

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 intend to use these products.

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TABLE OF CONTENTS

PAGE

Disclaimer	1
About TheraSphere	3
Contraindications and Warnings	3-4
ICD-10-CM Diagnosis Codes	4
TheraSphere Treatment Phases	5
Reimbursement Support Services	5
Coding and Medicare 2020 Allowable Reimbursement	
Treatment and Simulation Planning	6
Selective Catheter Placement	7
Mesenteric Angiography Arterial Assessment	8
Simulation (Mapping with ^{99m} Tc-MAA)	8
Shunting (Lung and Gastrointestinal) Imaging Options	9
Target Volume Imaging Options	10
Arterial Shunting Coil Embolization (<i>if required</i>)	11
Brachytherapy Clinical Treatment Planning and Dosimetry	12
Multi-Tumor, Multi-Dose, Multi-Modality Options	13
Tumor Embolization	14
Intra-Arterial Radiotherapy Delivery	14
TheraSphere Implant	15
Post- TheraSphere Implant Distribution Imaging (<i>see pg 9</i>)	15
Sources	16
Endnotes and Legend	17



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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 radiation treatment or as a neoadjuvant to surgery or transplantation in patients with unresectable hepatocellular carcinoma (HCC) who can have placement of appropriately positioned hepatic arterial catheters. The device is also indicated for HCC patients with partial or branch portal vein thrombosis/occlusion, when clinical evaluation warrants the treatment.

TheraSphere is approved by the US Food and Drug Administration (FDA) under a humanitarian device exemption (HDE) H980006. HDE approvals are based on demonstrated safety and probable clinical benefit. However, effectiveness of the indication(s) for use has not been established.¹ Devices approved under an HDE can be administered only in facilities which have Institutional Review Board (IRB) oversight and only if such use has been approved by the IRB.² TheraSphere requires a Radioactive Material License (RAML) for use, and it must be used in accordance with US Nuclear Regulatory Commission (NRC) or state requirements.³

¹ FDA. Guidance for industry. Humanitarian use device (HUD) designations. <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/humanitarian-use-device-hud-designations>. Accessed June 24, 2020.

² FDA. Humanitarian device exemption (HDE): questions and answers. <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/humanitarian-device-exemption-hde-program>. Accessed June 24, 2020.

³ NRC. Part 35-medical use of byproduct material. <https://www.nrc.gov/reading-rm/doc-collections/cfr/part035/full-text.html>. Accessed June 24, 2020.

Contraindications

The use of TheraSphere is contraindicated in patients:

- Whose Tc-99m macroaggregated albumin (MAA) hepatic arterial perfusion scintigraphy shows any deposition to the gastrointestinal tract that may not be corrected by angiographic techniques;
- Who show shunting of blood to the lungs that could result in delivery of greater than 16.5 mCi of yttrium-90 to the lungs. Radiation pneumonitis has been seen in patients receiving doses to the lungs greater than 30 Gy in a single treatment);
- in whom hepatic artery catheterization is contraindicated; such as patients with vascular abnormalities or bleeding diathesis;
- Who have severe liver dysfunction or pulmonary insufficiency; and
- Who present with complete occlusion of the main portal vein.

Precautions/Warnings

A retrospective study of 121 patients from 5 clinical trials has shown that the following 5 pre-treatment high-risk factors have been associated with at least 48% of all serious adverse events that were possibly related to use of the device and with 11 of the 12 deaths that were possibly related to use of the device:

- Infiltrative tumor type
- Bulk disease (tumor volume >70% of the target liver volume or tumor nodules too numerous to count)
- Aspartate aminotransferase (AST) or alanine aminotransferase (ALT) >5 times the upper limit of normal (ULN)
- Bilirubin >2 mg/dL
- Tumor volume >50% combined with albumin <3 g/dL

The physician should always take the above-noted pre-treatment high-risk factors into consideration for each patient when making decisions regarding the use of TheraSphere for treatment.⁴

ICD-10 CM Diagnosis Codes

Primary diagnosis

C22.0 Liver cell carcinoma; Hepatocellular carcinoma; Hepatoma

Potential *secondary* diagnosis codes

I81.0 Portal vein thrombosis; Portal (vein) obstruction
Excludes hepatic vein thrombosis (I82.0) a/k/a Budd-Chiari syndrome

⁴ Package Insert – TheraSphere Yttrium-90 Glass Microspheres - Rev. 14.

