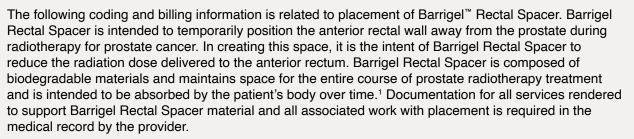
2025 REIMBURSEMENT GUIDE



Barrigel

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 2025.

For questions, call Teleflex Reimbursement Support at 1-844-516-5966 or email at barrigelreimbursement@teleflex.com.

2025 Medi	care Hospital Outpa	atient (HOPPS) Ur	nadjusted Allowe	ed Amoui	nt		
HCPCS	Description				SI	APC	HOPPS National Rate
55874 and	Transperineal placement of biodegradable material, periprostatic, single or multiple injection(s), including image guidance, when performed			single or	J1	5375	\$5,084
C1889 ² or	Implanted/insertable d	evice, not otherwise cl	assified		N	-	_
A4649 ²	Surgical supply; misce	llaneous			N	-	_
2025 Medi	care Ambulatory Su	Irgical Center (AS	SC) Unadjusted A	Ilowed A	mount		
HCPCS	Description				Payment indicator		ASC National Rate
55874 and	Transperineal placement of biodegradable material, periprostatic, single or multiple injection(s), including image guidance, when performed				8L		\$3,904
C1889 ² or	Implanted/insertable device, not otherwise classified				N1		_
A4649 ²	Surgical supply; miscellaneous				-		-
2025 Medi	care Physician Fee	Schedule (MPFS)) Unadjusted Allo	owed Am	ount – I	n-office and F	acility Setting
HCPCS	Description				MPFS In-office rate		MPFS Facility Rate
55874 ³	Transperineal placement of biodegradable material, periprostatic, single or multiple injection(s), including image guidance, when performed				\$2,646		\$150
HCPCS	Work RVU	Non-FAC PE RVU	Facility PE RVU	MP F	RVU Non-facility		al Facility total
55874	3.03	78.46	1.58	0.3	30	81.79	4.91

Department of Health and Human Services, Centers for Medicare & Medicaid Services. CMS-1807-F: CY2025. Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Medicare Part B. 1 November 2024. Allowed amounts are calculated with a conversion factor of \$32.3465. Department of Health and Human Services, Centers for Medicare & Medicaid Services. CMS-1809-FC: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems – Final Rule with Comment Period and CY2025 payment rates.

Rates referenced in this guide do not reflect sequestration adjustments which are automatic reductions in federal spending that will result in a 2% across-theboard 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. CPT[®] codes and descriptions are copyright 2024 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the American Medical Association.

Last updated: January 3, 2025

2025 REIMBURSEMENT GUIDE

向 Barrigel

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 building.
- 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 code 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.

- 1. FDA clearance document: https://www.accessdata.fda.gov/cdrh_docs/pdf22/K220541.pdf
- 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.
- 3. Report 55874 ONLY in the office/freestanding setting.

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