

# 2022 Coding Guide

Office-Based Labs



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#### What are SIR-Spheres® yttrium-90 resin microspheres?

SIR-Spheres® yttrium-90 resin microspheres are microscopic spheres that are delivered via Selective Internal Radiation Therapy (SIRT) to liver tumors. The polymer microspheres with an average diameter of approximately 32.5 microns, are loaded with yttrium-90 (Y-90). After administration to the hepatic artery, SIR-Spheres yttrium-90 resin microspheres lodge preferentially in the vasculature of the tumor. The beta radiation remains localized, penetrating a mean of 2.5 mm in the tissue, destroying the tumor cells. Due to the half-life of 64.1 hours, most radiation (94%) is delivered in 11 days. The microspheres are biologically inert, and are not metabolized or excreted. Each vial is for a single patient use.

SIR-Spheres yttrium-90 resin microspheres are the ONLY fully FDA PMA approved yttrium-90 microspheres for the treatment of mCRC in the liver. 1,2,3 The only yttrium-90 microspheres backed by randomized controlled trial (RCT) data, SIR-Spheres yttrium-90 resin microspheres can be used alone or in combination with chemotherapy.

SIR-Spheres yttrium-90 resin microspheres are the ONLY yttrium-90 microspheres administered using contrast imaging, ensuring visualization, and confirmation of distribution. Coupled with personalized dosing, and precise infusion, complete procedural control is assured.

Delivered through the hepatic artery, SIR-Spheres yttrium-90 resin microspheres directly target liver tumors with yttrium-90 beta radiation, minimizing healthy tissue exposure. SIR-Spheres yttrium-90 resin microspheres have a relatively low density similar to blood, that enhances infusion efficiency, resulting in a homogeneous distribution, that can optimize tumor coverage.

SIR-Spheres Y-90 resin microspheres		
Microsphere material	Biocompatible Polymer	
Isotope	Yttrium-90 permanently bound to the microspheres	
Diameter	~32.5 µm	
Penetration in tissue	2.5 mm mean; 11 mm maximum range	
Half life	64.1 hours; 94% of the radiation decayed in 11 days	
How supplied	3 GBq or 81 mCi per vial +/- 10% at the time of calibration	
Number of particles per vial	40-80 million	

Caution: Federal (USA) law restricts this device to sale by or on the order of a physician. Indications for Use: SIR-Spheres Y-90 resin microspheres are indicated for the treatment of unresectable metastatic liver tumors from primary colorectal cancer with adjuvant intrahepatic artery chemotherapy (IHAC) of FUDR (Floxuridine). Warnings / Precautions: Inadvertent delivery of the microspheres to locations other than the intended hepatic tumor may result in local radiation damage. Due to the radioactivity and the significant consequences of misplacing the microspheres in situ, this product must be implanted by physicians who have completed the Sirtex TEC training program. A SPECT scan of the upper abdomen immediately after implantation is recommended. Patients may experience abdominal pain immediately after administration and pain relief may be required. H-2 blocking agents may be administered the day before implantation and continued as needed to reduce gastric complications. Side Effects: Common side effects are fever, transient decrease of hemoglobin, mild to moderate abnormality of liver function tests, abdominal pain, nausea, vomiting, and diarrhea. Potential serious effects due to exposure to high radiation include acute pancreatitis, radiation pneumonitis, acute gastritis, radiation hepatitis, and acute cholecystitis. Contraindications: SIR-Spheres Y-90 resin microspheres should not be implanted in patients who have either had previous external beam radiation therapy to the liver; ascites or are in clinical liver failure. This device is contraindicated in patients with markedly abnormal synthetic and excretory liver function tests; greater than 20% lung shunting of the hepatic artery blood flow, or >30 Gy radiation absorbed dose to the lungs, as determined by the 99mTc MAA scan; disseminated extra-hepatic malignant disease, and portal vein thrombosis. This device should not be implanted in patients determined via angiogram to have an abnormal vascular anatomy that would result in significant reflux of the hepatic arterial blood flow to the stomach, pancreas, or bowel. General Information: SIR-Spheres Y-90 resin microspheres may only be distributed to a duly licensed or accredited facility capable of handling therapeutic medical isotopes. This product is radioactive and should thus be handled in accordance with all applicable standards and regulations. Consult the Instructions for Use (www.sirtex.com) for a complete listing of indications, contraindications, side effects, warnings, and precautions.

