

2024 Quick Reference Guide

BARRICAID®

Hospital Outpatient

This guide provides applicable Medicare coding recommendations and 2024 national unadjusted payment rates for the Barricaid procedure when performed in the outpatient hospital setting.

Disclaimer: The reimbursement information contained in this Guide is provided by Intrinsic Therapeutics for informational purposes only. This is not an affirmative instruction as to which codes and modifiers to use for a particular service or item. Any coding, coverage, and payment information contained herein is gathered from various resources and is subject to change without notice. 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 that are rendered. Intrinsic recommends that you consult with your payors, reimbursement specialists and/or legal counsel regarding coding, coverage, and reimbursement matters. Coding for and coverage policies of commercial carriers, including use of specific HCPCS code(s), may apply for certain Medicare Advantage or HMO plan types. Intrinsic encourages providers to check with their payors to determine the codes that the payors expect for the procedure/device.

The following rates for services are effective January 1, 2024.

Hospital Outpatient Coding¹⁻⁶

HCPCS	Description	APC	Status Indicator	National Average Payment
Barricaid Procedure				
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar.	5115	J1	\$12,539.82 (Facility)
C9757 is the procedure code assigned by CMS (January 1, 2020) for use by the facility to describe the combined procedure(s) of a lumbar discectomy AND the insertion of the Barricaid Annular Closure Device.				

Please see Instructions for Use, indications for use, contraindications, warnings, and precautions. US FDA PMA P160050 www.barricaid.com/instructions/

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, 2022. (Budget Control Act of 2011).

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2. Medicare device edits link: http://www.cms.gov/HospitalOutpatientPPS/02_device_procedure.asp. Please verify with local payors for specific device coding requirements.
3. 2-42 CFR Parts 411, 412, 416, 419, 422, 423, and 424 [CMS-1736-FC].
4. Procedure or Service, Not Discounted When Multiple; J1: Hospital Part B services paid through a comprehensive APC.
5. 2024 Medicare National Average payment rates, unadjusted for wage. "National Average Payment" 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-insurance etc. CMS CY 2024 OPPS Final Rule, CMS-1753-FC, Addendum B.
6. National Uniform Billing Committee (NUBC) /American Hospital Association (AHA). <https://www.nubc.org/>

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Potential Other Codes¹⁻⁸

HCPCS Supply and Revenue Codes		
HCPCS	Description	Revenue Code
C9757	OR Services	0360
C1713	Anchor/screw bn/bn, tis/bn	0278
C1889	Implantable/insertable device, not otherwise classified	0278
CPT Description		
Discectomy		
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s). Including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar excision of herniated intervertebral disc; 1 interspace, lumbar	
22899	Unlisted procedure, spine	
ICD-10-CM		Description
1) Disc Herniation	M51.26	Other intervertebral disc displacement, lumbar region
	M51.27	Other intervertebral disc displacement, lumbosacral region
2) Reason for Surgery	M51.A0	Intervertebral annulus fibrosus defect, unspecified size, lumbar region
	M51.A1	Intervertebral annulus fibrosus defect, small, lumbar region
	M51.A2	Intervertebral annulus fibrosus defect, large, lumbar region
	M51.A3	Intervertebral annulus fibrosus defect, unspecified size, lumbosacral region
	M51.A4	Intervertebral annulus fibrosus defect, small, lumbosacral region
	M51.A5	Intervertebral annulus fibrosus defect, large, lumbosacral region
3) Additional Signs and Symptoms	M51.06	Intervertebral disc disorders with myelopathy, lumbar region
	M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
	M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region

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2. Medicare device edits link: http://www.cms.gov/HospitalOutpatientPPS/O2_device_procedure.asp. Please verify with local payors for specific device coding requirements.
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6. National Uniform Billing Committee (NUBC) /American Hospital Association (AHA). <https://www.nubc.org/>
7. Alpha-Numeric HCPCS | CMS Alpha-Numeric HCPCS | CMS <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update>
8. ICD-10 CM Reference Manual: <https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-cm>