

A GUIDE TO AMBULATORY
SURGICAL CENTER BILLING FOR THE
**PROSTATIC URETHRAL
LIFT PROCEDURE**

UROLIFT®
BPH Relief. In Sight.™

The UroLift® System
Reimbursement Support
844.516.5966

Teleflex®
INTERVENTIONAL UROLOGY

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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.

THE UROLIFT® SYSTEM AND INDICATIONS

The UroLift® transprostatic implant system retracts prostate tissue away from the urethra without cutting, heating or removing prostate tissue. This FDA cleared device is indicated for the treatment of symptoms due to urinary outflow obstruction secondary to benign prostatic hyperplasia (BPH), including lateral and median lobe hyperplasia, in men 45 years of age or older. The UroLift System is contraindicated in men with current gross hematuria, urinary tract infection, urinary incontinence, urethral conditions that prevent device insertion, or a prostate volume greater than 100cc.

THE UROLIFT SYSTEM PROCEDURE

The UroLift System is comprised of a cystoscopic delivery device which the physician uses to deploy permanent, individually tailored transprostatic implants to retract the obstructing prostatic lobes. Although it is predicated on the patient's anatomy and prostate size, the number of implants used in a procedure is determined by the treating physician.

Cystoscopy is conducted to assess the urethral condition, assess the condition of the bladder, and plan the placement of the implants. At the time of the procedure, a cystoscopy sheath is advanced into the bladder, and the telescope bridge is replaced with the UroLift System implant delivery device. Under endoscopic guidance, the physician determines the precise location to compress the obstructing prostatic lobe and deploys the transprostatic implant. Each implant is assembled and tailored *in situ* as it is delivered. After the appropriate number of implants are placed, the physician removes the UroLift System delivery device and sheath, leaving retracted lateral prostatic lobes. The exact number of transprostatic implants required is determined by a trained physician and can vary depending on the size and shape of the prostatic lobes. Typically, the physician conducts a final cystoscopy to assess the result of creating a continuously open channel through the anterior aspect of the prostatic urethra.



The UroLift® System is conducted cystoscopically through the urethra to access the obstructing lobes of the enlarged prostate.



Permanent implants are delivered transurethally through the prostate tissue to open the urethra lumen.



Based on the unique characteristics of the prostate, every implant is assembled and tailored *in situ* as it is delivered.



The implants hold the prostatic urethra in a less obstructed configuration, thereby mitigating BPH symptoms.

THE UROLIFT® SYSTEM REIMBURSEMENT SUPPORT

Teleflex has developed this Billing Guide to help support your efforts throughout the reimbursement process for the UroLift System transprostatic implant system. Additional resources can be found at www.UroLift.com/physicians/reimbursement or through the Reimbursement Team at 844.516.5966 or by email at UroLiftreimbursement@teleflex.com.

BILLING THE UROLIFT SYSTEM PROCEDURES

Diagnosis Coding

It is always the responsibility of the provider to verify codes and code to the highest level of specificity. Because the UroLift System is indicated for lower urinary tract symptoms associated with BPH, the most common diagnosis code is:

Table 1

ICD-10 Diagnosis Coding	
Code	Description
N40.1	Enlarged prostate with lower urinary tract symptoms (LUTS)

Prior Authorization

Many insurers require authorization prior to the physician treating the patient. As such, prior authorization is recommended for all non-Medicare prostatic urethral lift procedures including Managed Care Medicare (aka Medicare Advantage). Like many other procedures and tests, some insurers have established medical necessity criteria for the UroLift System procedure. Your UroLift System sales representative or the reimbursement support team can provide a summary by insurer of the criteria we are aware of. To further assist with the prior authorization process, a sample letter of medical necessity can be found online under the Reimbursement tab of the UroLift System website at www.UroLift.com/physicians/reimbursement.

