation oncologists are aware of and provided with the knowledge to ensure day-to-day processes are being addressed in a compliant manner. This installment will discuss variances in coverage for treating non-oncologic conditions with radiation and how to appropriately bill the services. The information contained within this ACROinsights article is meant as general guidance and is not intended to replace appropriate legal or authoritative guidance.

A Bit of History

November 8, 1895, the discovery of X-rays by Wilhelm Röntgen changed medicine and how both malignant and benign diseases could be managed. In the early 1910's most radiation treatments were focused on skin cancers because of low penetration of radiation¹. Physicians and scientists continued their exploration in the understanding of radiation as a curative tool in medicine, but also the side effects and need for better shielding and dosing.

1920's introduced fractionation of treatments. Rather than a single dose, there was now better understanding of the effects of a single dose of radiation and how patients responded better and the side effects better managed when fractionated. 1930-1950 advances in technology allowed for the treatment of deeper targets. Treatment could now be based on whether treatment should be delivered externally or internally with use of brachytherapy sources.

1970's and 1980's was the introduction and evolution of the computer-assisted accelerators for treatment. The ability to shape the beam and protect healthy tissue became prevalent and was a bonus for the treatment of benign diseases.

1990's and beyond the continued advancements and utilization of computer-based technology, especially related to 3D conformal and IMRT has greatly evolved. The ability to treat more complex diseases and conditions has continually reshaped the specialty of radiation therapy.

Treatment for non-oncologic conditions has had a place in many radiation oncology practices, but other specialties such as dermatology have also had a large stake in the management of conditions, both malignant and benign, with radiation. The previous place radiation had in managing non-oncologic conditions was replaced by the advent of steroids, various antibiotics, and other drug therapies. Radiation therapy was kept to treating cancer and those conditions (e.g., keloids and heterotopic ossification) for which there was no other effective treatment available. The current rise in interest in radiation therapy for other non-oncologic conditions speaks to patients and physicians looking for alternatives to the high cost and financial barriers tied to drugs, the dissatisfaction with long-term drug or surgical managements, and benefits of lower side effects, lower cost, etc.

Coverage Policies

As mentioned, treatment of non-oncologic conditions with radiation is not new. There have been many reports of positive results dating back to the early 1900's. The recent and renewed interest in treating patients with non-oncologic conditions such as Dupuytren's contracture and osteoarthritis has greatly expanded by patients and radiation oncologists. As with any treatment protocol, a recommendation by the treating physician in itself is not sufficient, ensuring coverage and payment for the radiation course is also important.

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Coverage policies from Medicare Administrative Contractors (MACs) over the past 10-15 years have highlighted coverage for many non-oncologic diseases. Many of the Local Coverage Determinations (LCDs) have identified coverage for heterotopic ossification and keloids. Few have mentioned anything related to osteoarthritis. Most MACs have retired their radiation oncology external beam LCDs over the last few years; most current policies are those from private payers and benefit management companies. It should be noted; Medicare Advantage payers are required to provide the same coverage to their beneficiaries as provided to traditional Medicare beneficiaries.

For private payers, there are several Blue Cross Blue Shield policies for varying states across the United States. They are the most prolific in policies which specifically address non-oncologic conditions such as osteoarthritis. To provide a comparison of private payer policies related to coverage of non-oncologic conditions a table comparing three current policies is listed below. The comparisons are related to the condition and the variance in coverage or address of the condition are listed per Aetna, Blue Shield CA, and Kaiser Permanente.

Commercial Payer Coverage Non-Oncologic Conditions Comparison			
Condition	Aetna ⁱⁱ	Blue Shield CA ⁱⁱⁱ	Kaiser Permanente ^{iv}
	Radiation Treatment for Selected Nononcologic Indications	Low-Dose Radiotherapy for Non-Oncologic Indications	Low Dose Radiotherapy • Non-Melanoma Skin Cancer • Non-Oncologic Conditions
	Last Review: 2/25/26	Effective Date: 2/1/26	Last Revision: 2/3/26
Keloids (post-surgical adjunct)	Covered (adjunct after excision within 7 days)	Covered (adjuvant after excision)	Covered (post-resection, with steroids)
Heterotopic Ossification (HO)	Covered (medically necessary for prevention in high-risk patients)	Covered (medically necessary for prevention in high-risk patients)	Covered (medically necessary in high-risk, peri-surgical use)
Osteoarthritis	Covered with strict criteria (age ≥60, failed therapies, not surgical candidate)	Investigational (not covered)	Not covered (insufficient evidence)
Plantar Fasciitis	Not listed as covered (only plantar fibromatosis covered)	Investigational	Not preferred; rare case-by-case exception
Dupuytren's / fibromatosis	Covered (Ledderhose disease when failed therapy)	Not addressed	Not covered (insufficient evidence)

