



INTERA 3000™ Hepatic Artery Infusion Pump



HAI Therapy Physician Coding & Billing Guide

2026 Hepatic Artery Infusion (HAI) Therapy Physician Coding and Billing Guide

These products can only be used by licensed healthcare professionals. Caution: Federal law restricts this device to sale by or on the order of a physician. Additional important safety information about the above products is available at [Intera 3000 HAI Pump Safety Information](#). Please review if you intend to use these products.

Claims must contain the appropriate HCPCS/CPT/ICD-10 code(s) for the specific site of service to indicate the items and services that are furnished. The tables below contain a list of possible HCPCS/CPT/ICD-10 codes that may be used to bill for HAI Therapy. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) actually rendered. CPT® Copyright 2026 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Important Information

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. **It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered.** It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters.

Boston Scientific does not promote the use of its products outside its FDA-approved label. Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. All trademarks are the property of their respective owners.

This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgment of the HCP.

CPT® Copyright 2026 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. All trademarks are the property of their respective owners.



Table of Contents	Page
Important Information	2
About HAI Therapy	4
HAI Therapy Treatment Phases	5
Reimbursement Support Services	5
Coding and Medicare 2026 Allowable Payment	
Physician Services – Patient Eval	6
Physician Services – Surg Prep for Pump Implant	7
Physician Services – Surg Pump Implant – IP	8
Physician Services – Surg – Post Pump Implant	8
Physician Services – HAI Therapy	9
ICD-10-CM Diagnosis Codes	10
Sources	11
Endnotes & Legend	11



About Hepatic Artery Infusion (HAI) Therapy

Hepatic Artery Infusion (HAI) therapy leverages the unique anatomy of the liver and properties of floxuridine to deliver high doses of regional therapy safely and effectively to tumors in the liver, limiting toxicity elsewhere in body. HAI therapy delivers chemotherapy directly into the liver via the hepatic artery, resulting in concentrations of the drug in liver metastases that are **~400 times higher** than those achieved by IV administration¹. First pass liver metabolism of ~97% and a half-life of ~10 minutes, results in minimal systemic exposure and toxicity of floxuridine.

In the United States, the Intera 3000 Hepatic Artery Infusion Pump (“Intera Pump”) is indicated for use in the adult population only, for the continuous regional delivery of the following infusates with arterial administration: JND Therapeutics Floxuridine for Injection, USP; Heparinized Saline; Saline; Bacteriostatic Water; Glycerin Injection.

The approved labeling for JND Therapeutics Floxuridine for Injection, USP stipulates the indications, contraindications, and warnings for use of the drug in the Intera Pump.

Bacteriostatic water or saline must be used to achieve the desired concentration of the drug. Heparinized saline can be used during an interruption of HAI therapy to maintain catheter patency.

Glycerin infusion is indicated for patients who are receiving continuous HAI therapy. It is employed as a placebo to keep the catheter patent or to extend the refill interval for patients who require therapy interruption or withdrawal.

The Intera 3000 Hepatic Artery Infusion Pump is approved by the US Food and Drug Administration (FDA) under a premarket approval (PMA) P890055. PMA is the most stringent type of device marketing application required by FDA. The applicant must receive FDA approval of its PMA application prior to marketing the device. PMA approval is based on a determination by FDA that the PMA contains sufficient valid scientific evidence to assure that the device is safe and effective for its intended use(s)². The FDA provides PMA guidance on the clinical data accepted to support medical device applications and submissions.³

The Instructions for Use (IFU), Warnings and Precautions may be found at

<https://www.interaoncology.com/healthcare-professionals/resource-portal/instructions-for-use>



HAI Therapy

Treatment with the Intera 3000 Hepatic Artery Infusion Pump typically involves three phases:

1. Patient Evaluation – the patient is assessed after thorough history and physical, laboratory workup including liver function tests, and preoperative radiological imaging (CT or CTA to document sites of malignant disease and vascular anatomy/mapping information. Patients must have a performance status that is fit enough to undergo an abdominal operation.
2. HAI Pump Implantation – the multidisciplinary team including the medical and surgical oncologists and radiologist interpret the Patient Evaluation phase results and prepare a HAI therapy treatment plan and surgical plan. The surgeon will perform the HAI Pump implantation (an inpatient procedure) as well as all associated necessary procedures, including preparing the pump with heparinized saline to ensure safe and effective use. Upon completion of the implantation, the patient will undergo a perfusion analysis of the HAI Pump by Nuclear Medicine using Technetium 99mTc albumin aggregated (^{99m}Tc-MAA) and both planar and SPECT-CT imaging. Bilobar perfusion and the absence of extrahepatic perfusion will be assessed and surgical approaches such as embolization may be performed to ensure the HAI therapy stays within the target area(s).
3. Chemotherapy Administration – the treating physician typically begins therapy two to four weeks post-implantation. The HAI Pump is refilled every two weeks alternating between floxuridine and heparinized saline. Liver function tests are performed at each refill of the HAI Pump; other testing may occur. The patient will likely also be receiving concurrent systemic chemotherapy.



