2025 Coding and Payment Guide – SpaceOAR™ and SpaceOAR Vue™ Hydrogel Systems

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

All rates shown throughout this guide are 2025 Medicare unadjusted 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.

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. (See additional information on page 2).

Physician Payment – Medicare Unadjusted National Average

CPT® Code	Code Long Description	MD In-Facility Medicare Allowed Amount (NF)	Total Facility Based RVUs (NF)	MD In-Office Medicare Allowed Amount	Total Office Based RVUs
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	$159	4.91	$2,646	81.79

Hospital Outpatient Payment – Medicare Unadjusted National Average

CPT® Code	Code Long Description	APC	Hospital Outpatient Status Indicator	Hospital Outpatient Medicare Allowed Amount
55874*	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	5375	J1	$5,084

**Considered a device intensive procedure by CMS, SpaceOAR™ material must be reported with device code C1889, on the same claims form as the placement code. See page 2 for more information.*

ASC Payment – Medicare Unadjusted National Average

CPT® Code	Code Long Description	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	$3,904

**Considered a device intensive procedure by CMS, SpaceOAR™ material must be reported with device code C1889, on the same claims form as the placement code. See page 2 for more information.*

See important notes on the uses and limitations of this information on page 3.

ICD-10 CM Diagnosis Codes

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

C-Code Information

For all C-Code information, please reference the C-code Finder: http://www.bostonscientific.com/en-US/reimbursement/ccode-finder.html.

Code	OPPS Status Indicator	Description
C1889	N (packaged)*	Implantable/insertable device, not otherwise classified

*Source:https://www.cms.gov/license/ama?file=/files/zip/2025-nfrm-opps-addenda.zip

On claims for Medicare beneficiaries, hospitals should report not only the appropriate CPT® Code, but also all applicable C-Codes.

- 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 with the exception of designated transitional pass-through payment (TPT) devices.
- It's important that hospitals report C-Codes as well as the associated device costs as this will help inform and potentially increase future outpatient hospital payment rates.

Suggested Revenue Code for Device Codes C1889

Code	Description
278†	Medical/surgical supplies and devices/other implants

See important notes on the uses and limitations of this information on page 3.

Physician payment rates are 2025 Medicare national averages. Source: Centers for Medicare and Medicaid Services. CMS-1807-F, Physician Fee Schedule – Addendum B, Relative Value File October 2024 release, RVU24D file.https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f

The 2025 National Average Medicare physician payment rates have been calculated using a 2025 conversion factor effective January 1, 2025, of $32.3465. Rates subject to change.

Hospital outpatient payment rates are 2025 Medicare OPPS Addendum B national averages. Source: Centers for Medicare and Medicaid Services. CMS OPPS – November 2024 release, CMS-1809-FC file.
https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc

ASC payment rates are 2025 Medicare ASC Addendum AA national averages. ASC rates are from the 2025 Ambulatory Surgical Center Covered Procedures List. Source: Centers for Medicare and Medicaid Services. CMS ASC November 2024 release, ASC Approved HCPCS Code and Payment Rates https:https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1809-fc

† According to Medicare, devices do not need to remain in the body to be classified as "implants."[1,2]

1 Preamble to the Inpatient Prospective Payment update regulation for FY 2009 (73 FR 48462).

2 Revenue Code 278 - Definition in UB-04 manual, National Uniform Billing Committee Summary, August 2009, Page 5: (a) Implantables: That which is implanted, such as a piece of tissue, a tooth, a pellet of medicine, or a tube or needle containing a radioactive substance, a graft, or an insert. Also included are liquid and solid plastic materials used to augment tissues or to fill in areas traumatically or surgically removed. An object or material partially or totally inserted or grafted into the body for prosthetic, therapeutic, diagnostic purposes. Examples of Other Implants (not all-inclusive): Stents, artificial joints, shunts, grafts, pins, plates, screws, anchors, radioactive seeds.

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 or FDA-cleared label. Information included herein is current as of November 2024 but is subject to change without notice. Rates for services are effective January 1, 2025.

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Sequestration Disclaimer
Rates referenced in these guides do not reflect Sequestration or other reductions that may be implemented in 2025.

CPT® Disclaimer

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Boston Scientific Corporation
300 Boston Scientific Way
Marlborough, MA 01752-1234
https://www.bostonscientific.com/en-US/reimbursement.html

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1.888.272.1001

Effective: 1JAN2025
Expires: 31DEC2025
MS-DRG Rates Expire: 30SEP2025
URO-2028408-AA DEC 2024