<https://www.bostonscientific.com/en-US/products/cancer-therapies/therasphere-y90-glass-microspheres/therasphere-y90-microspheres-brief-summary.html> Accessed June 24, 2020.

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 Simplicit^{90Y}™.
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 TheraSphere Reimbursement Services team at:

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 2020 Allowable Reimbursement

Treatment and Simulation Planning

PHYSICIAN SERVICES

CPT	DESCRIPTION	PHYSICIAN RATE	
		(Facility)	(Non-Facility)
77262	Therapeutic Radiology Tx Planning, Intermediate	\$111.52	\$111.52
77263	Therapeutic Radiology Tx Planning, Complex	\$174.31	\$174.31

OPPS PROCEDURAL SERVICES

CPT	DESCRIPTION	SI	APC	OPPS RATE
77262	Therapeutic Radiology Tx Planning, Intermediate	B	N/A	\$0.00
77263	Therapeutic Radiology Tx Planning, Complex	B	N/A	\$0.00

ASC PROCEDURAL SERVICES

CPT	DESCRIPTION	SI	APC	ASC RATE
77262	Therapeutic Radiology Tx Planning, Intermediate	N1	N/A	\$0.00
77263	Therapeutic Radiology Tx Planning, Complex	N1	N/A	\$0.00



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Selective Catheter Placement

PHYSICIAN SERVICES

CPT	DESCRIPTION	PHYSICIAN RATE	
		(Facility)	(Non-Facility)
36245 ^a	Sel Cath Place, Art, Initial 1st Order Ab/Pelv/LowExt	\$248.66	\$1,378.26
36246 ^a	Sel Cath Place, Art, Initial 2nd Order Ab/Pelv/LowExt (2 init vessels)	\$265.26	\$886.00
36247 ^a	Sel Cath Place, Art, Initial 3rd Order or > Ab/Pelv/LowExt (3 or > init vessels)	\$315.78	\$1,560.15
36248	Sel Cath Place, Art, Addt'l 2nd or > Order Ab/Pelv/LowExt (ea vessel) [add to primary]	\$50.89	\$141.47

OPPS PROCEDURAL SERVICES

CPT	DESCRIPTION	SI	APC	OPPS RATE
36245	Sel Cath Place, Art, Initial 1st Order Ab/Pelv/LowExt	N	N/A	\$0.00
36246	Sel Cath Place, Art, Initial 2nd Order Ab/Pelv/LowExt (2 init vessels)	N	N/A	\$0.00
36247	Sel Cath Place, Art, Initial 3rd Order or > Ab/Pelv/LowExt (3 or > init vessels)	N	N/A	\$0.00
36248	Sel Cath Place, Art, Addt'l 2nd or > Order Ab/Pelv/LowExt (ea vessel) [add to primary]	N	N/A	\$0.00

ASC PROCEDURAL SERVICES

CPT	DESCRIPTION	SI	APC	ASC RATE
36245	Sel Cath Place, Art, Initial 1st Order Ab/Pelv/LowExt	N1	N/A	\$0.00
36246	Sel Cath Place, Art, Initial 2nd Order Ab/Pelv/LowExt (2 init vessels)	N1	N/A	\$0.00
36247	Sel Cath Place, Art, Initial 3rd Order or > Ab/Pelv/LowExt (3 or > init vessels)	N1	N/A	\$0.00
36248	Sel Cath Place, Art, Addt'l 2nd or > Order Ab/Pelv/LowExt (ea vessel) [add to primary]	N1	N/A	\$0.00

