

SpaceOAR® and SpaceOAR Vue™ Hydrogel Systems

2021 Coding & Payment Quick Reference

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

The following codes are thought to be relevant to SpaceOAR® and SpaceOAR Vue™ procedures and are referenced throughout this guide.

To determine whether there are relevant C-codes for any Boston Scientific products, please visit our C-code finder at <http://www.bostonscientific.com/en-US/reimbursement/ccode-finder.html>.

C-Codes are tracking codes established by the Centers for Medicare & Medicaid Services (CMS) to assist Medicare in establishing future APC payment rates. C-Codes only apply to Medicare hospital outpatient claims. They do not trigger additional payment to the facility today.

It is very important that hospitals report C-Codes as well as the associated device costs. This will help inform and potentially increase future outpatient hospital payment rates.

CPT® Code	Code Description
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed

Physician Payment – Medicare

All rates shown are 2021 Medicare national averages; actual rates will vary geographically and/or by individual facility. “Allowed Amount” is the amount Medicare determines to be the maximum allowance for any Medicare covered procedure. Actual payment will vary based on the maximum allowance less any applicable deductibles, co-insurances, etc.

CPT® Code	Work RVU	Non-Facility Practice Expense RVU	Facility Practice Expense RVU	Malpractice RVU	Total Office-Based RVU	Total Facility-Based RVU	MD In-Office Medicare Allowed Amount	MD In-Facility Medicare Allowed Amount
55874	3.03	90.15	1.47	0.27	93.45	4.77	\$3,260	\$166

Hospital Outpatient Payment – Medicare

CPT® Code	Short Descriptor	Payment Status Indicator ⁵	APC ³	Hospital Outpatient Medicare Allowed Amount
55874*	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	T	5375	\$4,414

*C-1889 may be applicable. C-1889 is HCPCS code for implantable/insertable device, not otherwise classified.

ASC Payment – Medicare

CPT® Code	Short Descriptor	Subject to Multiple Procedure Reduction Indicator	Final Payment Indicator	ASC Medicare Allowed Amount
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Y	J8	\$2,949

ICD-10 CM Diagnosis Code

ICD-10 CM Diagnosis Code	Description
C61	Malignant neoplasm of prostate

Physician payment rates are 2021 Medicare national averages. Source: Centers for Medicare and Medicaid Services. CMS Physician Fee Schedule – November 2020 release, CMS-1734-F file. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1734-f>

The 2021 National Average Medicare physician payment rates have been calculated using the latest updated 2021 conversion factor of \$34.89. Rates subject to change.

Hospital outpatient payment rates are 2021 Medicare OPPS Addendum B national averages. Source: Centers for Medicare and Medicaid Services. CMS OPPS – November 2020 release, CMS-1736-FC file. <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1736-fc>

ASC payment rates are 2021 Medicare ASC Addendum AA national averages. ASC rates are from the 2021 Ambulatory Surgical Center Covered Procedures List. Source: Centers for Medicare and Medicaid Services. CMS ASC – November 2020 release, CMS-1736-FC file. <https://www.cms.gov/medicare/medicare-fee-service-payment/asc-payment/asc-regulations-and-notices/cms-1736-fc>

National average (wage index greater than one and hospital submitted quality data and is a meaningful HER user) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor, and capital amounts (\$6,427.41). Source: September 2020 Federal Register, CMS-1735-FR. FY 2021 rates.

ICD-10 MS-DRG definitions from the CMS ICD-10-CM/PCS MS-DRG v37.0 Definitions Manual. Source: https://www.cms.gov/icd10m/version37-fullcode-cms/fullcode_cms/P0001.html

Please note: this coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

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Sequestration Disclaimer

Rates referenced in these guides do not reflect Sequestration, automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2021.

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