TheraSphere™ 2025 Coding Guide with FAQs and Medicare Allowable Reimbursement

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 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

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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 basedon medically appropriate needs of that patient and the independent medical judgment of the HCP.

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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 Diagnosis Codes

Primary diagnosis

C22.0	Liver cell carcinoma; Hepatocellular carcinoma; Hepatoma

[1] FDA. Premarket approval (PMA). https://www.fda.gov/medical-devices/premarket-submissions/premarket-approval-pma. Accessed December 29, 2021.
[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 December 29, 2021.
[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 December 29, 2021.
[4] NRC. Part 35-medical use of byproduct material. https://www.nrc.gov/reading-rm/doc-collections/cfr/part035/full-text.html. Accessed December 29, 2021.

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 the 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

Coding and Medicare 2025 Allowable Reimbursement

Payer policies will vary and should be verified prior to 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 SERVICES

Service Provided		Physician Fee Schedule		
CPT® Code	CPT® Description	RVUs	Facility	Non Facility
77263	Therapeutic Radiology Tx Planning, Complex	3.14	$165	$165

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

OPPS PROCEDURAL SERVICES

Service Provided		Hospital Outpatient		
CPT® Code	CPT® Description	Status Indicator	APC	Payment
77263	Therapeutic Radiology Tx Planning, Complex	B		$0

ASC PROCEDURAL SERVICES

Service Provided		ASC	
CPT® Code	CPT® Description	Status Indicator	Payment
77263	Therapeutic Radiology Tx Planning, Complex	N1	$0

Selective Catheter Placement

PHYSICIAN SERVICES

Service Provided		Physician Fee Schedule		
CPT® Code	CPT® Description	RVUs	Facility	Non Facility
36247[a]	Sel Cath Place, Art, Initial 3rd Order or > Ab/Pelv/LowExt (3 or > init vessels)	6.04	$282	$1,310
36248	Sel Cath Place, Art, Addt'l 2nd or > Order Ab/Pelv/LowExt (ea vessel) [add to primary]	1.01	$46	$110

OPPS PROCEDURAL SERVICES

Service Provided		Hospital Outpatient		
CPT® Code	CPT® Description	Status Indicator	APC	Payment
36247[a]	Sel Cath Place, Art, Initial 3rd Order or > Ab/Pelv/LowExt (3 or > init vessels)	N		$0
36248	Sel Cath Place, Art, Addt'l 2nd or > Order Ab/Pelv/LowExt (ea vessel) [add to primary]	N		$0

ASC PROCEDURAL SERVICES

Service Provided		ASC	
CPT® Code	CPT® Description	Status Indicator	Payment
36247[a]	Sel Cath Place, Art, Initial 3rd Order or > Ab/Pelv/LowExt (3 or > init vessels)	N1	$0
36248	Sel Cath Place, Art, Addt'l 2nd or > Order Ab/Pelv/LowExt (ea vessel) [add to primary]	N1	$0

Mesenteric Angiography Arterial Assessment

PHYSICIAN SERVICES

Service Provided		Physician Fee Schedule		
CPT® Code	CPT® Description	RVUs	Facility	Non Facility
75726[a,c]	Angiography, visceral, selective or supraselective (with or without flush aortogram), RS&I	2.05	$91	$166
75774[c]	Angiography, RS&I (ea addt'l vessel)	1.01	$44	$93

OPPS PROCEDURAL SERVICES

Service Provided		Hospital Outpatient		
CPT® Code	CPT® Description	Status Indicator	APC	Payment
75726	Angiography, visceral, selective or supraselective (with or without flush aortogram), RS&I	Q2	5184	$5,406
75774	Angiography, RS&I (ea addt'l vessel)	N		$0

ASC PROCEDURAL SERVICES

Service Provided		ASC	
CPT® Code	CPT® Description	Status Indicator	Payment
75726	Angiography, visceral, selective or supraselective (with or without flush aortogram), RS&I	N1	$0
75774	Angiography, RS&I (ea addt'l vessel)	N1	$0

Simulation (Mapping)