Mesenteric Angiography Arterial Assessment

PHYSICIAN SERVICES

CPT	DESCRIPTION	PHYSICIAN RATE	
		(Facility)	(Non-Facility)
75726 ^{b,c}	Angiography, Visceral, Selective or Supraselective (+ flush aortogram), RS&I	\$100.33	\$187.67
75774 ^c	Angiography, RS&I (ea addt'l vessel)	\$49.80	\$109.71

OPPS PROCEDURAL SERVICES

CPT	DESCRIPTION	SI	APC	OPPS RATE
75726	Angiography, Visceral, Selective or Supraselective (+ flush aortogram), RS&I	Q2	5184	\$4,596.19
75774	Angiography, RS&I (ea addt'l vessel)	N	N/A	\$0.00

ASC PROCEDURAL SERVICES

CPT	DESCRIPTION	SI	APC	ASC RATE
75726	Angiography, Visceral, Selective or Supraselective (+ flush aortogram), RS&I	N1	N/A	\$0.00
75774	Angiography, RS&I (ea addt'l vessel)	N1	N/A	\$0.00

Simulation (Mapping)

PHYSICIAN SERVICES

CPT/HCPCS	DESCRIPTION	PHYSICIAN RATE	
		(Facility)	(Non-Facility)
A9540	Technetium tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries	N/A	MAC Priced
77290	Therapeutic Radiology Simulation, Complex	\$85.17	\$508.14

OPPS PROCEDURAL SERVICES

CPT/HCPCS	DESCRIPTION	SI	APC	OPPS RATE
A9540	Technetium tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries	N	N/A	\$0.00
77290	Therapeutic Radiology Simulation, Complex	S	5612	\$335.16

ASC PROCEDURAL SERVICES

CPT/HCPCS	DESCRIPTION	SI	APC	ASC RATE
A9540	Technetium tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries	N1	N/A	\$0.00
77290	Therapeutic Radiology Simulation, Complex	N1	N/A	\$0.00

Shunting (Lung & Gastrointestinal) Imaging Options

PHYSICIAN SERVICES

CPT	DESCRIPTION	PHYSICIAN RATE	
		(Facility)	(Non-Facility)
78202 ^d	Liver Imaging w/ vascular flow; static only	\$24.54	\$212.21
78800 ^d	Rp localization tumor/distribution Rp agent, incl vasc flow, planar, 1 area, 1 day	\$32.84	\$267.06
78803 ^d	Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	\$53.77	\$401.32
78830 ^d	Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT) w/concurrent CT, 1 area, 1 day	\$73.62	\$507.78

OPPS PROCEDURAL SERVICES

CPT	DESCRIPTION	SI	APC	OPPS RATE
78202	Liver Imaging w/ vascular flow; static only	S	5593	\$1,272.19
78800	Rp localization tumor/distribution Rp agent, incl vasc flow, planar, 1 area, 1 day	S	5591	\$368.13
78803	Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	S	5593	\$1,272.19
78830	Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT) w/concurrent CT, 1 area, 1 day	S	5593	\$1,272.19

ASC PROCEDURAL SERVICES

CPT	DESCRIPTION	SI	APC	ASC RATE
78202	Liver Imaging w/ vascular flow; static only	Z2	5593	\$642.82
78800	Rp localization tumor/distribution Rp agent, incl vasc flow, planar, 1 area, 1 day	Z2	5591	\$186.01
78803	Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	Z2	5593	\$642.82
78830	Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT) w/concurrent CT, 1 area, 1 day	Z2	5593	\$642.82



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Target Volume Imaging Options

