ACRO PAYER ALERT

Aetna Medicare Advantage denials of CPT 77336 (continuing medical physics consultation)

Date: September 14, 2026
To: ACRO Members and Radiation Oncology Practices
From: ACRO Board of Chancellors, Coding & Reimbursement Subcommittee, and Payer Relations Committee

Summary. ACRO has identified a country-wide problem in which Aetna Medicare Advantage plans are inappropriately denying — and issuing medical-record requests for — CPT code 77336 (continuing medical physics consultation). If your practice bills Medicare Advantage, you are likely affected and should review your recent 77336 remittances now.

What is happening. Since on or about March 2026, practices have seen a spike in Aetna Medicare Advantage denials and documentation requests for CPT 77336. The issue is limited to Aetna Medicare Advantage and to states whose Medicare Administrative Contractor (MAC) is WPS, Noridian, NGS, CGS, or Palmetto.

Why it is happening. Those five MACs adopted the multi-jurisdictional "Superficial Radiation Therapy (SRT) for the Treatment of Nonmelanoma Skin Cancers (NMSC)" LCDs and companion Billing and Coding Articles (effective on or about March 1, 2026), which list 77336 and 77370 within the narrow SRT/skin-cancer context. Aetna appears to have taken the SRT-specific diagnosis edits from those Articles and applied them to every 77336 claim. Because 77336 is a weekly physics quality-assurance code used across essentially all external-beam radiation therapy — for prostate, breast, lung, head and neck, CNS, and other cancers — claims tied to any diagnosis other than the SRT skin-cancer codes are being wrongly denied or pended for records.

What ACRO is doing. ACRO has sent a formal letter to Aetna Medicare demanding that it disable the misapplied edit, automatically reprocess improperly denied claims, and withdraw the associated record requests. We have noted that Medicare Advantage plans must follow Traditional Medicare coverage rules under 42 C.F.R. § 422.101(b) and CMS's 2024 MA Final Rule (CMS-4201-F), and may not apply criteria more restrictive than Traditional Medicare. We are coordinating with ASTRO and will update the membership as we receive a response.

What you should do now.

- Identify affected claims: pull Aetna Medicare Advantage 77336 denials and medical-record/ADR requests from approximately March 2026 forward.

- Do not write these off. Appeal the denials — these are medically necessary, covered services that were denied in error.
- Respond timely to any medical-record requests with your standard weekly physics documentation to protect appeal rights and avoid auto-denials.
- Report the issue to ACRO so we can quantify the national impact and strengthen our position with Aetna (details below).

Suggested appeal language. You may adapt the following: "CPT 77336 is continuing medical physics consultation, reported per week of therapy. It is a general weekly medical-physics service integral to this patient's course of radiation therapy for [diagnosis] and is not limited to superficial radiation therapy or skin cancer. This denial appears to result from the erroneous application of Superficial Radiation Therapy (SRT) LCD/Article diagnosis edits to a non-SRT service. Under 42 C.F.R. § 422.101(b), the plan must cover this service consistent with Traditional Medicare, which imposes no diagnosis restriction on 77336 outside the SRT context. We request that the claim be reprocessed and paid."

Report affected claims to ACRO. Please upload the following information to the Payer Relations Committee at https://cobbeconsulting.sharefile.com/r-r2bf0a05a9b7f4ebb9e6b00385541515f: payer/plan name, state and MAC, dates of service, CPT and ICD-10 codes billed, denial/remark codes, dollar amounts, and approximate claim volume. Aggregated data materially strengthens our advocacy with Aetna and CMS.

Thank you for helping us document and resolve this issue quickly. We will keep the membership informed of Aetna's response and any further guidance.

Respectfully,

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