Boston Scientific
Advancing science for life™

TheraSphere

2026 Coding and Billing Guide

INSIDE THIS GUIDE

Commonly billed scenarios for

- Outpatient Codes and Payment (Hospital, ASC and Office)
- Physician Payment Rates

TheraSphere™ 2026 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 TheraSphere Y-90 Glass Microspheres Brief Summary. Please review if you intendto 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 TheraSphere™. 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.

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About TheraSphere

TheraSphere consists of insoluble glass microspheres where yttrium-90 is an integral constituent of the glass. The product is injected by a physician into an artery of the patient's liver through a catheter, which allows the treatment to be delivered directly to the tumor via blood flow. The microspheres, being unable to pass through the vasculature of the liver due to arteriolar capillary blockade, are trapped in the tumor and exert a local radiotherapeutic effect with some concurrent damage to surrounding normal liver tissue.

In the United States, TheraSphere is indicated for use as selective internal radiation therapy (SIRT) for local tumor control of solitary tumors (1-8 cm in diameter), in patients with unresectable hepatocellular carcinoma (HCC), Child-Pugh Score A cirrhosis, well-compensated liver function, no macrovascular invasion, and good performance status.

TheraSphere is approved by the US Food and Drug Administration (FDA) under a premarket approval (PMA) **P200029**. 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)[1] The FDA provides PMA guidance on the clinical data accepted to support medical device applications and submissions.[2] TheraSphere requires a Radioactive Material License (RAML)[3] for use, and it must be used in accordance with US Nuclear Regulatory Commission (NRC) or state requirements[4] . Boston Scientific has notified the NRC of the PMA and has requested an update to the Microsphere Licensing Guidance[3] to eliminate references to the previous product approval which was under a Humanitarian Device Exemption.

The Instructions for Use (IFU), Warnings and Precautions may be found on the Boston Scientific eLabeling website: https://www.bostonscientific.com/elabeling/us/en/home/healthcare-professionals.html. Search for key word **TheraSphere** to locate it. The options should appear after typing the first 3 letters.

ICD-10 CM[8] Diagnosis Codes

Primary diagnosis

C22.0	Liver cell carcinoma; Hepatocellular carcinoma; Hepatom

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TheraSphere Treatment

Treatment with TheraSphere typically involves three phases:

1. Patient Evaluation – the patient is assessed after a thorough history and physical as well as blood and diagnostic imaging tests, whether treatment with TheraSphere is appropriate and if additional preparatory procedures are required. Creation of a therapeutic radiology simulation plan, selective and superselective vessel assessment via angiography (radiography of vessels after the injection of a radiopaque contrast material via percutaneous insertion of a radiopaque catheter), anatomical imaging and vascular flow imaging using a diagnostic radioisotope to simulate the administration of TheraSphere are performed. If necessary, based on the results, at the time of the evaluation, a coil embolization of any extrahepatic arteries that would shunt blood flow outside of the treatment target area would be performed.

2. Treatment Planning – the treating physician and/or other specialists (Medical Physicist or Nuclear Radiologist) interpret the Patient Evaluation phase results and prepare a therapeutic brachytherapy treatment plan. This phase includes planning, dosimetry calculations, and potentially additional simulations as well as special medical radiation physics or treatment considerations. The dosimetry calculations may be performed with or without the use of specialized software, such as Simplicit90Y™.

3. TheraSphere Administration – the patient undergoes angiography to confirm there haven't been changes since the Patient Evaluation phase. TheraSphere is then administered intra-arterially via percutaneous catheter under imaging guidance in accordance with the treatment plan supported by the Written Directive (an authorized user's [the Interventional or Nuclear Radiologist] written order for the administration of material or radiation to a patient).