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Commercial Payer Coverage Non-Oncologic Conditions Comparison			
Condition	Aetna ⁱⁱ	Blue Shield CA ⁱⁱⁱ	Kaiser Permanente ^{iv}
Pterygium	Covered (beta irradiation if medically necessary)	Not addressed	Case-by-case review

Benefit management companies also have a large role in the coverage for treatment of non-oncologic conditions with radiation. Three of the primary companies include EviCore, Evolent, and Carelon (formerly known as AIM). A table comparing their current policies for coverage of non-oncologic conditions is provided for reference.

Benefit Management Company Coverage Non-Oncologic Conditions Comparison			
Condition Type	EviCore for Cigna ^v	Evolent ^{vi}	Carelon (fka AIM) ^{vii}
	CIGNA MEDICAL COVERAGE POLICIES Radiation Oncology Guidelines	Clinical guidelines: NON-CANCEROUS CONDITIONS	Radiation Therapy for Non-Malignant Disease
	Effective Date: February 25, 2026	Implementation Date: January 2024	Effective Date: April 4, 2026
Keloids	Covered (low complexity examples)	Covered post-excision	Covered (strong evidence for recurrence prevention)
Heterotopic Ossification (HO)	Implied coverage (low complexity RT examples)	Covered (single fraction 7–8 Gy)	Covered; highly effective prevention
Osteoarthritis / degenerative disorders	Not clearly supported	Covered	Not medically necessary (insufficient evidence)
Plantar fasciitis	Not specified	Covered	Mixed—used internationally but evidence evolving
Dupuytren's / Peyronie's	Not emphasized	Covered	Covered (early-stage disease)
Arteriovenous Malformations (AVM)	Covered via SRS/SBRT pathways	Covered (SRS)	Covered (especially small/inoperable AVMs)
Benign CNS tumors (e.g., pituitary adenoma)	Covered in disease-specific sections	Covered	Covered
Graves' ophthalmopathy	Likely covered (site-specific guideline)	Covered	Covered (moderate–strong evidence)

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Benefit Management Company Coverage Non-Oncologic Conditions Comparison			
Condition Type	EviCore for Cigna ^v	Evolent ^{vi}	Carelon (fka AIM) ^{vii}
Gynecomastia	Not highlighted	Covered	Covered mainly prophylactically
Paraganglioma / vascular tumors	Covered selectively	Covered	Covered
Hemangiomas / vascular malformations	Covered selectively	Covered	Covered
nAMD (macular degeneration)	Not specified	Not listed	Limited benefit; not standard vs anti-VEGF
Refractory ventricular tachycardia	Not specified	Not listed	Covered selectively (emerging use)

Billing for Treatment of Non-Oncologic Conditions

Once you understand the coverage of services, it is also important to understand the potential billing for treating non-oncologic conditions with radiation. The coding changes for treatment delivery effective in 2026 and the creation of the surface radiation therapy (SRT) are clear cut in how the codes may be applied, but there may still be some confusion.

Determining which set of codes comes down to identifying what type of treatment machine is being used to deliver the treatment. Is a linear accelerator which delivers treatments with megavoltage (MV) energy or superficial and/or orthovoltage unit which delivers treatments with kilovoltage (kV) energy being used?

The AMA defines and provides prefatory language within the 2026 CPT® manual describing the criteria to meet the basic coding requirements for use of treatment delivery codes. CMS deleted the previous G-codes and has aligned with the coding principles defined by the AMA effective January 1, 2026. The following table breaks down a comparison of treatments performed on the linear accelerator, superficial unit, and orthovoltage unit and how to bill for the services.