PHYSICIAN SERVICES

Service Provided		Physician Fee Schedule		
CPT® Code	CPT® Description	RVUs	Facility	Non Facility
A9540	Technetium tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10	NA	NA	MAC Priced
77290	Therapeutic Radiology Simulation, Complex	1.56	$80	$428

OPPS PROCEDURAL SERVICES

Service Provided		Hospital Outpatient		
CPT® Code	CPT® Description	Status Indicator	APC	Payment
A9540	Technetium tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries	N		$0
77290	Therapeutic Radiology Simulation, Complex	S	5612	$366

ASC PROCEDURAL SERVICES

Service Provided		ASC	
CPT® Code	CPT® Description	Status Indicator	Payment
A9540	Technetium tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries	N1	$0
77290	Therapeutic Radiology Simulation, Complex	Z2	$196

Shunting (Lung & Gastrointestinal) Imaging Options

PHYSICIAN SERVICES

Service Provided		Physician Fee Schedule		
CPT® Code	CPT® Description	RVUs	Facility	Non Facility
78202[d]	Liver Imaging w/ vascular flow; static only	0.51	$23	$189
78800[d]	Rp localization tumor/distribution Rp agent, incl vasc flow, planar, 1 area, 1 day	0.64	$29	$221
78803[d]	Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	1.09	$48	$328

OPPS PROCEDURAL SERVICES

Service Provided		Hospital Outpatient		
CPT® Code	CPT® Description	Status Indicator	APC	Payment
78202	Liver Imaging w/ vascular flow; static only	S	5592	$538
78800	Rp localization tumor/distribution Rp agent, incl vasc flow, planar, 1 area, 1 day	S	5591	$402
78803	Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	S	5593	$1,305

ASC PROCEDURAL SERVICES

Service Provided		ASC	
CPT® Code	CPT® Description	Status Indicator	Payment
78202	Liver Imaging w/ vascular flow; static only	Z2	$292
78800	Rp localization tumor/distribution Rp agent, incl vasc flow, planar, 1 area, 1 day	Z2	$217
78803	Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	Z2	$713

Target Volume Imaging Options

PHYSICIAN SERVICES

Service Provided		Physician Fee Schedule		
CPT® Code	CPT® Description	RVUs	Facility	Non Facility
74175e,f	Ct angio abdomen w/o dye, then dye & further sections	1.82	$83	$301
74183e,f	MRI w/o contrast, followed by w/contrast,	2.20	$101	$333
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]	0.79	$36	$77

OPPS PROCEDURAL SERVICES

Service Provided		Hospital Outpatient		
CPT® Code	CPT® Description	Status Indicator	APC	Payment
74175	Ct angio abdomen w/o dye, then dye & further sections	Q3	5571	$178
74183	MRI w/o contrast, followed by w/contrast, abdomen	Q3	5572	$357
76497	Unlisted CT procedure, (eg, diagnostic, interventional) [CBCT]	Q1	5521	$88
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine [CBCT fusion option]	S	5591	$402
76377	3D rendering, image post-processing, independent workstation [CBCT fusion option]	N		$0

ASC PROCEDURAL SERVICES

Service Provided		ASC	
CPT® Code	CPT® Description	Status Indicator	Payment
74175	Ct angio abdomen w/o dye, then dye & further sections	Z2	$97
74183	MRI w/o contrast, followed by w/contrast, abdomen	Z2	$193
76497	Unlisted CT procedure, (eg, diagnostic, interventional) [CBCT]	N1	$0
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine [CBCT fusion option]	Z2	$217
76377	3D rendering, image post-processing, independent workstation [CBCT fusion option]	N1	$0

Arterial Shunting Coil Embolization (if required)

PHYSICIAN SERVICES

Service Provided		Physician Fee Schedule		
CPT® Code	CPT® Description	RVUs	Facility	Non Facility
37242a	Vascular Embolize/Occlude, RS&I, Intraproc Roadmap, & Img Guid;	9.80	$449	$6,466

OPPS PROCEDURAL SERVICES

Service Provided		Hospital Outpatient		
CPT® Code	CPT® Description	Status Indicator	APC	Payment
37242	Vascular Embolize/Occlude, RS&I, Intraproc Roadmap, & Img Guid;	J1	5194	$17,957

ASC PROCEDURAL SERVICES

Service Provided		ASC	
CPT® Code	CPT® Description	Status Indicator	Payment
37242	Vascular Embolize/Occlude, RS&I, Intraproc Roadmap, & Img Guid;	J8	$11,861

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.