TheraSphere Reimbursement Support Services

We have contracted with The Pinnacle Health Group to provide assistance regarding coverage and payment activities related to TheraSphere treatment, including:

- Billing and coding support
- Assistance with prior authorizations or pre-determinations
- Assistance with appeals of denials (prior authorizations or claims)

For assistance, contact The Pinnacle Health Group:

Toll Free: +1-866-369-9290 | Phone: +1-215-369-9290
Toll Free Fax: +1-877-499-2986 | Fax: +1-215-369-9198
Email: Therasphere@thepinnaclehealthgroup.com

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Coding and Medicare 2026 Allowable Payment

Payer policies will vary and should be verified before treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

Treatment and Simulation Planning

Physician, OPPS, and **ASC** Procedural Services CY 2026 (01/01/2026-12/31/2026)

Service Provided		Physician Fee Schedule[5]			Hospital Outpatient[6]			ASC[7]	
CPT® Code	CPT® Description	RVUs	Facility*	Non Facility	Status Indicator	APC	Payment*	Status Indicator	Payment*
77263	Therapeutic Radiology Tx Planning, Complex	3.06	$169	$169	B		$0	N1	$0

CPT Codes are used to report medical services and procedures performed by or under the direction of physicians in the office or facility setting. The MPFS is based on Relative Value Units (RVUs) assigned to each CPT code. RVUs represent the physician's work, practice expenses and malpractice costs associated with each procedure or service. Reimbursement for commercial payers may be based on the Medicare RVUs or by a contractually negotiated rate.

HCPCS C-Codes are used to report devices used in combination with device-related procedures for hospital outpatient services.

Selective Catheter Placement

Physician, OPPS, and **ASC** Procedural Services CY 2026 (01/01/2026-12/31/2026)

Service Provided		Physician Fee Schedule[5]			Hospital Outpatient[6]			ASC[7]	
CPT® Code	CPT® Description	RVUs	Facility*	Non Facility*	Status Indicator	APC	Payment*	Status Indicator	Payment*
36247[a]	Sel Cath Place, Art, Initial 3rd Order or > Ab/Pelv/LowExt (3 or > init vessels)	5.89	$259	$1,357	N		$0	N1	
36248	Sel Cath Place, Art, Addt'l 2nd or > Order Ab/Pelv/LowExt (ea vessel) [add to primary]	0.98	$41	$112	N		$0	N1	

Mesenteric Angiography Arterial Assessment

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

Service Provided		Physician Fee Schedule[5]		
CPT® Code	CPT® Description	RVUs	Facility*	Non Facility*
75726[a,c]	Angiography, visceral, selective or supraselective (with or without flush aortogram), RS&I	2.00	$91	$168
75774[c]	Angiography, RS&I (ea addt'l vessel)	0.98	$44	$95

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Mesentric Angiography Arterial Assessment *Continued*

OPPS and **ASC** Procedural Services CY 2026 (01/01/2026-12/31/2026)

Service Provided		Hospital Outpatient[6]			ASC[7]	
CPT® Code	CPT® Description	Status Indicator	APC	Payment*	Status Indicator	Payment*
75726	Angiography, visceral, selective or supraselective (with or without flush aortogram), RS&I	Q2	5184	$5,685	N1	
75774	Angiography, RS&I (ea addt'l vessel)	N		$0	N1	

Simulation (Mapping)

Physician, OPPS, and **ASC** Procedural Services CY 2026 (01/01/2026-12/31/2026)

Service Provided		Physician Fee Schedule[5]			Hospital Outpatient[6]			ASC[7]	
CPT® Code	CPT® Description	RVUs	Facility*	Non Facility*	Status Indicator	APC	Payment*	Status Indicator	Payment*
A9540	Technetium tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries	NA	NA	MAC Priced	N		$0	N1	
77290	Therapeutic Radiology Simulation, Complex	1.52	$82	$445	S	5612	$383	Z2	$206

Shunting (Lung & Gastrointestinal) Imaging Options

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

Service Provided		Physician Fee Schedule[5]		
CPT® Code	CPT® Description	RVUs	Facility*	Non Facility*
78202[d]	Liver Imaging w/ vascular flow; static only	0.50	$23	$192
78800[d]	Rp localization tumor/distribution Rp agent, incl vasc flow, planar, 1 area, 1 day	0.62	$31	$232
78803[d]	Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	1.06	$49	$336

OPPS and **ASC** Procedural Services CY 2026 (01/01/2026-12/31/2026)

Service Provided		Hospital Outpatient[6]			ASC[7]	
CPT® Code	CPT® Description	Status Indicator	APC	Payment*	Status Indicator	Payment*
78202	Liver Imaging w/ vascular flow; static only	S	5592	$555	Z2	$300
78800	Rp localization tumor/distribution Rp agent, incl vasc flow, planar, 1 area, 1 day	S	5591	$408	Z2	$220
78803	Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	S	5592	$555	Z2	$300