Physician Services CY 2026 (01/01/2026-12/31/2026)

Service Provided		Physician Fee Schedule ⁴				
CPT® / HCPCS Code	CPT® /HCPCS Description	Work RVUs	Total Facility RVUs	Facility* Facility*	Total NF RVUs	Non Facility*
Patient Evaluation						
Office Visit						
99214	Office or other outpatient visit (moderate MDM or ≥ 30 min)	1.92	2.53	\$85	4.06	\$136
99215	Office or other outpatient visit (high MDM or ≥ 40 min)	2.80	3.76	\$126	5.76	\$192
99244	Office or other outpatient consultation (moderate MDM or ≥ 40 min)	2.69	4.00	\$134	4.82	\$161
99245	Office or other outpatient consultation (high MDM or ≥ 55 min)	3.75	5.35	\$179	6.27	\$209
Preoperative Consultation						
99254	Inpatient or observation consultation (moderate MDM ≥ 60 min)	2.72	4.12	\$138	NA	NA
99255	Inpatient or observation consultation (high MDM ≥ 60 min)	3.86	5.53	\$185	NA	NA
Imaging (Diagnostic Workup) - requires -26 modifier						
74160 ^b	Computed tomography, abdomen; with contrast material(s)	1.24	NA	\$58	6.90	\$230
74170 ^b	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	1.37	NA	\$64	7.76	\$259
74175 ^b	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1.77	NA	\$83	9.11	\$304
71260 ^b	Computed tomography, thorax, diagnostic; with contrast material(s)	1.13	NA	\$54	4.99	\$167
71270 ^b	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	1.22	NA	\$57	5.86	\$196
71046	Radiologic examination, chest; 2 views	0.21	0.30	\$10	0.30	\$10
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	1.50	2.06	\$69	2.06	\$0
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	1.88	2.59	\$87	2.59	\$0
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	2.15	2.95	\$99	2.95	\$0
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	2.38	3.28	\$110	3.28	\$0



Physician Services *Continued*

CY 2026 (01/01/2026-12/31/2026)

Service Provided		Physician Fee Schedule ⁴				
CPT® / HCPCS Code	CPT® /HCPCS Description	Work RVUs	Total Facility RVUs	Facility*	Total NF RVUs	Non Facility*
Surgical Preparation for Pump Implant						
Laparoscopic Cholecystectomy (does not include Exploratory Laparotomy code 49000)						
47562 ^{ac}	Laparoscopy, surgical; cholecystectomy	10.21	18.91	\$632	NA	NA
47563 ^{ac}	Laparoscopy, surgical; cholecystectomy with cholangiography	11.18	20.49	\$684	NA	NA
47564 ^{ac}	Laparoscopy, surgical; cholecystectomy with exploration of common duct	17.55	31.78	\$1,061	NA	NA
49000 ^{ac}	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	12.23	21.82	\$729	NA	NA
74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	0.26	0.39	\$13	NA	NA
74301	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)	0.20	0.28	\$9	NA	NA
Open Cholecystectomy (includes Exploratory Laparotomy code 49000)						
47600 ^{ac}	Cholecystectomy	17.04	30.25	\$1,010	NA	NA
47605 ^{ac}	Cholecystectomy; with cholangiography	18.02	31.78	\$1,061	NA	NA
47610 ^{ac}	Cholecystectomy with exploration of common duct	20.40	35.13	\$1,173	NA	NA
47612 ^{ac}	Cholecystectomy with exploration of common duct; with choledochoenterostomy	20.68	35.69	\$1,192	NA	NA
47620 ^{ac}	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography	22.49	38.40	\$1,283	NA	NA
Liver Excision/Resection						
47120 ^{ac}	Hepatectomy, resection of liver; partial lobectomy	38.03	64.86	\$2,166	NA	NA
47122 ^{ac}	Hepatectomy, resection of liver; trisegmentectomy	57.99	94.22	\$3,147	NA	NA
Imaging Guidance - requires -26 modifier						
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	0.53	0.81	\$27	0.81	\$27
76937	Ultrasound guidance for vascular access (List separately in addition to code for primary procedure)	0.29	0.41	\$14	0.41	\$14
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	0.65	0.94	\$31	0.94	\$31



Physician Services *Continued*

CY 2026 (01/01/2026-12/31/2026)

