BARRICAID®

A Guide to Billing for the Barricaid Procedure **2026**

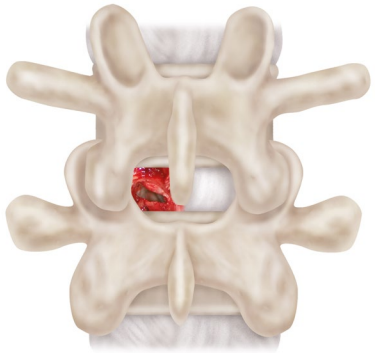
81% Reduction* | **70+ Clinical Publications** | **13,000+ implantations**

*In reoperation for reherniation. Some studies outside U.S indications. Values at Minimum 1 year post-op. Minimum study size of 20 Barricaid subjects.
Please see Instructions for Use at www.barricaid.com/instructions/ for indications for use, contraindications, warnings, and precautions.

INTRODUCTION TO BARRICAID

Leaving a large hole in the disc post-discectomy puts the patient at risk of **reherniation**

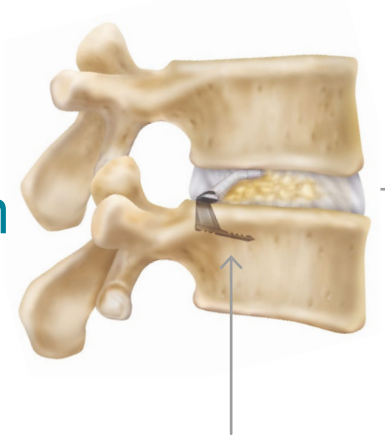
this is a **BIG** problem



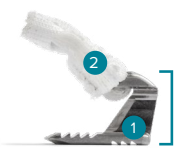
Create a barrier against reherniation and reoperation

The Barricaid bone-anchored implant is the first device **clinically proven to significantly reduce the incidence of reherniation and reoperation by 81%* in eight distinct study populations.**

Only FDA approved device designed to prevent disc reherniation and reoperation



81% Reduction*



8mm width 10mm width

Barricaid Device

1. Titanium bone anchor
2. Polymer component
3. Platinum iridium marker

Animation Video

* In reoperations for reherniations. Some studies outside US indications. Min 1 year post-op. Minimum study size of 20 Barricaid subjects.

Commonly Billed Codes

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, 2026.

Diagnosis Coding[1] - Coding Order Matters

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

1. ICD-10 CM Reference Manual: https://www.cms.gov/files/document/fy-2026-icd-10-cm-coding-guidelines.pdf

Physician Coding[2-4] New Category I CPT Code for 2026

CPT®[2]	Description	Global Period	Work RVUs	Non-Facility PE RVUs	Malpractice RVUs	Total RVU
Discectomy + Barricaid						
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	90	11.70	11.35	3.84	26.89
+63032	With repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)	90	2.5	0.79	0.79	4.08

*CY2026 Conversion Factor for Qualifying APM: $33.5675;*CY2026 Conversion Factor for Nonqualifying APM: $33.4009

+63032: With repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)

- Use 63032 in conjunction with 63030
- Report 63032 only once per operative session
- Do not report 63032 in conjunction with 63042

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3. Department of Health and Human Services. Centers for Medicare and Medicaid Services. RVU CY 2026 1832-F released October 31, 2025 CMS National Physician Fee Schedule Relative Value File.
4. CPT Professional 2026, American Medical Association 2025

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Hospital Outpatient Coding[1-7]

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	$13,117.00 (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.				

HCPCS Supply and Revenue Codes		
HCPCS	Description	Revenue Code
C9757	OR Services	0360
C1713	Anchor/screw bn/bn, tis/bn	0278
OR		
C1889	Implantable/insertable device, not otherwise classified	0278

Alternative Coding for Some Commercial Plans

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
+63032	With repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)

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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. 42 CFR Parts 410, 412, 413, 415, 416, and 419 [CMS-1834-FC].
4. Procedure or Service, Not Discounted When Multiple; J1: Hospital Part B services paid through a comprehensive APC.
5. 2026 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 2026 OPPS Final Rule, CMS-1834-FC, Addendum B.
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

† Hospital Outpatient Status indicator:
J1: Comprehensive APC, Payment for all adjunctive services reported on the same claim is packaged into payment for the primary service.

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ASC Facility Coding[1-6]

HCPCS	Description	APC	Status Indicator	National Unadjusted Medicare 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	J8	$9,696.00
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.				

