2017 SpaceOAR® System Coding Reference

Effective January 1, 2017

SpaceOAR System is intended to temporarily position the anterior rectal wall away from the prostate during radiotherapy for prostate cancer and in creating this space it is the intent of SpaceOAR System to reduce the radiation dose delivered to the anterior rectum. The SpaceOAR System is composed of biodegradable material and maintains space for the entire course of prostate radiotherapy treatment and is completely absorbed by the patient’s body over time.

This coding guide includes commonly used procedure codes when reporting SpaceOAR procedures. It is always the provider’s responsibility to determine and submit appropriate codes, charges, and modifiers that best reflect the actual service(s) furnished. Providers should consult with the appropriate payer(s) regarding billing, coding, and payer guidelines.

Reimbursement rates noted are National Average Medicare rates as of January 2017.

Billing and Coding Rules: CPT code 0438T includes image guidance and is not a separately reportable procedure.

### Hospital Outpatient

<table>
<thead>
<tr>
<th>CPT®1</th>
<th>Code Description</th>
<th>APC2</th>
<th>Status Indicator OPPS®</th>
<th>Medicare National Average Payment4</th>
</tr>
</thead>
<tbody>
<tr>
<td>0438T</td>
<td>Transperineal placement of biodegradable material, peri-prostatic (via needle), single or multiple, includes image guidance</td>
<td>5374</td>
<td>J1</td>
<td>$2,541.49</td>
</tr>
</tbody>
</table>

### Ambulatory Surgery Center

<table>
<thead>
<tr>
<th>CPT®1</th>
<th>Code Description</th>
<th>Status Indicator ASC5</th>
<th>Medicare National Average Payment6</th>
</tr>
</thead>
<tbody>
<tr>
<td>0438T</td>
<td>Transperineal placement of biodegradable material, peri-prostatic (via needle), single or multiple, includes image guidance</td>
<td>G2</td>
<td>$1,179.80</td>
</tr>
</tbody>
</table>

The Centers for Medicare and Medicaid Services (CMS) National Level II HCPCS Coding Program recognizes the SpaceOAR perirectal spacer system as an integral part of a procedure and payment for services that include SpaceOAR if it is used. Therefore, a HCPCS code is not required with CPT 0438T. We recommend to include the cost of the supply within 0438T for the placement of SpaceOAR System.

### Physician/Physician Office

<table>
<thead>
<tr>
<th>CPT®1</th>
<th>Code Description</th>
<th>RVU7</th>
<th>Non-Facility/Facility8</th>
</tr>
</thead>
<tbody>
<tr>
<td>0438T</td>
<td>Transperineal placement of biodegradable material, peri-prostatic (via needle), single or multiple, includes image guidance</td>
<td>Carriers will establish RVUs and payment amounts for these services, generally on an individual case by case basis following review of documentation such as an operative report</td>
<td></td>
</tr>
</tbody>
</table>

Physician procedure reporting and payment for professional services, payment needs to be established to cover the cost of the SpaceOAR system when performed in the non-facility (physician office) setting of care.

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**SpaceOAR System Reimbursement Support**

Augmenix offers assistance and resources to providers in their efforts to obtain benefit coverage and payment. Contact a SpaceOAR Reimbursement Specialist at: (781) 902-1657 or reimbursement@augmenix.com
REFERENCES:
1. Current Procedural Terminology (CPT) is a set of codes, descriptions, and guidelines intended to describe procedures and services performed by physicians and other health care professionals, or entities. The use of CPT codes simplifies the reporting of such procedures and services.
2. Ambulatory Payment Classification (APC) is the government’s method of paying facilities for outpatient services for the Medicare program. A part of the Federal Balanced Budget Act of 1997 that required Centers for Medicare and Medicaid Services (CMS) to create a new Medicare “Outpatient Prospective Payment System” (OPPS) for hospital outpatient services to differentiate from hospital inpatient services.
3. Status Indicator Outpatient Prospective Payment System (OPPS) “J1” Description: Hospital Part B services paid through a comprehensive APC.
5. Ambulatory Surgical Center Place of Service 24 - Status Indicator “G2” description: Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.
7. Relative Value Units are a measure of value used in the United States Medicare reimbursement formula for physician services. There are no RVUs for this code at this time.
8. Facility (Professional Component) and Non-Facility (Place of Service 11) Procedure Status “C” Carriers will establish RVUs and payment amounts for these services, generally on an individual case basis following review of documentation such as an operative report.

DISCLAIMER:
It is always the provider’s responsibility to determine and report the appropriate procedure and supply codes based upon medical necessity and procedures and supplies provided to the patient. Coding and reimbursement information is provided for educational purposes and does not assure coverage of the specific item or service in a given case. Contact your local Medicare Administrator Contractor (MAC) or CMS for specific information as payment rates listed are subject to change. To the extent that you submit cost information to Medicare, Medicaid or any other reimbursement program to support claims for services or items, you are obligated to accurately report the actual price paid for such items, including any subsequent adjustments. CPT® five-digit numeric codes, descriptions, and numeric modifiers only are Copyright AMA. All rights reserved.
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CPT® does not include fee schedules, relative values or related listings. The source for this information is the Center for Medicare and Medicaid Services. The content provided by the Center for Medicare and Medicaid Services is updated frequently. It is the responsibility of the health services provider to confirm the appropriate coding required by their local MAC and commercial payers.
80 FR 70297

SOURCES:
CY 2017 Hospital Outpatient Prospective Payment System (OPPS) Policy Changes and Payment Rates (2017 Final Addendum A.11.01.16); Ambulatory Surgical Center Payment System Policy Changes and Payment Rates (2017 Final ASC Addenda, CY 2017 FN ASC AA).