Service Provided		Physician Fee Schedule ⁴				
CPT® / HCPCS Code	CPT® /HCPCS Description	Work RVUs	Total Facility RVUs	Facility*	Total NF RVUs	Non Facility*
Surgical Pump Implant - Inpatient Hospital						
Pump Implant						
36260 ^{ac}	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	9.66	18.96	\$633	NA	NA
15860 ^a	Intravenous injection of agent to test vascular flow	1.90	2.79	\$93	NA	NA
Post-Implant Imaging - requires -26 modifier						
78803 ^b	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (e.g., head, neck, chest, pelvis), single day imaging	1.06	1.47	\$49	NA	NA
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	1.45	1.95	\$65	NA	NA
Embolization						
37242 ^a	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	9.56	12.37	\$413	NA	NA
Surgical - Post Pump Implant						
Pump Revision or Removal						
36261 ^{ac}	Revision of implanted intra-arterial infusion pump	5.49	12.20	\$407	NA	NA
36262 ^{ac}	Removal of implanted intra-arterial infusion pump	4.01	9.48	\$317	NA	NA

See important notes on the uses and limitations of this information on page 2.

©2026 Boston Scientific Corporation or its affiliates. All rights reserved. All trademarks are property of their respective owners.



Physician Services *Continued*

CY 2026 (01/01/2026-12/31/2026)

CPT® / HCPCS Code	Service Provided CPT® /HCPCS Description	Physician Fee Schedule⁴					
		Work RVUs	Total Facility RVUs	Facility*	Total NF RVUs	Non Facility*	
HAI Therapy							
Chemotherapy Administration, Pump Refill, and Maintenance							
96522 ^{d#}	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (e.g., intravenous, intra-arterial)	0.21	NA	NA	3.75	\$125	
77002	Fluoroscopic guidance	0.53	0.81	\$27	3.63	\$121	
76937	Ultrasound guidance for vascular access (List separately in addition to code for primary procedure)	0.29	0.41	\$14	1.21	\$40	
A4220	Refill kit for implantable infusion pump	NA	NA	\$0	NA	\$0	
A4216 ⁺	Sterile water, saline and/or dextrose, diluent/flush, 10 ml (bacteriostatic water)	NA	NA	\$0	NA	\$0	
J1644 ⁺	Injection, Heparin sodium, per 1 000 units	NA	NA	\$0	NA	\$0	
J9200 ⁺	Floxuridine, 500 mg (NDC #81643-9270-01)	NA	NA	\$0	NA	\$4,128	
J1100 ⁺	Injection, dexamethasone sodium phosphate, 1 mg	NA	NA	\$0	NA	\$0	
J3490 ⁺	Unclassified drugs (used for glycerin injection)	NA	NA	\$0	NA	\$0	
J7999 ⁺	Compounded drug, not otherwise classified (used for glycerin injection)	NA	NA	\$0	NA	\$0	

See important notes on the uses and limitations of this information on page 2.

©2026 Boston Scientific Corporation or its affiliates. All rights reserved. All trademarks are property of their respective owners.



ICD-10 CM⁵ Diagnosis Codes

Primary diagnosis

C22.0	Liver cell carcinoma; Hepatocellular carcinoma; Hepatoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver; Kupffer cell sarcoma
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type

Secondary diagnosis

C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C18.0	Malignant neoplasm of cecum; Malignant neoplasm of ileocecal valve
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of splenic flexure
C18.7	Malignant neoplasm of sigmoid colon; Malignant neoplasm of sigmoid (flexure)
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified; Malignant neoplasm of large intestine NOS
C19	Malignant neoplasm of rectosigmoid junction; Malignant neoplasm of colon with rectum; Malignant neoplasm of rectosigmoid (colon)
C20	Malignant neoplasm of rectum; Malignant neoplasm of rectal ampulla
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal; Malignant neoplasm of anal sphincter
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal; Malignant neoplasm of anorectal junction; Malignant neoplasm of anorectum; Primary malignant neoplasm of two or more contiguous sites of rectum, anus and anal canal
C22.1	Intrahepatic bile duct carcinoma; Cholangiocarcinoma
<i>C49.A0</i>	<i>Gastrointestinal stromal tumor, unspecified site</i>
<i>C49.A1</i>	<i>Gastrointestinal stromal tumor of esophagus</i>
<i>C49.A2</i>	<i>Gastrointestinal stromal tumor of stomach</i>
<i>C49.A3</i>	<i>Gastrointestinal stromal tumor of small intestine</i>
<i>C49.A4</i>	<i>Gastrointestinal stromal tumor of large intestine</i>
<i>C49.A5</i>	<i>Gastrointestinal stromal tumor of rectum</i>
<i>C49.A9</i>	<i>Gastrointestinal stromal tumor of other sites</i>
<i>D01.7</i>	<i>Carcinoma in situ of other specified digestive organs; Carcinoma in situ of pancreas</i>

Codes in **bold** are those for indications listed in [Medicare NCD 280.19](#)

Codes in *italics* are only in the [Palmetto GBA LCA A56695 Implantable Infusion Pump](#) for Jurisdictions J and M, covering AL, GA, TN, NC, SC, and VA.

