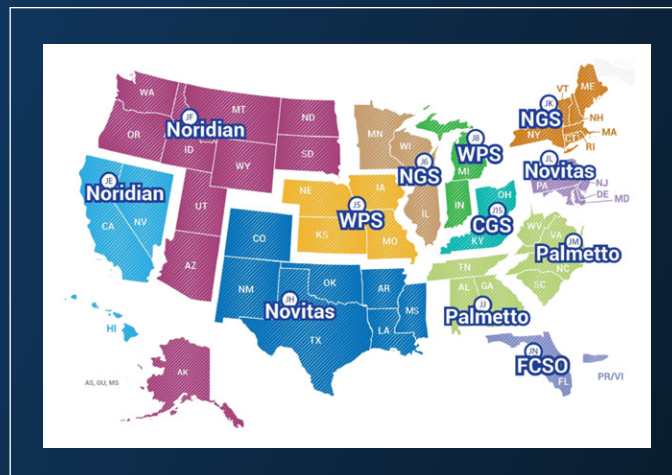


# SpaceOAR™ Hydrogel Coverage & Reimbursement: Medicare

## Medicare Administrative Contractors (MACs)

7 of 7 MACs are Reimbursing CPT 55874  
NGS has a specific policy and clinical guidelines



## Medicare National Average for CPT 55874

Site of Service	2020 Medicare National Average	2021 Medicare National Average
Hospital Outpatient Department:	\$4,231	<b>\$4,414</b>
Ambulatory Surgery Center:	\$1,976	<b>\$2,949</b>
Physician In-Office:	\$3,143	<b>\$3,261</b>
Physician Facility Fee:	\$172	<b>\$166</b>

For more information or to speak to a representative, [contact us](#).

### HEMA Disclaimers

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. Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered. It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA-approved label. Information included herein is current as of November 2020 but is subject to change without notice. Rates for services are effective January 1, 2021. 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.

### 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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