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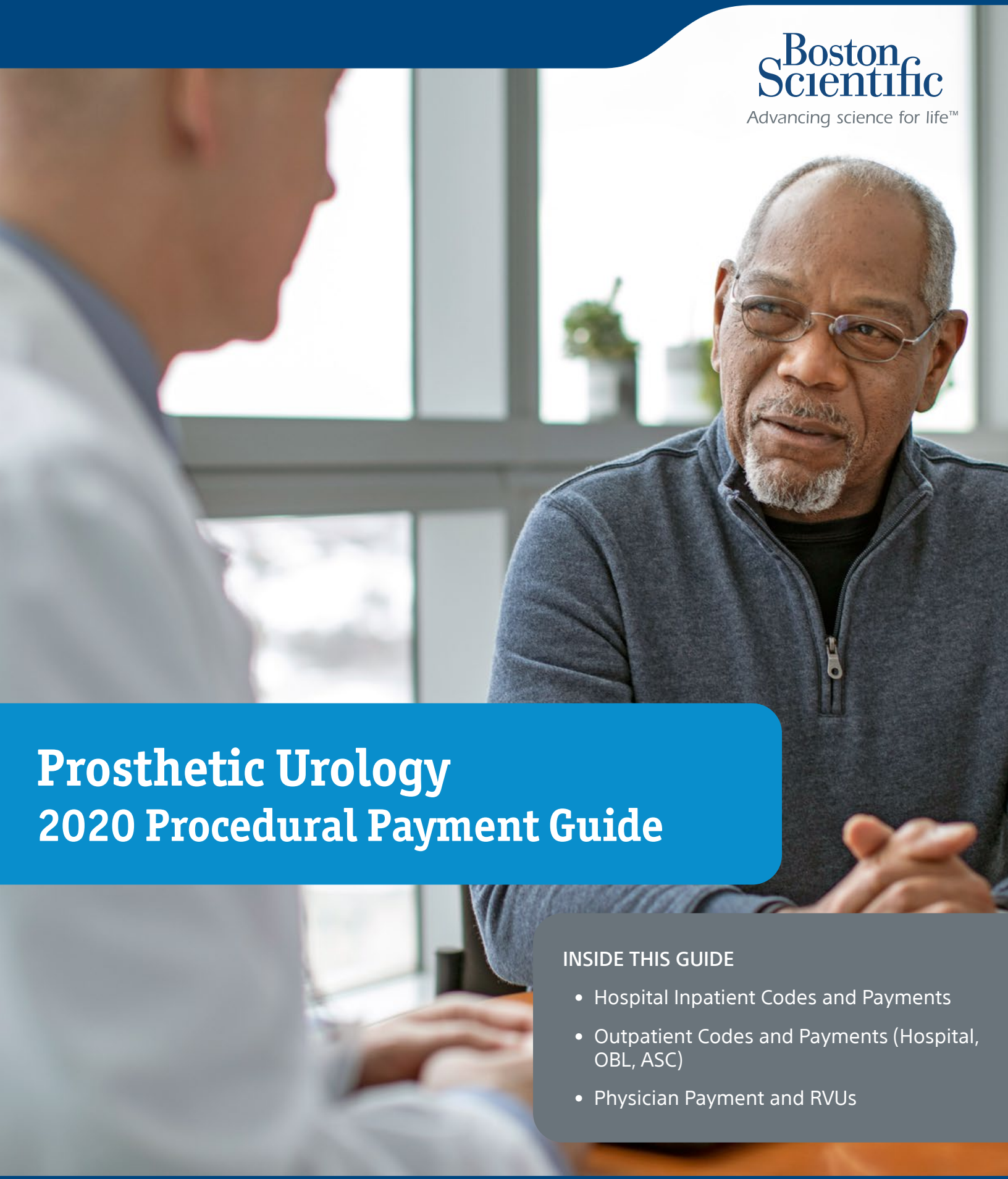

Prosthetic Urology
2020 Procedural Payment Guide

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Prosthetic Urology

2020 Coding & Payment Quick Reference

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

The following codes are thought to be relevant to Prosthetic Urology procedures and are referenced throughout this guide.

To determine whether there are relevant C-codes for any Boston Scientific products, please visit our C-code finder at http://www.bostonscientific.com/en-US/reimbursement/ccode-finder.html.

C-Codes are tracking codes established by the Centers for Medicare & Medicaid Services (CMS) to assist Medicare in establishing future APC payment rates. C-Codes only apply to Medicare hospital outpatient claims. They do not trigger additional payment to the facility today.

It is very important that hospitals report C-Codes as well as the associated device costs. This will help inform future outpatient hospital payment rates, including upward adjustments where appropriate.

CPT® Code	Code Description
Inflatable Penile Prosthesis- AMS 700™ and AMS Ambicor™ C-code C1813	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
Non-inflatable Penile Prosthesis- Spectra™ and Tactra™ Malleable Penile Prosthesis C-code C2622	
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
Artificial Urinary Sphincter- AMS 800™ C-code C1815	
53444	Insertion of tandem cuff (dual cuff)
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session
53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
Male Sling- AdVance™ and AdVance™ XP Male Sling C-code C1771	
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)
53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)

See important notes on the uses and limitations of this information on page 6.

