UROLIFT®
BPH Relief. In Sight.™

Commonly Billed Codes 2022

Diagnosis Coding	
ICD-10 Diagnosis Coding	
N40 .1	Benign prostatic hyperplasia with lower urinary tract symptoms (LUTS)

Physician Coding: All Sites of Service			
CPT®	**Description**	**OFFICE National Unadjusted Allowed Amount**	**FACILITY National Unadjusted Allowed Amount**
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	$1,359	$210
+52442	Each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	$934	$51

Medicare Physician Fee Schedule, National Unadjusted RVUs							
CPT Code	**Global Period**	**Work RVUs**	**PE RVUs FAC**	**PE RVUs Non-FAC**	**Malpract RVUs**	**Total RVUs FAC**	**Total RVUs Non-FAC**
52441	000	4.00	1.61	34.78	0.47	6.08	39.25
+52442	zzz	1.01	0.34	25.86	0.11	1.46	26.98

Facility Coding: Hospital Outpatient or Ambulatory Surgery Center (ASC)		Hospital			ASC	
HCPCS	**Description**	**APC**	**APC Allowed Amount**	**SI**	**Allowed Amount**	**SI**
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	5375	$4,506	J1†	$3,477	J8††
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	5376	$8,429	J1†	$7,196	J8††

Device Code - Hospital Outpatient Only	
HCPCS	**Description**
L8699	Prosthetic implant, not otherwise specified (each implant)

Facility Coding: Alternative Coding for Some Commercial Plans*		Hospital	ASC
CPT®	**Description**	**APC Allowed Amount**	**Allowed Amount**
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Insurer Priced	Insurer Priced
+52442	Each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Insurer Priced	Insurer Priced

**While most insurers follow Medicare coding guidelines, some insurers may prefer the use of the CPT codes normally used for physician billing. Confirm preferred coding with each commercial insurer.*

†Comprehensive APC; Payment for all adjunctive services reported on the same claim is packaged into payment for the primary service.

†† Device-intensive procedure; paid at adjusted rate.

Rates referenced in this guide do not reflect sequestration adjustments which are automatic reductions in federal spending that will result in a 2% across-the-board reduction to all Medicare rates as of April 1, 2013. Quoted rates also do not reflect payment adjustments related to quality of and/or meaningful use.

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Teleflex LLC. 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.

UROLIFT® SYSTEM REIMBURSEMENT SUPPORT

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- All payment levels reflect 2022 Medicare national unadjusted payment rates; payment levels may vary geographically
- Department of Health and Human Services, Centers for Medicare & Medicaid Services. CMS-1751-F: CY 2022. Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Medicare Part B. 2 November 2021. Allowed amounts are calculated with a conversion factor of $34.6062.
- Department of Health and Human Services, Centers for Medicare & Medicaid Services. CMS-1753-FC: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems – Final Rule with Comment Period and CY2022 payment rates.
- With exception of "add-on" coding, multiple procedures furnished during the same operative session may be discounted.
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