BARRICAID®

Barricaid Peer-to-Peer Appeal Guide

As new technologies become available, it is common for insurance companies to initially label these procedures as “experimental or investigational.” The most effective way to address this issue and establish coverage for a procedure is through physician advocacy and clinical evidence. The first step in the process is having a peer-to-peer conversation with the medical director. The payor may not understand the medical necessity of a Bone-Anchored Annular Closure Device (Barricaid) in preventing reherniation and reoperation in patients with large annular defects.

1. Evaluate the Reviewer

- What is the reviewer’s medical specialty/training? Ask for a spine specialist
- What is the reviewer’s current understanding of large annular defects treatment options?
- What is the reviewer’s willingness and authority to approve the procedure?

2. Share your Background

- Share your background (medical school, residency, fellowship, years of practice)

3. Share the Evidence

- If the reviewer refers to the non-coverage policy (i.e., experimental/investigational), offer to go over the clinical data (see key limitations chart) and offer to send clinical data if they don’t have access to it; if the denial is due to medical necessity, share your patient’s need for the procedure. For all cases, keep in mind that Barricaid meets an unmet clinical need in patients with large annular defects. Leaving a large hole in this subset population, the patient remains vulnerable to future reoperations due to reherniations.
  Not allowing coverage for Barricaid in this high-risk population would be an act of bad faith, as there are no alternative treatment options.

4. Paint the Clinical Picture

DIAGNOSIS AND TREATMENT PLAN

- Patient is a xx-year-old [male/female] with radiating [pain/weakness/numbness] that is concordant with the [bulging/herniated disc observed on MRI at [L4-L5/L5-S1] [left/right] side. Non-surgical therapy, which has included [injections/PT/NSAIDS], beginning XX weeks ago, has failed. S/he is a candidate for (micro) lumbar discectomy with possible Barricaid Bone-Anchored Annular Closure Device implantation.
- The use of a Barricaid implant is a decision made intra-operatively for annular defects 6-10mm to reduce the risk of reherniation and subsequently reoperation, which occurs in approximately 30% of all cases.
- State the risks of not having Barricaid if the patient meets the indications, i.e., reherniation and reoperation.

5. Current Coding (if needed)

PHYSICIAN CODING

- Physicians typically report one of the lumbar discectomy codes, such as:

  CPT 63030 (Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar) OR

  63042 (Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar)

  AND

  22899 (Unlisted procedure, spine) for the implantation of the Barricaid

FACILITY CODING

- Effective January 2020, CMS created HCPCS 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) for hospital outpatient departments and ASCs to report the lumbar discectomy and Barricaid implantation procedure Assigned to clinical APC 5115 (Level 5 Musculoskeletal Procedure)

6. Rebuttal (See key limitations chart)

- If the Medical Director continues to indicate that the Barricaid is investigational and/or experimental, **ask what they deem to be the alternative if the patient has a large annular defect and is at risk for reherniation.**
- Offer to provide them with additional evidence if they do not have the Level I and II evidence.

If you have any questions about this guide or would like to speak to a Barricaid Clinical expert, please contact the Patient Access Team at:

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