# SIR-Spheres® yttrium-90 resin microspheres Patient Flow and Coding Reference

#### Phase I: PRE-TREATMENT

#### Patient Referral to Interventional Radiology

#### Insurance Authorization

(Pre-determination or Prior authorization recommended for commercial including Med Adv plans)

• CPT 74175: CTA abdomen & pelvis; w & w/o contrast (Provider Preference)

#### **Pre-Treatment Mapping**

- CPT 36246 to 36248: Selective catheterization codes
- CPT 75726: Angiography
- CPT 75774: Angiography, addtional selective
- CPT 37242: Arterial Embolization (if indicated)

#### **Nuclear Medicine** (Provider Preference)

- CPT 78201: Planar Scan OR
- CPT 78803: Radiopharmaceutical localization of tumor
- CPT 78580: Lung Shunt Assessment

#### Treatment Planning:

(Performed by Authorized User (AU)

- CPT 77262: Treatment planning: intermediate OR
- CPT 77263: Treatment planning: complex
- CPT 77300: Basic dosimetry
- CPT 77370: Physics consult
- CPT 77470: Special Treatment Procedure

**SIR-Spheres Y-90 resin microspheres dose order** (Ordered same week or one week prior to treatment)

## Phase II: SIR-Spheres Y-90 resin microspheres DAY OF TREATMENT

- CPT 36247 to 36248: Selective catheterization codes
- CPT 75726: Angiography
- CPT 75774: Addtional selective
- CPT 37243: Tumor embolization
- Authorized User (AU) dose administration:
- CPT 79445: Radiopharmaceutical therapy: intra-arterial particulate administration (1 doctor model (IR/AU)
- CPT 77778: Interstitial radiation source: complex (2 doctor model (IR with AU)

#### SIR-Spheres Y-90 Resin Microspheres Coding:

- HCPCS Code Q3001: Radioelements for Brachytherapy, any type
- HCPCS code: C2616, S2095 used with commercial some commercial/private including Medicare Advantage plans

#### Post-Treatment Imaging

(Provider Preference)

- CPT 78201: Planar **OR**
- CPT 78803: Radiopharmaceutical localization of tumor OR
- CPT 78814: PET/CT limited OR
- CPT 77399: unlisted procedure (fusion) OR
- CPT 78830: SPECT/CT single area

This information is provided as a resource only and may not encompass all possible coding options. Coding for these procedures and services will vary by site of service, provider, payer.

#### Key:

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IR - Interventional Radiologists

AU - Authorized User

CPT - Current Procedural Terminology

HCPCS - Healthcare Common Procedure Coding system

# SIR-Spheres® yttrium-90 resin microspheres Coding and Medicare National Average Reimbursement 2022 Office-Based Labs (OBL)

CY 2022 Medicare Physician Fee Schedule Final Rule was placed on display at the Federal Register on November 1, 2021. This final rule updates payment policies, payment rates, and other provisions for services furnished under the Medicare Physician Fee Schedule (PFS) on or after Jan. 1, 2022. Payment rates reflected in this guide are based on the 2022 Medicare Physician Fee Schedule as outlined in the Calendar Year 2022 (CSM-1751-F), Addendum B (121621) using 2022 Final MPFS 2022 conversion factor 34.6062.

Coding for administration of SIR-Spheres yttrium-90 resin microspheres can be complex. There is no consensus or consistency in the Coding/billing for the administration of SIR-Spheres yttrium-90 resin microspheres. This coding guide provides SIR-Spheres yttrium-90 resin microspheres Pre-Treatment and Day of Treatment coding options. Payer policies should be reviewed for coverage and coding guidelines. All rates shown are 2022 Medicare national averages; actual rates will vary geographically and/or by individual facility.

#### FDA LABELED INDICATIONS FOR USE

SIR-Spheres yttrium-90 resin microspheres: Colorectal cancer metastasized to the liver in combination with hepatic arterial chemotherapy (FUDR) – Full PMA approval

#### Payment:

#### Centers for Medicare and Medicaid Services (CMS)

Place of Service (POS 11) - office location, military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.

HCPCS	Descriptor	Medicare
Q3001	Radioelements for Brachytherapy, any type	Invoice Price

#### **Medicare Overview and Coverage Policies:**

Medicare patients have the option of enrolling in either traditional fee-for-service Medicare or Medicare Advantage plans. Traditional fee-for-service Medicare provides eligible beneficiaries with medical benefits through Medicare Parts A and B. Medicare Part B covers medically necessary services rendered in hospital outpatient facilities and freestanding physician offices. Medicare's managed care option, or Medicare Advantage (MA), is also known as Medicare Part C. Commercial plans contract with the Medicare program to offer coverage to Medicare enrollees. Medicare Advantage plans must provide coverage that is equal to or greater than the coverage offered by the beneficiary's local traditional fee-for-service Medicare Administrative Contractor (MAC). SIR-Spheres® Y-90 resin microspheres are eligible for Medicare reimbursement. Local Medicare contractors have the ability to approve or deny coverage based on medical necessity, coding, and appropriate procedural documentation.