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Target Volume Imaging Options

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

Service Provided		Physician Fee Schedule[5]		
CPT® Code	CPT® Description	RVUs	Facility*	Non Facility*
74175[e,f]	Ct angio abdomen w/o dye, then dye & further sections	1.77	$83	$304
74183[e,f]	MRI w/o contrast, followed by w/contrast, abdomen	2.15	$102	$336
76497	Unlisted CT procedure, (eg, diagnostic, interventional) [CBCT]	0.00	MAC Priced	
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine [CBCT fusion option]	0.00	MAC Priced	
76377	3D rendering, image post-processing, independent workstation [CBCT fusion option]	0.77	$37	$79

OPPS and **ASC** Procedural Services CY 2026 (01/01/2026-12/31/2026)

Service Provided		Hospital Outpatient[6]			ASC[7]	
CPT® Code	CPT® Description	Status Indicator	APC	Payment*	Status Indicator	Payment*
74175	Ct angio abdomen w/o dye, then dye & further sections	Q3	5571	$179	Z2	$97
74183	MRI w/o contrast, followed by w/contrast, abdomen	Q3	5572	$356	Z2	$193
76497	Unlisted CT procedure, (eg, diagnostic, interventional) [CBCT]	Q1	5521	$89	N1	
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine [CBCT fusion option]	S	5591	$408	Z2	$220
76377	3D rendering, image post-processing, independent workstation [CBCT fusion option]	N		$0	N1	

Arterial Shunting Coil Embolization (if required)

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

Service Provided		Physician Fee Schedule[5]		
CPT® Code	CPT® Description	RVUs	Facility*	Non Facility*
37242[a]	Vascular Embolize/Occlude, RS&I, Intraproc Roadmap, & Img Guid; Arterial ≠ Hemorrhage/Tumor	9.56	$413	$6,681

OPPS and **ASC** Procedural Services CY 2026 (01/01/2026-12/31/2026)

Service Provided		Hospital Outpatient[6]			ASC[7]	
CPT® Code	CPT® Description	Status Indicator	APC	Payment*	Status Indicator	Payment*
37242	Vascular Embolize/Occlude, RS&I, Intraproc Roadmap, & Img Guid;	J1	5194	$18,729	J8	$11,449

NOTE: When performing procedures requiring moderate sedation (CPT 99152, 99153) and billing on the same DOS as CPT 77263, 77290, 77295, 77300, 77316, 77317, 77331, 77370, 77470, 77778, and 77790, an NCCI-associated modifier such as -59, -XP, or -XU must be applied to the moderate sedation codes.

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Brachytherapy Clinical Treatment Planning and Dosimetry

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

Service Provided		Physician Fee Schedule[5]		
CPT® Code	CPT® Description	RVUs	Facility*	Non Facility*
77300[g]	Basic dosimetry calc, CADD calc, TDF, NSD, Gap calc, OAF, TIF, NIRSDD calc (req Rx treat phys)	0.60	$33	$67
77316[g]	Brachytherapy Isodose Plan, 1-4 Sources, Incl Basic Dosimetry Calc	1.37	$74	$251
77317[g]	Brachytherapy Isodose Plan, 5-10 Sources, Incl Basic Dosimetry Calc	1.78	$96	$329

OPPS and **ASC** Procedural Services CY 2026 (01/01/2026-12/31/2026)

Service Provided		Hospital Outpatient[6]			ASC[7]	
CPT® Code	CPT® Description	Status Indicator	APC	Payment*	Status Indicator	Payment*
77300	Basic dosimetry calc, CADD calc, TDF, NSD, Gap calc, OAF, TIF, NIRSDD calc (req Rx treat phys)	S	5611	$137	Z3	$35
77316	Brachytherapy Isodose Plan, 1-4 Sources, Incl Basic Dosimetry Calc	S	5612	$383	Z3	$176
77317	Brachytherapy Isodose Plan, 5-10 Sources, Incl Basic Dosimetry Calc	S	5612	$383	Z2	$206

