March 1, 2020

Medical Director

SUBJECT: CPT Code 55874 Peri-prostatic rectal spacer

The American Urological Association (AUA) with more than 15,000 members in the United States and represents the world's largest collection of expertise and insight into the treatment of urologic disease and provides invaluable support to the urologic community by fostering the highest standards of urologic care through education, research and the formulation of health policy.

Radiation therapy for prostate cancer is medically indicated treatment option. There are risks of rectal damage due to radiation therapy, which can include bleeding, poor bowel function, and rectal ulcers or fistula.

Rectal Spacers are an absorbable hydrogel spacer designed to reduce unintentional rectal injury in men undergoing prostate radiotherapy. Using ultrasonic guidance, the spacer is administered as a liquid that expands in the space between Denovillier’s fascia and the rectal wall where it solidifies into a soft but firm hydrogel within 10 minutes of insertion. The spacer remains intact during the course of radiation therapy which is approximately 3 months. After this period, the spacer liquefies and is naturally absorbed and excreted through the patient’s urine typically within 6 months.

Category 1 CPT code 55874 Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed became available in January 2018 to report placement of rectal spacers to help reduce the risk of damage to the rectum during radiation treatment in men with prostate cancer.

The results of the clinical studies have demonstrated the procedure’s safety and effectiveness within the study populations. In a prospective, randomized, multi-center, patient-blinded, clinical trial, the results show a 73% reduction in the radiation delivered to the rectum and a 75% decrease of late rectal toxicity (Grade 1) with a 99% technical procedural success.
rate. Over 100 articles, published in numerous journals, support the general consensus that a biodegradable perirectal implant creates a small, but necessary space (1.3cm post-implant space) between the organs to provide a substantial impact to the patient.

The AUA considers the placement of Rectal Spacers medically necessary as an option for men with prostate cancer who elect to undergo radiation treatment to help reduce the potential rectal toxicity effects of radiation therapy dosage and delivery. The implantation of rectal spacers should be covered for reimbursement. The AUA does not consider this procedure to be investigational or experimental.

If you have any other questions about this request for coverage and reimbursement, please contact Stephanie N. Storck, Director of Payment Policy at 866-746-4282, extension 3786.

Sincerely,

Jonathan Rubenstein M.D.
Chair, Coding and Reimbursement Committee
American Urological Association