Treatment Machine	Linear Accelerator	Superficial	Orthovoltage
Energy Type	Megavoltage, >1 MV	Kilovoltage, ≤150 kV	Kilovoltage, >150 – 500 kV
CPT® Treatment Delivery Code(s)	77402, 77407, 77412	77437	77438
Does the depth of the target from the surface determine the treatment delivery code?	No	No	No
Does the energy type used to deliver the radiation to the target	Yes	Yes	Yes

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Treatment Machine	Linear Accelerator	Superficial	Orthovoltage
determine the treatment delivery code?			
Is imaging guidance included in the treatment delivery code?	Yes	No, there is a CPT® code (77439) available	No, there is a CPT® code (77439) available

Billing for treatment of non-oncologic conditions such as osteoarthritis will depend on whether the treatment was delivered on a linear accelerator or superficial unit. Many areas where osteoarthritis is commonly treated such as the hands and knees, the target is close to the skin surface and can be treated using kilovolts on superficial units. Other areas of the body such as shoulder or hip, the target for osteoarthritis may be deeper and require treatment of the patient on a linear accelerator with megavoltage energy.

Another consideration, it may be necessary to treat multiple areas in a patient during the same treatment session. Only one treatment delivery code is billable per treatment session, regardless of the treatment machine used. Again, the treatment machine and energy used to treat the patient will determine the potential coding.

For example, a patient with osteoarthritis of the right hand is to be treated on the superficial unit and the energy is 150 kV. The treatment delivery code for each fraction of treatment is 77437. If the patient were treated on the linear accelerator with 6 MV to the right hand, typical plan would be 2D, single isocenter, the treatment delivery code would be 77402.

Another example, a patient with osteoarthritis in both right and left hand is to be treated to both areas during the same treatment session. If the patient is treated to each hand on the superficial unit and the energy is 150 kV, the treatment delivery code for each treatment session is 77437. If the treatment was delivered and the energy was greater than 150kV, but no more than 500 kV, the treatment delivery code would be 77438. If this same patient were treated on the linear accelerator with MV, appropriate code is based on the number of isocenters. If both hands cannot be included in the same treatment field due to dose distribution and each hand must be planned separately with its own 2D isocenter, the treatment delivery code would be 77412. The documentation should be clear as to how the patient was treated and any medical necessity to support the care and management of the non-oncologic condition.

The Take Home Message

Most payers expect or are familiar with seeing radiation used in the care and management of cancers, expansion of care into more non-oncologic conditions means more attention to the details in the documentation and working with payers to help them understand this evolution in radiation oncology. As with any shift, the business of healthcare is challenging. Radiation oncologists want to do what is best for their patients and ensure patient access to cost effective treatment options. Advocacy can be challenging as well and tiresome, this is where ACRO can assist members and collectively discussing the positive outcomes for treatment of non-oncologic conditions can set up a future of healthcare coverage that moves with technology, not years behind.

ⁱ Gianfaldoni S, Gianfaldoni R, Wollina U, Lotti J, Tchernev G, Lotti T. An Overview on Radiotherapy: From Its History to Its Current Applications in Dermatology. Open Access Maced J Med Sci. 2017 Jul 18;5(4):521-525. doi: 10.3889/oamjms.2017.122. PMID: 28785349; PMCID: PMC5535674.

ⁱⁱ Aetna, Radiation Treatment for Selected Nononcologic Indications, Number 0551, Effective August 14, 2001, Last Review February 25, 2026, Next Review June 11, 2026.

ⁱⁱⁱ Blue California Medical Policy 7.01.179, Low-Dose Radiotherapy for Non-Oncologic Indications, Section 7.0 Surgery, Effective date February 1, 2026.

^{iv} Kaiser Permanente, Kaiser Foundation Health Plan of Washington, Clinical Review Criteria, Low Dose Radiotherapy, Non-Melanoma Skin Cancers, Non-Oncologic Conditions.

^v EviCore by Evernorth for Cigna Healthcare, CIGNA MEDICAL COVERAGE POLICIES Radiation Oncology Guidelines, V2.0.2026, Effective Date February 25, 2026.

^{vi} Evolent, Clinical guidelines: NON-CANCEROUS CONDITIONS, Evolent_CG_135, Implementation Date January 2024.

^{vii} Carelon, Radiation Therapy for Non-Malignant Disease, RAD05-0426.1, Effective Date April 4, 2026.