PHYSICIAN SERVICES

CPT	DESCRIPTION	PHYSICIAN RATE	
		(Facility)	(Non-Facility)
74170 ^{e,f}	Ct abdomen w/o dye, then dye & further sections	\$71.82	\$283.30
74175 ^{e,f}	Ct angio abdomen w/o dye, then dye & further sections	\$92.75	\$328.42
74178 ^{e,f}	Ct abdomen & pelvis w/o dye, then dye & further sections	\$102.49	\$373.53
74183 ^{e,f}	MRI w/o contrast, followed by w/contrast, abdomen	\$111.88	\$397.35
72196 ^{e,f}	MRI, pelvis, w/ contrast	\$88.78	\$315.42
76497	Unlisted CT procedure, (eg, diagnostic, interventional) [CBCT]	\$0.00	\$0.00
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine [CBCT fusion option]	\$0.00	\$0.00
76377	3D rendering, image post-processing, independent workstation [CBCT fusion option]	\$40.78	\$73.26

OPPS PROCEDURAL SERVICES

CPT	DESCRIPTION	SI	APC	OPPS RATE
74170	Ct abdomen w/o dye, then dye & further sections	Q3	5571	\$182.22
74175	Ct angio abdomen w/o dye, then dye & further sections	Q3	5571	\$182.22
74178	Ct abdomen & pelvis w/o dye, then dye & further sections	Q3	5572	\$381.85
74183	MRI w/o contrast, followed by w/contrast, abdomen	Q3	5572	\$381.85
72196	MRI, pelvis, w/ contrast	Q3	5572	\$381.85
76497	Unlisted CT procedure, (eg, diagnostic, interventional) [CBCT]	Q1	5521	\$79.81
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine [CBCT fusion option]	S	5591	\$368.13
76377	3D rendering, image post-processing, independent workstation [CBCT fusion option]	N	N/A	\$0.00

ASC PROCEDURAL SERVICES

CPT	DESCRIPTION	SI	APC	ASC RATE
74170	Ct abdomen w/o dye, then dye & further sections	Z2	5571	\$92.08
74175	Ct angio abdomen w/o dye, then dye & further sections	Z2	5571	\$92.08
74178	Ct abdomen & pelvis w/o dye, then dye & further sections	Z2	5572	\$192.95
74183	MRI w/o contrast, followed by w/contrast, abdomen	Z2	5572	\$192.95
72196	MRI, pelvis, w/ contrast	Z2	5572	\$192.95
76497	Unlisted CT procedure, (eg, diagnostic, interventional) [CBCT]	N1	N/A	\$0.00
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine [CBCT fusion option]	Z2	5591	\$186.01
76377	3D rendering, image post-processing, independent workstation [CBCT fusion option]	N1	N/A	\$0.00



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Arterial Shunting Coil Embolization (if required)

PHYSICIAN SERVICES

CPT/HCPCS	DESCRIPTION	PHYSICIAN RATE	
		(Facility)	(Non-Facility)
37242 ^a	Vascular Embolize/Occlude, RS&I, Intraproc Roadmap, & Img Guid; Arterial ≠ Hemorrhage/Tumor	\$499.84	\$7,823.50

OPPS PROCEDURAL SERVICES

CPT/HCPCS	DESCRIPTION	SI	APC	OPPS RATE
37242	Vascular Embolize/Occlude, RS&I, Intraproc Roadmap, & Img Guid; Arterial ≠ Hemorrhage/Tumor	J1	5193	\$9,908.48

ASC PROCEDURAL SERVICES

CPT/HCPCS	DESCRIPTION	SI	APC	ASC RATE
37242	Vascular Embolize/Occlude, RS&I, Intraproc Roadmap, & Img Guid; Arterial ≠ Hemorrhage/Tumor	J8	5193	\$6,096.72

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

CPT	DESCRIPTION	PHYSICIAN RATE	
		(Facility)	(Non-Facility)
77300 ^g	Basic dosimetry calc, CADD calc, TDF, NSD, Gap calc, OAF, TIF, NIRSDD calc (req Rx treat phys)	TC only	\$67.85
77316 ^g	Brachytherapy Isodose Plan, 1-4 Sources, Incl Basic Dosimetry Calc	\$76.15	\$222.67
77790 ^d	Supervision, handling, loading of radiation source	TC only	\$15.52

