

Barrigel™ Rectal Spacer Coverage Summary Checklist

Patient Name:

Date:

MRN:

Physician:

Health Plan Name:

Covered Codes

Prior Authorization Requirements

Coverage Criteria	Enter patient result for each criterion	Page #



All medical necessity criteria should be documented in the medical record. Reference complete medical policies available on the health plan website.

**A health plan's medical necessity criteria may not match the current FDA indication for the Barrigel Rectal Spacer.*

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