Some insurers do not require prior authorization for outpatient procedures. If that is what you are told by an insurer specific to the UroLift System procedure, please request a voluntary, written authorization from insurer prior to proceeding with the case. Retain the authorization in the patient chart for future reference as needed.

The UroLift® System Procedure Coding

Medicare

Procedural HCPCS codes are used to describe the prostatic urethral lift procedure, including implants, in the ambulatory surgery center (ASC) settings. Allowed amounts may vary geographically and are inclusive of the permanent transprostatic implants. One or the other procedural HCPCS codes will be used depending on the number of permanent implants delivered. While HCPCS codes starting with "C" are often considered device codes and not billable by ASCs, in the case of the UroLift System, it is important to note C9739 and C9740, are actually procedure codes established by Medicare. The C code payments to the ASC under Medicare are inclusive of the associated implants.

Both HCPCS codes C9739 and C9740 are included in CMS Addendum AA, ASC Covered Services, as of April 1, 2014. The Medicare ASC fee schedule can be found at www.cms.hhs.gov. Please see Table 3 below for more information on the nationally unadjusted allowed amounts for the ASC site of service.

Non-Medicare

Some commercial insurers may recognize the procedural HCPCS codes C9739 and C9740 in the ASC setting. Some insurers, however, may choose to have CPT® codes 52441 and 52442 used to report the prostatic urethral lift procedure in this site of service. Please verify with your non-Medicare insurers their preference for reporting of this procedure.

BILLING THE UROLIFT® SYSTEM PROCEDURES (cont.)

Table 2

Facility: Medicare*		ASC	
HCPCS	Description	Nat'l Unadjusted Allowed Amount**	SI†
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	\$3,600	J8
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	\$7,218	J8

*Department of Health and Human Services, Centers for Medicare & Medicaid Services. CMS – 1772–FC: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems – Final Rule with Comment Period and CY2023 payment rates.

**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 July 1, 2022. Quoted rates also do not reflect payment adjustments related to quality of and/or meaningful use.

***CPT® codes and descriptions are copyright 2022 American Medical Association (AMA). All rights reserved. CPT® is a registered trademark of the American Medical Association.

† ASC Status indicators:

J8: Device-intensive procedure; paid at adjusted rate

Alternative Coding for Some Non-Medicare Plans

Because some non-Medicare insurers do not recognize HCPCS codes developed by CMS, it is recommended that you verify with each insurer their coding requirements for ASC claims, including verifying your contracted fee schedule amounts for those codes. If CPT codes are required, CPT code 52441 is always billed only once and add-on CPT code 52442 may require multiple units based on the number of additional implants used. Please see Table 3 below for more information on CPT coding. Some non-Medicare insurers may require the implants to be billed separately under device code L8699. Non-Medicare insurer fee schedules are typically proprietary and will vary by insurer and product.

Table 3

Facility: Alternative Coding for Some Non-Medicare and Medicare Advantage Plans		ASC
CPT®	Description	Allowed Amount
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Insurer Priced
+52442	Each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Insurer Priced
L8699	Prosthetic implant, not otherwise specified (each implant may be billed with CPT or HCPCS codes depending on your contract)	Insurer Priced (if required by the insurer)

Revenue Codes

ASC billing staff should confirm the appropriate revenue codes to use at their facility if billing on a UB-04 claim form. The following revenue codes may be appropriate for reporting components of the UroLift System procedure:

Table 4

0278	Medical/Surgical Supplies and Devices – Other Implants
0360	Operating Room Services – General
0361	Operating Room Services – Minor Surgery
0490	Ambulatory Surgical Care – General
0510	Clinic – General Classification
0519	Clinic – Other Clinic

SAMPLE CMS-I 500 CLAIM FORM FOR MEDICARE BILLING

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)												ICD Ind.		22. RESUBMISSION CODE		ORIGINAL REF. NO.			
A. N40.1		B.		C.		D.		E.		F.		G.		H.		I.		J.	
E.		F.		G.		H.		I.		J.		K.		L.		23. PRIOR AUTHORIZATION NUMBER			
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS/ POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSTD Family Plan		I. ID. QUAL		J. RENDERING PROVIDER ID. #	
From MM DD YY To MM DD YY						CPT/HCPCS MODIFIER													
1		24				C9740		A				1				NPI			
2																NPI			
3																NPI			

