

# Y-90 MICROSPHERES

## 2025 HOPPS

CPT®/ HCPCS	Definition	SI	APC	Hospital Outpatient (Facility)	Physician in Facility
<b>Physician Clinical Treatment Planning</b>					
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
77370 <sup>2</sup>	Special Physics Consult	S	5611	\$132.77	-
<b>Administration &amp; Y90 Microspheres</b>					
77778 OR 79445	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed	S	5624	\$693.81	\$ 451.23
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	S	5661	\$224.13	\$ 105.45
C2626	Brachytherapy source, nonstranded, yttrium-90, per source	U	2616	\$17,485.10	-
<b>Post Y90 Administration Dosimetry</b>					
78830 <sup>1</sup>	Radiopharmaceutical localization SPECT w/CT 1 area	S	5593	\$1,305.48	\$64.37
78832 <sup>1</sup>	Radiopharmaceutical localization SPECT w/CT 2 areas	S	5594	\$1,458.59	\$92.51
78814 <sup>1</sup>	PET image w/CT limited	S	5594	\$1,458.59	\$97.36
77295 <sup>3</sup>	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. Post administration Y-90 3-D plans to calculate the dose to the target and surrounding normal tissues is billable once per course when criteria is met.

VOXIMETRY  
**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
J1	Hospital Part B Services Paid Through a Comprehensive APC
N	Items and Services Packaged into APC Rates
Q2	T-Packaged Codes
S	Procedure or Service, Not Discounted when Multiple

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