HCPCS Supply and Revenue Codes		
HCPCS	**Description**	**Revenue Code**
C9757	ASC Surgical Procedure	0490
C1713	Anchor/screw bn/bn, tis/bn	0278
OR		
C1889	Implantable/insertable device, not otherwise classified	0278

Alternative Coding for Some Commercial Plans

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
+63032	With repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (list separately in addition to code for primary procedure

†† ASC Status indicator:
J8: Device-intensive procedure; paid at adjusted rate

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2. Details for title: 2026 | CMS https://www.cms.gov/license/ama?file=/files/zip/2026-nfrm-addendum-aa-bb-dd1-dd2-ee-ff.zip
3. ASC Approved HCPCS Code and Payment Rates – Published 11/25/2025: https://www.cms.gov/license/ama?file=/files/zip/2026-nfrm-addendum-aa-bb-dd1-dd2-ee-ff.zip
4. FY 2026 Wage Index Home Page: https://www.cms.gov/license/ama?file=/files/zip/2026-nfrm-addendum-aa-bb-dd1-dd2-ee-ff.zip
5. Medicare 2026 Alpha-Numeric HCPCS File: https://www.cms.gov/license/ama?file=/files/zip/2026-nfrm-addendum-aa-bb-dd1-dd2-ee-ff.zip
6. 2026 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. https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notices/cms-1834-fc

Device Intensive: Medicare designated the Barricaid procedure HCPCS code device intensive which requires that hospital claims not only report the most appropriate HCPCS code for the procedure, but also an additional HCPCS device code for each implant delivered.

Non-Medicare: Some non-Medicare, commercial health plans do not recognize HCPCS codes developed by CMS. It is recommended that you verify with each health plan their coding requirements for outpatient facility claims.

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Intrinsic Therapeutics encourages providers to submit claims for services that are appropriately and accurately consistent with FDA clearance and approved labeling and does not promote the use of its products outside their FDA-cleared labeling.

Outpatient and Ambulatory Surgery Center payment levels. Please verify your specific payment levels with your local Medicare carrier.

For additional guidance contact:

Barricaid Reimbursement Support
Telephone: (844) 288-7474
Fax: (844) 288-2660
Email: reimbursement@barricaid.com

Sample Procedure Narrative

BARRICAID®

Pre-Operative Diagnosis:

- Herniated lumbar disc pathology (e.g., M51.26, M51.27)
- Annular defect, unspecified, lumbar/lumbosacral (e.g., M51.A0, M51.A3)
- List other signs/symptoms (e.g., M51.06, M51.16, M51.17)

Post-Operative Diagnosis:

- Herniated lumbar disc pathology (e.g., M51.26, M51.27)
- Annular defect, small/large, lumbar/lumbosacral (e.g., M51.A2, M51.A5)

Procedure(s) Performed:

1. Lumbar Discectomy (CPT® 63030)

2. Implantation of bone anchored annular closure device to repair annular defect (Barricaid) (CPT® 63032)

Barricaid HCPCS code for the facility (hospital or ASC) to report:

- 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

Place of Service

- Outpatient procedure

Lumbar Discectomy and repair of annular defect with bone-anchored annular closure device

- Consent, patient preparation and positioning (Set up, including fluoroscopy)
- Description of procedural steps for lumbar discectomy
- Describe access for placement of Barricaid implant (incision, removal of additional bone, etc.)
- Measured the size of the annular defect using customized Barricaid instruments to determine the size of the bone-anchored annular closure device
- The annular defect size was measured as X mm tall and X mm wide.
- Selected and verified (X mm) sized implant
- Alignment trial instrument was inserted through the laminar opening to confirm access and alignment for implantation of the Barricaid device.
- Positioned the delivery instrument against the posterior wall of the target vertebral body.
- With intermittent assistance of fluoroscopy guidance, tapped the strike cap with the mallet until the deployment depth indicator on the tool indicated that the proper depth of deployment into the vertebral body was achieved.
- Confirmed with fluoroscopic guidance that the Barricaid device was fully implanted into the (XX) vertebral body, with correct positioning of polymer component in the (XX level) disc space
- Removed instruments
- Closed with X
- A bone-anchored annular closure device was implanted as an outpatient procedure and the facility may report HCPCS code C9757 for the discectomy and Barricaid implant.

Reference: Barricaid Surgeon Technique Manual SM022-A-EN

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The Barricaid Health Economics Team guides your staff through the reimbursement process.

For more reimbursement resources, scan the QR Code below:

SCAN ME

Goal:

Make their **first** surgery their **last** surgery.

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