SUPPLIER INFORMATION

SAMPLE UB-04 CLAIM FORM FOR NON-MEDICARE BILLING

31. OCCURRENCE DATE		32. OCCURRENCE DATE		33. OCCURRENCE DATE		34. OCCURRENCE DATE		35. OCCURRENCE SPAN FROM THROUGH		36. OCCURRENCE SPAN FROM THROUGH		37. OCCURRENCE SPAN FROM THROUGH	
38. VALUE CODES AMOUNT		39. VALUE CODES AMOUNT		40. VALUE CODES AMOUNT		41. VALUE CODES AMOUNT		42. VALUE CODES AMOUNT		43. VALUE CODES AMOUNT		44. VALUE CODES AMOUNT	
a		b		c		d							
42 REV. CD		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES	
0490		Cysto impl 4 or more		C9740				1					

This information is presented for illustrative purposes only and does not constitute legal or reimbursement advice. Check with your commercial insurers to confirm number of units allowed and billing preferences.

FILING CLAIMS AND APPEALS

Claims and Appeals Information

Medicare and commercial insurers may request additional documentation before or during processing claims. Providing appropriate documentation of medical necessity upon request may help to avoid unnecessary payment delays and denials. A sample letter addressing medical necessity can be found online under the Reimbursement tab of the UroLift® System website at www.UroLift.com/physicians/reimbursement.

In the event of a denied, or what appears to be underpaid claim, various sample appeal letters, letters of support from specialty societies like the American Urological Association, Sexual Medicine Society, SUFU and link to AUA Clinical Guidelines [[https://www.auanet.org/guidelines-and-quality/guidelines/benign-prostatic-hyperplasia-\(bph\)-guideline](https://www.auanet.org/guidelines-and-quality/guidelines/benign-prostatic-hyperplasia-(bph)-guideline)] on the Surgical Management of BPH are available online under the Reimbursement tab of the UroLift System website at www.UroLift.com/physicians/reimbursement.

In addition, please review the checklists below for guidance on filing claims and appealing denied claims. It will be important to consider these tips in preparing and processing UroLift System procedure claims and appeals.

Checklist for Claim Submission

- ✓ Review the Payor Coverage Policy Lookup Tool to verify your state's coverage at www.UroLift.com/physicians/reimbursement under the physician's tab
- ✓ File the claim within the timeline for each insurer
- ✓ If appropriate, include prior authorization or precertification verification from insurer
- ✓ Select the appropriate CPT or HCPCS code depending on the procedure, location and number of implants
- ✓ Code diagnosis, codes to the highest level of specificity
- ✓ Always maintain thorough documentation supporting the medical necessity of the prostatic urethral lift procedure
- ✓ Consider keeping a copy of the product invoice in the patient's chart in the event it is requested by an insurer
- ✓ For reimbursement questions, contact the Reimbursement Team at 844.516.5966

Checklist for Appealing Denied Claims

- ✓ Verify the most appropriate Dx code was used
- ✓ Use an accurate description of services
- ✓ Include a statement of medical necessity (see a sample letter of medical necessity online at www.UroLift.com/physicians/reimbursement)
- ✓ Refer to the sample appeal letters online at www.UroLift.com/physicians/reimbursement for more information
- ✓ Always reference and include all original claim information and correspondence from the insurer
- ✓ Follow the insurer's appeal process paying special attention to filing timelines
- ✓ Follow up on the appeal in a timely fashion
- ✓ For reimbursement questions, contact the Reimbursement Team at 844.516.5966

THE UROLIFT® SYSTEM REIMBURSEMENT SUPPORT TEAM

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