#### **Commercial Payers:**

Reimbursement for SIR-Spheres® yttrium-90 resin microspheres by private payers will depend upon the payers coverage policy, medical necessity criteria and by your facilities contracted rates for individual plans. Commericial / Private Payer including Medicare Advantage plans insurance coverage varies between payers and their respective health plans. Coverage, coding, and reimbursement for SIR-Spheres Y-90 resin microspheres and related procedures should be confirmed with the payer to determine any applicable coverage policies or criteria prior to performing a procedure. Many national, regional, and local companies have determined SIR-Spheres Y-90 resin microspheres to be medically necessary. Pre-determination / prior authorization is recommended for most private insurance plans.

#### State or Managed Medicaid:

Medicaid is a public insurance program funded jointly by federal and state governments that provides safety-net coverage mainly to low-income and disabled beneficiaries. Medicaid is run at the state level, and coverage and benefit requirements vary from state to state. States structure Medicaid as a fee-for-service program or contract with private companies that administer individual Medicaid managed care plans. Medicaid coverage for SIR-Spheres Y-90 resin microspheres and actual coverage amounts will vary by state and plan type (Managed Medicaid vs. State Medicaid). Most Managed Medicaid plans will determine reimbursement based upon the terms of the contracts with individual providers. You will need to contact your patient's state or Managed Medicaid plan to determine the actual reimbursement.

#### **Hospital Pre-determination Process / Prior Authorization:**

Some commercial / private payer including Medicare Advantage plans, and State or Managed Medicaid plans may require providers to obtain a pre-determination or prior authorization for SIR-Spheres Y-90 resin microspheres coverage and related procedures. It is recommended that the coverage policies of your payer mix be researched and that applicable pre-determination requirements be understood <u>PRIOR</u> to treating the patient. Note: Obtaining a pre-determination / prior authorization is not a guarantee of coverage or payment. Coverage and payment determination can only be made at the time a claim is adjudicated.

Medicare Place of Service Payment Methodology			
Provider of Service	Place of Service Code	Medicare Payment Methodology	
Office-Based Labs (OBL)	11	Invoice price for SIR-Spheres Y-90 resin microspheres	

#### ICD-10 Diagnosis Codes:

The following diagnosis code range is specific to colorectal cancer (SIR-Spheres® Y-90 resin microspheres is approved for colorectal cancer that has metastasized to the liver).

C18.0 - C18.9	Malignant neoplasm of colon
C19.0 - C20.0	Malignant neoplasm of rectum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct

#### Microspheres Coding:

The HCPCS codes used to report use of SIR-Spheres Y-90 resin microspheres to payers may vary by plan type and the site of service where treatment is rendered. The following codes may be appropriate depending on payer guidelines:

HCPCS	Descriptor	Payers	
Q3001	Radioelements for Brachytherapy, any type	Fee for Service Medicare, some commercial / private payers including Medicare Advantage plans	Office-Based Labs (OBL) 11
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	some commercial / private payers including Fee for Service Medicare and Medicare Advantage plans	Office-Based Labs (OBL) 11

#### **Important Provider Notice:**

National Correct Coding Initiative (NCCI) Edits may result in coding conflicts for various treatments and procedures. Providers should carefully review each quarter's NCCI edit updates.

### Coding options for SIR-Spheres® yttrium-90 resin microspheres Therapy Medicare January 2022

		Non-Facility Payment <sup>6</sup>
CPT Code	CPT Description <sup>4</sup> (Short version)	Office-Based Lab (OBL) POS 1
	Phase I: Pre-Treatment Mapping / Diagnostic Angiogram	n <sup>7</sup>
Selective Ca	theterizations	
36245	Selective catheter placement; initial first order	\$1,331
36246	Selective catheter placement; initial second order	\$892
36247	Selective catheter placement; intial third order or more	\$1,526
36248	Selective catheter placement; addl second order, third order and beyond	\$123
Hepatic Ang	iogram	'
75726	Angiography, visceral, radiological S&I	\$175
75774	Angiography, selective, radiological S&I	\$101
Arterial Em	polization (if indicated)	
37242	Arterial embolization or occlusion, inclusive of all radiological S&I arterial other than hemorrhage or tumor	\$7,727
Treatment P	lanning – AU (Authorized User) Work	
77262	Treatment Planning; intermediate <b>OR</b>	\$109
77263	Treatment Planning; complex	\$170
77370	Special Medical Radiation Physics Consultation	\$134
77470	Special Treatment Procedure	\$138
77290	Complex Simulation	\$469
77300	Basic Dosimetry Calculation	\$66
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	Carrier Determined
3-D Post-Pr	ocessing (for liver volume)	
76376	3D Post Scan, not requiring image post-processing	\$24
76377	Cone Beam CT	\$74
CT Acquisiti	on (may be billed in conjunction with CPT code 76377)	
74170	CT abdomen; w & w/o contrast <b>0R</b>	\$288
74175	CTA abdomen & pelvis; w & w/o contrast	\$332
Pre-Treatme	ent Imaging (coding options will vary based on provider preference)	
78201	Liver imaging, static	\$187
78802	Liver imaging, with vascular Flow	\$304
78803	Radiopharmaceutical localization of tumor (SPECT)	\$376
78830	SPECT - CT Single Area	\$474
78580	Pulmonary perfusion imaging	\$232
A9540 <sup>10</sup>	Technetium 99m macroaggregated albumin	NA