Possible primary diagnosis

C22.1 Intrahepatic bile duct carcinoma; Cholangiocarcinoma

See important notes on the uses and limitations of this information on page 2.

©2026 Boston Scientific Corporation or its affiliates. All rights reserved. All trademarks are property of their respective owners.



Sources

1. Ensminger WD, Gyves JW. Semin Oncol. 1983 Jun;10(2):176-82; ² Creasy, et al. Ann Surg Oncol (2020) 27:5086-5095. Accessed October 13, 2025. [Clinical pharmacology of hepatic arterial chemotherapy - PubMed](#)
2. FDA. Premarket approval (PMA). <https://www.fda.gov/medical-devices/premarket-submissions/premarket-approval-pma>. Accessed October 13, 2025.
3. FDA. Acceptance of Clinical Data to Support Medical Device Applications and Submissions: FAQ. <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/acceptance-clinical-data-support-medical-device-applications-and-submissions-frequently-asked>. Accessed October 13, 2025
4. 2026 Physician Fee Schedule. CMS-CMS-1832-CN2. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-cn2>
2026 Conversion Factor of 33.40
5. FY 2026 ICD-10 Diagnosis Coding System (ICD-10-CM). <https://www.cms.gov/files/zip/2026-code-tables-tabular-and-index.zip>

Endnotes & Legend

MPFS

TC Technical Component

PC Professional Component (-26 modifier)

CP CMS MACs (Medicare Administrative Contractors) set the rates for these procedures done in an OBL.

a MPPR reduction of 50% applies to 2nd and greater procedures in groups done on same DOS for same diagnosis.

b MPPR reduction (imaging) - 50% TC reduction and 25% PC reduction

c Major surgery with a 1-day preoperative period and 90-day postoperative period included in the fee schedule payment amount.

d "Incident to" codes (payment may not be made for in-hospital, or out-patient.)
-26 and -TC modifiers are not valid.

***** Payment refers to the Medicare Allowable Amount published by the Centers for Medicare & Medicaid Services (CMS) for the calendar or fiscal year.

Some policies state that a refill kit for the refill of an implanted infusion pump (HCPCS A4220) is not separately payable to any provider in any place of service. Payment for A4220 is bundled into payment for CPT 96522. Patients may not be billed for this service, even with a properly completed advance beneficiary notice (ABN). Third party payers should be contacted for their rules.

+ The "KD" modifier should be added to codes for drugs that are infused through Durable Medical Equipment (DME). Drugs (e.g., heparin) provided by the provider must represent a cost to the provider and be incident to the services provided to be considered for reimbursement. If provided to a Medicare beneficiary in the hospital setting, the hospital must be the entity to bill Medicare.



NCCI (National Correct Coding Initiative) Edits

- CPT 77002 requires an NCCI modifier when billed on same DOS with a surgical or imaging procedure.
- CPT 47562 is not reimbursable when billed on same DOS with CPT 47120, 47122, 47563, 47564, 47600, 47605, 47610, 47612, 47620.
- CPT 47563 is not reimbursable when billed on same DOS with CPT 47564, 47600, 47605, 47610, 47612, 47620.
- CPT 47564 is not reimbursable when billed on same DOS with CPT 47120, 47122, 47600, 47605, 47610, 47612, 47620.
- CPT 47600 is not reimbursable when billed on same DOS with CPT 47120, 47122, 47562, 47563, 47564, 47605, 47610, 47612, 47620.
- CPT 47605 is not reimbursable when billed on same DOS with CPT 47120, 47122, 47562, 47563, 47564, 47600, 47610, 47612, 47620.
- CPT 47610 is not reimbursable when billed on same DOS with CPT 47120, 47122, 47562, 47563, 47564, 47600, 47605, 47612, 47620.
- CPT 47612 is not reimbursable when billed on same DOS with CPT 47120, 47122, 47562, 47563, 47564, 47600, 47605, 47610, 47620.
- CPT 47620 is not reimbursable when billed on same DOS with CPT 47120, 47122, 47562, 47563, 47564, 47600, 47605, 47610, 47612.
- CPT 49000 is not reimbursable when billed on same DOS with CPT 47600, 47605, 47610, 47612, 47620, 47120, 47122, 36260.
- Only one nuclear medicine procedure is reimbursable on the same DOS.