OPPS PROCEDURAL SERVICES

CPT	DESCRIPTION	SI	APC	OPPS RATE
77300	Basic dosimetry calc, CADD calc, TDF, NSD, Gap calc, OAF, TIF, NIRSDD calc (req Rx treat phys)	S	5611	\$126.59
77316	Brachytherapy Isodose Plan, 1-4 Sources, Incl Basic Dosimetry Calc	S	5612	\$335.16
77790	Supervision, handling, loading of radiation source	N	N/A	\$0.00

ASC PROCEDURAL SERVICES

CPT	DESCRIPTION	SI	APC	ASC RATE
77300	Basic dosimetry calc, CADD calc, TDF, NSD, Gap calc, OAF, TIF, NIRSDD calc (req Rx treat phys)	Z3	5611	\$33.92
77316	Brachytherapy Isodose Plan, 1-4 Sources, Incl Basic Dosimetry Calc	Z3	5612	\$144.72
77790	Supervision, handling, loading of radiation source	N1	N/A	\$0.00



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

PHYSICIAN SERVICES

CPT	DESCRIPTION	PHYSICIAN RATE	
		(Facility)	(Non-Facility)
77295 ^h	3-dimensional radiotherapy plan, including dose-volume histograms	\$232.42	\$498.04
77331 ^g	Special Dosimetry - Rx Required	\$47.28	\$66.40
77370	Special Medical Radiation Physics Consult	\$126.67	\$126.67
77470	Special Treatment Procedure	\$110.80	\$136.78

OPPS PROCEDURAL SERVICES

CPT	DESCRIPTION	SI	APC	OPPS RATE
77295	3-dimensional radiotherapy plan, including dose-volume histograms	S	5613	\$1,245.34
77331	Special Dosimetry - Rx Required	S	5611	\$126.59
77370	Special Medical Radiation Physics Consult	S	5611	\$126.59
77470	Special Treatment Procedure	S	5623	\$538.83

ASC PROCEDURAL SERVICES

CPT	DESCRIPTION	SI	APC	ASC RATE
77295	3-dimensional radiotherapy plan, including dose-volume histograms	Z3	5613	\$263.45
77331	Special Dosimetry - Rx Required	Z3	5611	\$18.77
77370	Special Medical Radiation Physics Consult	N1	N/A	\$0.00
77470	Special Treatment Procedure	Z3	5623	\$25.62



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Tumor Embolization

PHYSICIAN SERVICES

CPT/HCPCS	DESCRIPTION	PHYSICIAN RATE	
		(Facility)	(Non-Facility)
37243 ^a	Vascular Embolize/Occlude, RS&I, Intraproc Roadmap, & Img Guid; for tumors, organ ischemia, or infarction	\$588.26	\$9,873.39

OPPS PROCEDURAL SERVICES

CPT/HCPCS	DESCRIPTION	SI	APC	OPPS RATE
37243	Vascular Embolize/Occlude, RS&I, Intraproc Roadmap, & Img Guid; for tumors, organ ischemia, or infarction	J1	5193	\$9,908.48

ASC PROCEDURAL SERVICES

CPT/HCPCS	DESCRIPTION	SI	APC	ASC RATE
37243	Vascular Embolize/Occlude, RS&I, Intraproc Roadmap, & Img Guid; for tumors, organ ischemia, or infarction	G2	5193	\$4,182.94

NOTE: See note on moderate sedation codes on page 11.