Brachytherapy Clinical Treatment Planning and Dosimetry

PHYSICIAN SERVICES

Service Provided		Physician Fee Schedule		
CPT® Code	CPT® Description	RVUs	Facility	Non Facility
77300g	Basic dosimetry calc, CADD calc, TDF, NSD, Gap calc, OAF, TIF, NIRSDD calc (req Rx treat phys)	0.62	$32	$65
77316g	Brachytherapy Isodose Plan, 1-4 Sources, Incl Basic Dosimetry Calc	1.40	$72	$241
77317g	Brachytherapy Isodose Plan, 5-10 Sources, Incl Basic Dosimetry Calc	1.83	$94	$317

OPPS PROCEDURAL SERVICES

Service Provided		Hospital Outpatient		
CPT® Code	CPT® Description	Status Indicator	APC	Payment
77300	Basic dosimetry calc, CADD calc, TDF, NSD, Gap calc, OAF, TIF, NIRSDD calc (req Rx treat phys)	S	5611	$133
77316	Brachytherapy Isodose Plan, 1-4 Sources, Incl Basic Dosimetry Calc	S	5612	$366
77317	Brachytherapy Isodose Plan, 5-10 Sources, Incl Basic Dosimetry Calc	S	5612	$366

ASC PROCEDURAL SERVICES

Service Provided		ASC	
CPT® Code	CPT® Description	Status Indicator	Payment
77300	Basic dosimetry calc, CADD calc, TDF, NSD, Gap calc, OAF, TIF, NIRSDD calc (req Rx treat phys)	Z3	$33
77316	Brachytherapy Isodose Plan, 1-4 Sources, Incl Basic Dosimetry Calc	Z3	$168
77317	Brachytherapy Isodose Plan, 5-10 Sources, Incl Basic Dosimetry Calc	Z2	$196

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

PHYSICIAN SERVICES

Service Provided		Physician Fee Schedule		
CPT® Code	CPT® Description	RVUs	Facility	Non Facility
77295h	3-dimensional radiotherapy plan, including dose-volume histograms	4.29	$220	$472
77370	Special Medical Radiation Physics Consult	0.00	NA	$146
77470	Special Treatment Procedure	2.03	$104	$142

OPPS PROCEDURAL SERVICES

Service Provided		Hospital Outpatient		
CPT® Code	CPT® Description	Status Indicator	APC	Payment
77295	3-dimensional radiotherapy plan, including dose-volume histograms	S	5613	$1,368
77370	Special Medical Radiation Physics Consult	S	5611	$133
77470	Brachytherapy Isodose Plan, 5-10 Sources, Incl Basic Dosimetry Calc	S	5623	$578

ASC PROCEDURAL SERVICES

Service Provided		ASC	
CPT® Code	CPT® Description	Status Indicator	Payment
77295	3-dimensional radiotherapy plan, including dose-volume histograms	Z3	$249
77370	Special Medical Radiation Physics Consult	Z2	$71
77470	Special Treatment Procedure	Z3	$37

Tumor Embolization

PHYSICIAN SERVICES

Service Provided		Physician Fee Schedule		
CPT® Code	CPT® Description	RVUs	Facility	Non Facility
37243a	Vascular Embolize/Occlude, RS&I, Intraproc Roadmap, & Img Guid; for tumors, organ ischemia, or infarction	11.74	$530	$7,841

OPPS PROCEDURAL SERVICES

Service Provided		Hospital Outpatient		
CPT® Code	CPT® Description	Status Indicator	APC	Payment
37243	Vascular Embolize/Occlude, RS&I, Intraproc Roadmap, & Img Guid; for tumors, organ ischemia, or infarction	J1	5193	$11,341