Multi-Tumor, Multi-Dose, Multi-Modality Treatment Planning Options (if required)

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

Service Provided		Physician Fee Schedule[5]		
CPT® Code	CPT® Description	RVUs	Facility*	Non Facility*
77295[h]	3-dimensional radiotherapy plan, including dose-volume histograms	4.18	$226	$489
77370	Special Medical Radiation Physics Consult	0.00	NA	$153
77470	Special Treatment Procedure	1.98	$107	$146

OPPS and **ASC** Procedural Services CY 2026 (01/01/2026-12/31/2026)

Service Provided		Hospital Outpatient[6]			ASC[7]	
CPT® Code	CPT® Description	Status Indicator	APC	Payment*	Status Indicator	Payment*
77295	3-dimensional radiotherapy plan, including dose-volume histograms	S	5613	$1,414	Z3	$262
77370	Special Medical Radiation Physics Consult	S	5611	$137	Z2	$74
77470	Brachytherapy Isodose Plan, 5-10 Sources, Incl Basic Dosimetry Calc	S	5623	$565	Z3	$39

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Tumor Embolization

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

Service Provided		Physician Fee Schedule[5]		
CPT® Code	CPT® Description	RVUs	Facility*	Non Facility*
37243[a]	Vascular Embolize/Occlude, RS&I, Intraproc Roadmap, & Img Guid; for tumors, organ ischemia, or infarction	11.45	$482	$8,002

OPPS and **ASC** Procedural Services CY 2026 (01/01/2026-12/31/2026)

Service Provided		Hospital Outpatient[6]			ASC[7]	
CPT® Code	CPT® Description	Status Indicator	APC	Payment*	Status Indicator	Payment*
37243	Vascular Embolize/Occlude, RS&I, Intraproc Roadmap, & Img Guid; for tumors, organ ischemia, or infarction	J1	5193	$11,794	G2	$5,419

Intra-Arterial Radiotherapy Delivery

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

Service Provided		Physician Fee Schedule[5]		
CPT® Code	CPT® Description	RVUs	Facility*	Non Facility*
79445[j]	Radiopharmaceutical Tx (intra-arterial)	2.34	$106	$106
77778[k]	Interstitial Radiation Source Application, Complex [ONLY if IR ≠ AU]	8.56	$463	$941

OPPS and **ASC** Procedural Services CY 2026 (01/01/2026-12/31/2026)

Service Provided		Hospital Outpatient[6]			ASC[7]	
CPT® Code	CPT® Description	Status Indicator	APC	Payment*	Status Indicator	Payment*
79445	Vascular Embolize/Occlude, RS&I, Intraproc Roadmap, & Img Guid; for tumors, organ ischemia, or infarction	S	5661	$238	Z2	$128
77778	Interstitial Radiation Source Application, Complex [ONLY if IR ≠ AU]	S	5624	$712	Z2	$387

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TheraSphere Y-90 Implant

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

Service Provided		Physician Fee Schedule[5]		
CPT® Code	CPT® Description	RVUs	Facility*	Non Facility*
C2616	Brachytherapy Source, Non-Stranded, Yttrium-90 (per source)	NA	TC Only	MACs req Q3001[#]
S2095[^]	Transcatheter Occlusion or Embolization, Tumor Destruction, Percutaneous, Y-90 Microspheres	NA	TC Only	MACs req Q3001[#]
Q3001	Brachytherapy Radioelements, Each	NA	TC Only	MACs req Q3001[#]
C2699	Brachytherapy source, non-stranded, not otherwise specified, per source	NA	TC Only	MACs req Q3001[#]

OPPS and **ASC** Procedural Services CY 2026 (01/01/2026-12/31/2026)

Service Provided		Hospital Outpatient[6]			ASC[7]	
CPT® Code	CPT® Description	Status Indicator	APC	Payment*	Status Indicator	Payment*
C2616	Brachytherapy Source, Non-Stranded, Yttrium-90 (per source)	U	2616	$17,771	H2	$17,771
S2095[^]	Transcatheter Occlusion or Embolization, Tumor Destruction, Percutaneous, Y-90 Microspheres	NA	NA	NA	N1	$0
Q3001[^]	Brachytherapy Radioelements, Each	B		$0	N1	$0
C2699[^]	Brachytherapy source, non-stranded, not otherwise specified, per source	U	2699	$37	H2	$38

Post-TheraSphere Y-90 Implant Distribution Imaging Options

See Imaging Options on pages 7. When imaging options on pages 7 are billed on the same DOS as HCPCS C2616, C2616 requires a modifier per NCCI edit.