Intra-Arterial Radiotherapy Delivery

PHYSICIAN SERVICES

CPT	DESCRIPTION	PHYSICIAN RATE	
		(Facility)	(Non-Facility)
79445 ^j	Radiopharmaceutical Tx (intra-arterial)	\$116.93	\$116.93
77778 ^k	Interstitial Radiation Source Application, Complex [ONLY if IR ≠ AU]	\$474.58	\$886.36

OPPS PROCEDURAL SERVICES

CPT	DESCRIPTION	SI	APC	OPPS RATE
79445	Radiopharmaceutical Tx (intra-arterial)	S	5661	\$237.40
77778	Interstitial Radiation Source Application, Complex [ONLY if IR ≠ AU]	S	5624	\$740.52

ASC PROCEDURAL SERVICES

CPT	DESCRIPTION	SI	APC	ASC RATE
79445	Radiopharmaceutical Tx (intra-arterial)	Z2	5661	\$119.95
77778	Interstitial Radiation Source Application, Complex [ONLY if IR ≠ AU]	Z2	5624	\$374.18



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TheraSphere ⁹⁰Y Implant

PHYSICIAN SERVICES

HCPCS	DESCRIPTION	PHYSICIAN RATE	
		(Facility)	(Non-Facility) [†]
C2616	Brachytherapy Source, Non-Stranded, Yttrium-90 (per source)	TC only	MACs req Q3001#
S2095*	Transcatheter Occlusion or Embolization, Tumor Destruction, Percutaneous, Y-90 Microspheres	TC only	MACs req Q3001#
Q3001*	Brachytherapy Radioelements, Each	TC only	MACs req Q3001#
C2699*	Brachytherapy source, non-stranded, not otherwise specified, per source	TC only	MACs req Q3001#

OPPS PROCEDURAL SERVICES

HCPCS	DESCRIPTION	SI	APC	OPPS RATE
C2616	Brachytherapy Source, Non-Stranded, Yttrium-90 (per source)	U	2616	\$17,091.57
S2095*	Transcatheter Occlusion or Embolization, Tumor Destruction, Percutaneous, Y-90 Microspheres	B	N/A	\$0.00
Q3001*	Brachytherapy Radioelements, Each	B	N/A	\$0.00
C2699*	Brachytherapy source, non-stranded, not otherwise specified, per source	U	2699	\$126.59

ASC PROCEDURAL SERVICES

HCPCS	DESCRIPTION	SI	APC	ASC RATE
C2616	Brachytherapy Source, Non-Stranded, Yttrium-90 (per source)	H2	2616	\$17,091.57
S2095*	Transcatheter Occlusion or Embolization, Tumor Destruction, Percutaneous, Y-90 Microspheres	N1	N/A	\$0.00
Q3001*	Brachytherapy Radioelements, Each	N1	N/A	\$0.00
C2699*	Brachytherapy source, non-stranded, not otherwise specified, per source	H2	2699	\$35.63

Post-TheraSphere ⁹⁰Y Implant Distribution Imaging Options

See Imaging Options on page 9. NCCI edit when billed on same DOS as HCPCS C2616 requiring modifier for HCPCS C2616.



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SOURCES

PHYSICIAN SERVICES

CMS website. 2020 Physician Fee Schedule. CMS-1715-F. 2020 conversion factor of \$36.0896. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F.html>

OPPS PROCEDURAL SERVICES

CMS website. 2020 OPPS Payment. CMS-1717-CN. <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientpps/hospital-outpatient-regulations-and-notices/cms-1717-cn>

ASC PROCEDURAL SERVICES

CMS website. 2020 ASC Payment. CMS-1717-CN ASC. <https://www.cms.gov/medicare/medicare-fee-service-payment/ascpaymentasc-regulations-and-notices/cms-1717-cn>

DIAGNOSIS CODES

CMS ICD-10-CM/PCS MS-DRG v37 Definitions Manual. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/FY2020-CMS-1716-FR-MS-DRG-Definitions-Manual.zip>. FY 2020 (10/1/19-09/30/20)

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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.
- G2:** Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment.
- 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.
- 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.