ASC PROCEDURAL SERVICES

Service Provided		ASC	
CPT® Code	CPT® Description	Status Indicator	Payment
37243	Vascular Embolize/Occlude, RS&I, Intraproc Roadmap, & Img Guid; for tumors, organ ischemia, or infarction	J8	$6,530

NOTE: *See note on moderate sedation codes on page 13.*

Intra-Arterial Radiotherapy Delivery

PHYSICIAN SERVICES

Service Provided		Physician Fee Schedule		
CPT® Code	CPT® Description	RVUs	Facility	Non Facility
79445[j]	Radiopharmaceutical Tx (intra-arterial)	2.40	$105	$105
77778[k]	Interstitial Radiation Source Application, Complex [ONLY if IR ≠ AU]	8.78	$451	$908

OPPS PROCEDURAL SERVICES

Service Provided		Hospital Outpatient		
CPT® Code	CPT® Description	Status Indicator	APC	Payment
79445	Radiopharmaceutical Tx (intra-arterial)	S	5661	$224
77778	Interstitial Radiation Source Application, Complex [ONLY if IR ≠ AU]	S	5624	$694

ASC PROCEDURAL SERVICES

Service Provided		ASC	
CPT® Code	CPT® Description	Status Indicator	Payment
79445	Radiopharmaceutical Tx (intra-arterial)	Z2	$120
77778	Interstitial Radiation Source Application, Complex [ONLY if IR ≠ AU]	Z2	$376

TheraSphere Y90 Implant

PHYSICIAN SERVICES

Service Provided		Physician Fee Schedule		
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 PROCEDURAL SERVICES

Service Provided		Hospital Outpatient		
CPT® Code	CPT® Description	Status Indicator	APC	Payment
C2616	Brachytherapy Source, Non-Stranded, Yttrium-90 (per source)	U	2616	$17,485
S2095*	Transcatheter Occlusion or Embolization, Tumor Destruction, Percutaneous, Y-90 Microspheres	NA	NA	NA
Q3001*	Brachytherapy Radioelements, Each	B		$0
C2699*	Brachytherapy source, non-stranded, not otherwise specified, per source	U	2699	$35

ASC PROCEDURAL SERVICES

Service Provided		ASC	
CPT® Code	CPT® Description	Status Indicator	Payment
C2616	Brachytherapy Source, Non-Stranded, Yttrium-90 (per source)	H2	$17,485
S2095*	Transcatheter Occlusion or Embolization, Tumor Destruction, Percutaneous, Y-90 Microspheres	N1	$0
Q3001*	Brachytherapy Radioelements, Each	N1	$0
C2699*	Brachytherapy source, non-stranded, not otherwise specified, per source	H2	$35

Post-TheraSphere 90Y Implant Distribution Imaging Options

See Imaging Options on page 10. When imaging options on page 10 are billed on the same DOS as HCPCS C2616, C2616 requires a modifier per NCCI edit.

SOURCES

1. FY 2025 IPPS Payment. CMS-1808-IFC. https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ipps-final-rule-home-page
2. CMS 2025 ICD-10 Procedure Coding System (ICD-10-PCS). https://www.cms.gov/medicare/coding-billing/icd-10-codes/2025-icd-10-pcs
3. CMS ICD-10-CM/PCS MS-DRG V42.0 Definitions Manual. https://www.cms.gov/files/zip/definition-medicare-code-edits-version-42.zip
   Not intended as an all-inclusive list of MS-DRGs
4. 2025 Physician Fee Schedule. CMS-1807-F. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f
   2025 *Conversion Factor of $32.3465*
5. 2025 ASC Payment. CMS-1809-FC. https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1809-fc
6. 2025 OPPS Payment. CMS-1809-FC. https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc

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ENDNOTES and LEGEND

OPPS Status Indicators

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 Status Indicators

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 onOPPS 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; paymentbased on OPPS relative payment weight.
Z3: Radiology or diagnostic service paid separately when provided integral to a surgical procedure on ASC list; paymentbased 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 samediagnosis.
b MPPR Cardiovascular Imaging - 25% reduction of TC for 2nd and greater procedure on same DOS forsame 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 whenbilled 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 frominvoice. Consult with your payer.