

The following coding and billing information is related to placement of Barrigel® Rectal Spacer. Barrigel Rectal Spacer is intended to temporarily position the anterior rectal wall away from the prostate during radiotherapy for prostate cancer. In creating this space, it is the intent of Barrigel Rectal Spacer to reduce the radiation dose delivered to the anterior rectum. Barrigel Rectal Spacer is composed of biodegradable material and maintains space for the entire course of prostate radiotherapy treatment and is intended to be absorbed by the patient's body over time<sup>1</sup>. Documentation for all services rendered to support Barrigel Rectal Spacer material and all associated work with placement is required in the medical record by the provider.

The guidelines for placement of Barrigel Rectal Spacer vary by setting. The following coding and billing information is for Medicare reimbursement in a hospital outpatient, ambulatory surgical center, and office/freestanding center for Calendar Year 2024.

For questions, call Teleflex Reimbursement Support at 1-844-516-5966.

2024 Medicare Hospital Outpatient (HOPPS) Unadjusted Allowed Amount				
HCPCS	DESCRIPTION	SI	APC	2024 HOPPS NATIONAL RATE
55874 AND	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	J1	5375	\$4,930
C1889 <sup>2</sup> OR	Implanted/insertable device, not otherwise classified	N	-	-
A4649 <sup>2</sup>	Surgical supply; miscellaneous	N	-	-

  

2024 Medicare Ambulatory Surgical Center (ASC) Unadjusted Allowed Amount			
HCPCS	DESCRIPTION	PAYMENT INDICATOR	2024 ASC NATIONAL RATE
55874 AND	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	J8	\$3,745
C1889 <sup>2</sup> OR	Implanted/insertable device, not otherwise classified	N1	-
A4649 <sup>2</sup>	Surgical supply; miscellaneous	-	-

  

2024 Medicare Physician Fee Schedule (MPFS) Unadjusted Allowed Amount – In-Office and Facility Setting						
HCPCS	DESCRIPTION				2024 MPFS IN-OFFICE RATE	2024 MPFS FACILITY RATE
55874 <sup>3</sup>	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed				\$2,790	\$159
HCPCS	WORK RVU	NON-FAC PE RVU	FACILITY PE RVU	MP RVU	NON-FACILITY TOTAL	FACILITY TOTAL
55874	3.03	81.87	1.52	0.32	85.22	4.87

Department of Health and Human Services, Centers for Medicare & Medicaid Services. CMS-1784-F: Medicare and Medicaid Programs; CY2024 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies. 2 November 2023. Allowed amounts are calculated with a conversion factor of \$32.7442. Rates referenced in this guide do not reflect sequestration adjustments which are automatic reductions in federal spending that will result in a 2% across-the-board reduction to all Medicare rates as of July 1, 2022. Quoted rates also do not reflect payment adjustments related to quality of and/or meaningful use.

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<sup>1</sup>FDA clearance document: [https://www.accessdata.fda.gov/cdrh\\_docs/pdf22/K220641.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf22/K220641.pdf)

<sup>2</sup>Since CPT code 55874 is considered a device intensive procedure in hospital outpatient and ASC settings by Medicare, report C1889 for the Barrigel Rectal Spacer on the same billing claim. Reporting of HCPCS supply code A4649 is payor dependent. Check with appropriate insurer for guidelines.

<sup>3</sup>Report 55874 ONLY in the office/freestanding setting.

## Billing Guidelines for Barrigel Rectal Spacer Placement for Prostate Cancer

### Facility-Based (Hospital Outpatient and ASC)

- The Barrigel Rectal Spacer is purchased by the facility or hospital-based department where the procedure will take place. Placement of the Barrigel Rectal Spacer is billable by the facility with CPT® code 55874.
- HCPCS code C1889 or A4649 (payor dependent) for the Barrigel Rectal Spacer is reported by the facility and must be reported on the same claim form as the placement code. There is no reimbursement for the gel as it is included in the placement which Medicare classifies as device intensive. Reporting C1889 or A4649 to private payors will depend on policy and guidance for billing.
- The ultrasound (US) imaging used to place the gel is included in the definition of CPT code 55874; therefore, not separately reported.

### Physicians in Facility (Hospital Outpatient and ASC)

- Placement of Barrigel Rectal Spacer is billable by the physician with CPT® code 55874. The value of the ultrasound used to place the gel is included in the placement code and not separately billable. Documentation of a procedure note is required to support the work performed. The gel is not billed or reported on the claim by the physician.

### Office/Freestanding Setting

- The Barrigel Rectal Spacer is purchased and billed by the office where the procedure will take place.
- Placement of the Barrigel Rectal Spacer is billable by freestanding center with CPT® 55874, the ultrasound and gel are included and not separately billable. Review of private payor contracts may be needed to verify if the gel is separately billable for some payors.

The information contained in this document is publicly available information obtained from third-party sources, may not be all-inclusive and is subject to change without notice. Content is informational only and does not constitute medical, legal or reimbursement advice nor is it intended as direction to the health care provider/user. Nothing herein constitutes any statement, promise or guarantee of payment. The provider is solely responsible for determining appropriate treatment for the patient based on the unique medical needs of each patient and the independent judgment of the provider. It is also the responsibility of the provider to determine payor appropriate coding, medical necessity, site of service, documentation requirements and payment levels and to submit appropriate codes, modifiers and charges for services rendered. Although we have made every effort to provide information that is current at the time of its issue, it is recommended that you consult your legal counsel, reimbursement/compliance advisor and/or payor organization(s) for interpretation of payor-specific coding, coverage and payment expectations.

Teleflex LLC encourages providers to submit claims for services that are appropriately and accurately consistent with FDA clearance and approved labeling and does not promote the use of its products outside their FDA-cleared labeling.

Caution: Federal (USA) law restricts this device to sale by or on the order of a physician.