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Sources

1. FDA. Premarket approval (PMA). https://www.fda.gov/medical-devices/premarket-submissions/premarket-approval-pma. Accessed October 22, 2025.
2. 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 22, 2025.
3. NRC. Yttrium-90 Microsphere Brachytherapy Sources and Devices - TheraSphere® and SIR-Spheres® Licensing Guidance Rev 10.2. https://www.nrc.gov/docs/ML2108/ML21089A364.pdf. Accessed October 22, 2025.
4. NRC. Part 35-medical use of byproduct material. https://www.nrc.gov/reading-rm/doc-collections/cfr/part035/full-text.html. Accessed October 22, 2025.
5. 2026 Physician Fee Schedule. CMS-1832-CN2. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-cn2
   2026 *Conversion Factor of 33.40*
6. 2026 OPPS Payment. CMS-1834-FC. https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc
7. 2026 ASC Payment. CMS-1834-FC. https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notices/cms-1834-fc
8. 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

OPPS

N	No separate payment – packaged.
B	Not recognized by OPPS - use different code.
J1	Paid through a comprehensive APC – all covered Part B services are on the claim are packaged with the primary "J1"service except those with SI = F, G, H, L and U.
Q1	Packaged APC payment if billed on the same claim with SI = S, T, or V.
Q2	Packaged APC payment if billed on the same claim with SI = T.
Q3	Composite APC assignment when similar modality services are billed on the same claim for the same DOS.
S	Procedure or Service not discounted when multiple.
U	Brachytherapy Sources – paid separately.

ASC

N1	Packaged service/item; no separate payment made.
H2	Brachytherapy source paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS rate.
J8	Device-intensive procedure; paid at adjusted rate.
Z2	Radiology or diagnostic service paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS relative payment weight.
Z3	Radiology or diagnostic service paid separately when provided integral to a surgical procedure on ASC list; payment based on MPFS non-facility PE RVUs.

TC	Technical Component
PC	Professional Component
MAC	Medicare Administrative Contractor
a	MPPR reduction of 50% applies to 2nd and greater procedures in group done on same DOS for same diagnosis.

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b	MPPR Cardiovascular Imaging - 25% reduction of TC for 2nd and greater procedure on same DOS for same diagnosis.
c	NCCI edit when billed on same DOS as CPT 37242 or 37243.
d	NCCI edit bundles CPT 77790 with CPT 78201-78202, 78215-78216, 78800-78804, 78830, 77778 and 79445.
e	MPPR reduction (imaging) - 50% TC reduction 5% PC reduction.
f	Packaged with CPT 37242 if billed by IR on pre-treatment day or CPT 37243 on treatment day.
g	NCCI edit bundles CPT 77300 with CPT 77316-77318, 77331, and 77778 on same DOS.
h	NCCI edit bundles CPT 77290 and CPT 77316-77318 into CPT 77295 on same DOS.
j	NCCI edit CPT 79445 is not billed/paid separately when billing CPT 77790, 77778, 78803, or 78830.
k	NCCI edit CPT 77778 is not billed/paid separately when billing CPT 37242, 37243, 77300, 77790, 78800-78803, 78830 or 79445.
+	Non-Medicare payers may require contract amendments to provide reimbursement for these codes when billed for POS 11 (OBL).
#	MACs require detail and a copy of invoice for POS 11 (OBL) when billing HCPCS Q3001.
^	Non-Medicare payers may require other codes such as HCPCS S2095 or others and may be paid from invoice. Consult with your payer.
*	Payment refers to the Medicare Allowable Amount published by the Centers for Medicare & Medicaid Services (CMS) for the calendar or fiscal year.
**	Removed for clarity. Currently listed as $18,003 in the 2026 final rules 1834-FC[7]; however, based on a detailed industry review, this appears inconsistent with expected rates and will likely be updated in a forthcoming addendum.

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