



| CPT®/ HCPCS | Description | 2025 Hospital Outpatient Department (HOPPS) | 2025 Ambulatory Surgical Center (ASC) | 2025 Physician Pro Only Hospital Outpatient Department or ASC | 2025 Physician/ Office Freestanding Facility |
|--|--|---|---|--|--|
| Fiducial Marker | | | | | |
| A4648 ¹ | Tissue marker, implantable, any type, each | Packaged | Packaged | Not Billed by this Entity | Invoice Cost |
| Prostate Placement Code | | | | | |
| 55876 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple | \$1,368.26 | \$962.09 | \$99.30 | \$144.59 |
| Imaging for Fiducial Marker Placement² | | | | | |
| 76942 | Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation | Packaged | Packaged | \$29.11 | \$57.25 |
| 77002 | Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) | Packaged | Packaged | \$25.55 | \$110.30 |
| 77012 | Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation | Packaged | Packaged | \$66.63 | \$122.27 |
| 77021 | Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation | Packaged | Packaged | \$67.93 | \$403.36 |
| Image Guidance for Radiation Therapy Treatment Delivery | | | | | |
| 77387 ³ | Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed | Packaged | Packaged | Not Billed in this Setting | Not Billed in this Setting |
| G6002 ³ | Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy | Not Billed in this Setting | Not Billed in this Setting | \$20.05 | \$74.43 |

¹A4648 MUST be submitted on the same claim form as the procedure of hospitals, ASCs and office setting as appropriate. The prostate placement code (55876) is device intensive in hospital and ASC. This requires the marker code (A4648) to be billed with placement or will be denied. Most commercial payers will reimburse at invoice cost unless a specific rate has already been negotiated.

²Select the appropriate imaging guidance code based on the type used to place the fiducial markers percutaneously.

³Packaged in a hospital outpatient department and ASC. Technical component not billable with an IMRT course of therapy, only billable for 3D course of therapy. Professional component billable for both 3D and IMRT courses. G6002 is reported for physicians and freestanding cancer centers.

-The 2025 National Medicare physician and office payment rates calculated with conversion factor \$32.3465 effective January 1, 2025.

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