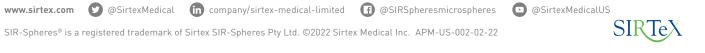
This information is provided as a guide for coding services involving SIR-Spheres Y-90 resin microspheres administration and is not intended to increase or maximize reimbursement by any payer. We suggest consulting your third-party payer organizations with regard to local coverage, coding and reimbursement policies. **Providers assume** *full responsibility for all reimbursement decisions or actions. Current Procedural Terminology* © 2022 American Medical Association. All Rights Reserved. APM-US-002-02-22

### Coding options for SIR-Spheres® yttrium-90 resin microspheres Therapy Medicare January 2022

		Non-Facility Payment <sup>6</sup>
CPT Code	CPT Description <sup>4</sup> (Short version)	Office-Based Lab (OBL) POS 11
	Phase II: DAY OF TREATMENT (Administration / Implant) <sup>7</sup> continue	d
Selective Ca	theterizations	
36247	; initial third order or more	\$1,526
36248	; additional second order, third order and beyond	\$123
Hepatic Ang	iogram	
75726	Angiography, visceral, radiological S&I	\$175
75774	Angiography, selective, radiological S&I	\$101
Tumor Emb	olization	
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarctiom radiological S&I arterial other than hemorrhage or tumor	\$9,322
Billing Sour	ces for (yttrium-90 Microspheres – non stranded)	
S2095	Transcatheter embo for tumor destruction using yttrium-90 microspheres	Private Payer Contract Price
Q3001	Brachytherapy Radioelements, any type	Carrier / Invoice Price
Microsphere	es Administration: Authorized User Codes (AU)	
79445	Radiopharmaceutical therapy, intra-arterial particulate admin (1 doctor model (IR/AU) <b>0R</b>	\$111
77778	Interstitial radiation source application; complex (2 Doctor model (IR with separate AU)	\$915
77262 <sup>7</sup>	Treatment Planning; intermediate <b>0R</b>	\$109
77263 <sup>7</sup>	Treatment Planning; complex	\$170
77370 <sup>8</sup>	Special Medical Radiation Physics Consultation	\$134
77470°	Special Treatment Procedure	\$138
77300	Basic Dosimetry Calculation	\$66
77790	Supervision, handling, loading of radiation source	\$16
Post-Treatm	nent Imaging (coding options will vary based on provider preference and equipment)	
78201	Liver imaging, static	\$187
78803	Radiopharmaceutical localization of tumor (SPECT)	\$376
78830	SPECT - CT Single Area	\$474
78814	PET/CT limited	\$104

#### References

- 1. Gray et al. Ann Oncol 2001;12:1711-20
- 2. van Hazel et al. *J Surg Oncol* 2004;88:78–85
- 3. Hendlisz et al. J Clin Oncol 2010;28:3687-94
- 4. CPT Copyright 2022 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. Note: Some CPT descriptors have been shortened for purposes of brevity. See your CPT Guide for full descriptors and coding guidelines.
- 5. Physician "Non-Facility" payment refers to professional services provided in the Free Standing Facility (OBL). The codes and national average payment rates shown are reflective of the 2022 Medicare Physician Fee Schedule as outlined in the Calendar Year 2022 (CSM-1751-F), Addendum B (121621) using 2022 Final MPFS 2022 conversion factor 34,6062.
- 6. The possible coding options listed in this section are based on Medicare guidelines and society recommendations. Medicare base case coding scenarios typical for one mapping and one treatment.
- 7. Treatment planning should be billed and dictated separately prior to microspheres administration.
- 8. Special Medical Radiation Physics Consultation (Use of this code requires a written order by the physician)
  Use of this code requires a written order by the physician.
- 9. Special Treatment Procedure used for brachytherapy and in circumstances requiring extra work over and above basic dosimetry calculation: Patient with previous chemo, receiving concurrent chemo, or external beam radiation to the body/liver. AU must review current CT scan, liver function studies and ECOG performance status to determinate % yttrium-90 dose to be adjusted taking into account previous treatments. Often used as a re-treatment code. Should be supported by clinical treatment note.
- 10. Do NOT code CPT 79445 for the injection of TC99 MAA on the mapping day as this is considered part of the nuclear medicine exam.



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