

LU-177 LUTATHERA® & PLUVICTO® 2025 HOPPS

CPT®/ HCPCS	Definition	SI	APC	Hospital Outpatient (Facility)	Physician in Facility
77263	Clinical Treatment Planning, Complex	-	-	-	\$164.97
77470	Special Treatment Procedure	S	5623	\$578.47	\$104.48
77300	Basic Dosimetry Calculation	S	5611	\$132.77	\$32.02
79101	Radiopharmaceutical Intravenous Administration	S	5661	\$224.13	\$88.95
OR 77750 ³	Infusion or Instillation of Radioelement, includes 3-month follow-up	S	5622	\$262.98	\$257.48
A9513	Lutathera® (Lutetium 177, dotatate)	K	9067	\$296.25	-
A9607	Pluvicto® (Lutetium Lu-177 vip tet)	G	9054	\$241.24	-
78803 ¹	Radiopharmaceutical localization SPECT 1 area	S	5593	\$1,305.48	\$47.87
78830 ¹	Radiopharmaceutical localization SPECT w/CT 1 area	S	5593	\$1,305.48	\$64.37
78831 ¹	Radiopharmaceutical localization SPECT 2 areas	S	5594	\$1,305.48	\$80.54
78832 ¹	Radiopharmaceutical localization SPECT w/CT 2 areas	S	5594	\$1,458.59	\$92.51
78814 ¹	PET image w/CT limited	S	5613	\$1,458.59	\$97.36
77295	3-D Dosimetry Treatment Plan	S	5613	\$1,368.26	\$220.28
77370 ²	Special Physics Consult	S	5611	\$132.77	-
77336	Continuing Medical Physics Consultation	S	5611	\$132.77	-
Subsequent Administration(s)					
77300	Basic Dosimetry Calculation	S	5611	\$132.77	\$32.02
79101	Radiopharmaceutical Intravenous Administration	S	5661	\$224.13	\$88.95
OR 77750 ³	Infusion or Instillation of Radioelement, includes 3-month follow-up	S	5622	\$262.98	\$257.48
A9513	Lutathera® (Lutetium 177, dotatate)	K	9067	\$296.25	-
A9607	Pluvicto® (Lutetium Lu-177 vip tet)	G	9054	\$224.41	-
78803 ¹	Radiopharmaceutical localization SPECT 1 area	S	5593	\$1,305.48	\$47.87
78830 ¹	Radiopharmaceutical localization SPECT w/CT 1 area	S	5593	\$1,305.48	\$64.37
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78832 ¹	Radiopharmaceutical localization SPECT w/CT 2 areas	S	5594	\$1,458.59	\$92.51
78814 ¹	PET image w/CT limited	S	5594	\$1,458.59	\$97.36
77295 ⁴	3-D Dosimetry Treatment Plan	S	5613	\$1,368.26	\$220.28

1. Select the radiopharmaceutical localization imaging which best represents what was performed. Code selected based on number of areas, number of days and the specific imaging acquired for the post administration treatment planning.
2. Billable once per course for the same request. If billed initially for dose analysis after the first administration, code 77370 would not be billable again for same reason at subsequent fractions.
3. Due to the 3-month follow-up visits included in the administration code 77750, modifier 58 may need to be added at subsequent administrations. If code 79101

4. The ability to bill for 3-D plans during the course of Lutetium 177 Dotatate to calculate the dose to the target and surrounding normal tissues must be supported, the medical necessity documenting the need for this dosimetry planning in addition to the acquisition of an imaging dataset, and criteria specific to CPT® 77295 are met. Billable once per course, if significant change to tumor volume and/or surrounding anatomy additional planning may be supported.

DISCLAIMER

The information contained within this document is intended to highlight documentation, coding, and billing available to be used with select therapeutic radiopharmaceutical courses. This document only serves as a guide and is not intended to dictate or determine practice patterns. Actual coding is dependent upon medical necessity, physician orders, documentation, and patient needs. Indication of reimbursement rate values does not guarantee payment or coverage by the individual payer. To determine coverage and limitations of therapeutic radiopharmaceutical courses of treatment, review of payer policies is necessary.

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The Medicare national reimbursement rates reflect current year 2025 data available from the MPFS and HOPPS payment systems, rates do not include any sequestration or other applicable payment reductions which may be applicable.

CY 2025 Hospital Outpatient Prospective Payment System (HOPPS) rates for outpatient hospitals are from Centers for Medicare and Medicaid Services HOPPS Final Rule, CMS-1809-FC.

CY 2025 Medicare Physician Fee Schedule rates for freestanding or office setting (global) or physician in facility (hospital) professional (pro) only rates are from Centers for Medicare and Medicaid Services MPFS Final Rule, CMS-1807-F. CY 2025 MPFS Conversion Factor = \$32.3465.

Status Indicator (SI)	Definition
S	Procedure or Service, Not Discounted When Multiple
G	Pass-Through Drugs and Biologicals
K	Nonpass-Through Drugs and Nonimplantable Biologicals, Including Therapeutic Radiopharmaceuticals

This document has been prepared by Revenue Cycle Coding Strategies LLC for demonstration purposes only and is not intended to calculate reimbursement for a specific hospital, physician, freestanding facility or a specific patient or procedure. The CPT®/HCPCS codes and the assigned charges/payment rate estimates presented in this document are a sample representation of the National Medicare payments and possible charges at the time of the document's creation. Actual Medicare payments will vary according to the geographical location of the specific hospital, physician, or freestanding facility. Reimbursement rates vary greatly among payers and are subject to change. Revenue Cycle Coding Strategies LLC makes no representation as to the appropriateness of these CPT® codes for particular billing situations. It is the freestanding facility's, hospital's and/or physician's responsibility to properly code and seek reimbursement for services provided according to Medicare's rules and regulations. All procedure codes performed should be documented and billed according to payer guidelines. Copyright © 2024, Revenue Cycle Coding Strategies LLC All Rights Reserved.