Physician Payment – Medicare

All rates shown are **2020 Medicare national averages**; actual rates will vary geographically and/or by individual facility.

CPT® Code	Short Descriptor	MD In-Office Medicare Allowed Amount	MD In-Facility Medicare Allowed Amount	Total Office-Based RVUs	Total Facility-Based RVUs
Inflatable Penile Prosthesis- AMS 700™ and AMS Ambicor™					
54405	Insertion of inflatable penile prosthesis	N/A	$843	N/A	23.37
54406	Removal of inflatable penile prosthesis	N/A	$762	N/A	21.11
54408	Repair of inflatable penile prosthesis	N/A	$824	N/A	22.83
54410	Removal & replacement of inflatable penile prosthesis	N/A	$897	N/A	24.85
54411	Removal & replacement of inflatable penile prosthesis through infected field	N/A	$1,073	N/A	29.72
Non-inflatable Penile Prosthesis- Spectra™ and Tactra™ Malleable Penile Prosthesis					
54400	Insertion of non-inflatable penile prosthesis	N/A	$554	N/A	15.34
54415	Removal of non-inflatable or inflatable penile prosthesis	N/A	$551	N/A	15.27
54416	Removal & replacement of non-inflatable or inflatable penile prosthesis	N/A	$741	N/A	20.54
54417	Removal & replacement of non-inflatable or inflatable penile prosthesis through infected field	N/A	$937	N/A	25.96
Artificial Urinary Sphincter- AMS 800™					
53444	Insertion of tandem cuff	N/A	$827	N/A	22.92
53445	Insertion of inflatable urethral/bladder neck sphincter	N/A	$786	N/A	21.77
53446	Removal of inflatable urethral/bladder neck sphincter	N/A	$669	N/A	18.53
53447	Removal & replacement of urethral/bladder neck sphincter	N/A	$842	N/A	23.33
53448	Removal & replacement of urethral/bladder neck sphincter through infected field	N/A	$1,333	N/A	36.94
53449	Repair of inflatable urethral/bladder neck sphincter	N/A	$638	N/A	17.67
Male Sling- AdVance™ and AdVance™ XP Male Sling					
53440	Sling operation for male SUI	N/A	$785	N/A	21.74
53442	Removal or revision of sling for male SUI	N/A	$816	N/A	22.62

"N/A" indicates that Medicare has not deemed this procedure to be reimbursable in this setting.

See important notes on the uses and limitations of this information on page 6.

Hospital Outpatient and ASC Payment – Medicare

CPT® Code	Short Descriptor	Hospital Outpatient Medicare Allowed Amount	ASC Medicare Allowed Amount
Inflatable Penile Prosthesis- AMS 700™ and AMS Ambicor™ (C-code: C1813)			
54405	Insertion of inflatable penile prosthesis	$17,572	$14,939
54406	Removal of inflatable penile prosthesis	$3,018	$1,377
54408	Repair of inflatable penile prosthesis	$4,231	$1,976
54410	Removal & replacement of inflatable penile prosthesis	$17,572	$14,728
54411	Removal & replacement of inflatable penile prosthesis through infected field	$17,572	N/A
Non-inflatable Penile Prosthesis- Spectra™ and Tactra™ Malleable Penile Prosthesis (C-code: C2622)			
54400	Insertion of non-inflatable penile prosthesis	$17,572	$14,456
54415	Removal of non-inflatable or inflatable penile prosthesis	$3,018	$1,377
54416	Removal & replacement of non-inflatable or inflatable penile prosthesis	$17,572	$14,634
54417	Removal & replacement of non-inflatable or inflatable penile prosthesis through infected field	$17,572	N/A
Artificial Urinary Sphincter- AMS 800™ (C-code: C1815)			
53444	Insertion of tandem cuff	$17,572	$13,700
53445	Insertion of inflatable urethral/bladder neck sphincter	$17,572	$14,936
53446	Removal of inflatable urethral/bladder neck sphincter	$4,231	$1,976
53447	Removal & replacement of urethral/bladder neck sphincter	$17,572	$14,482
53448	Removal & replacement of urethral/bladder neck sphincter through infected field	N/A	N/A
53449	Repair of inflatable urethral/bladder neck sphincter	$4,231	$1,976
Male Sling- AdVance™ and AdVance™ XP Male Sling (C-code: C1771)			
53440	Sling operation for male SUI	$8,067	$6,546
53442	Removal or revision of sling for male SUI	$4,231	$1,976

"N/A" indicates that Medicare has not deemed this procedure to be reimbursable in this setting.

Hospital Inpatient Payment – Medicare

MS-DRG assignment is based on a combination of diagnoses and procedure codes reported. While MS-DRGs listed in this guide represent likely assignments, Boston Scientific cannot guarantee assignment to any one specific MS-DRG.

Possible MS-DRG Assignment	Description	Reimbursement
662	Minor bladder procedures with major complication or comorbidity (MCC)	$19,823
663	Minor bladder procedures with complication or comorbidity (CC)	$9,542
664	Minor bladder procedures without CC/MCC	$6,931
673	Other kidney and urinary tract procedures with MCC	$22,390
674	Other kidney and urinary tract procedures with CC	$15,310
675	Other kidney and urinary tract procedures without CC/MCC	$10,222
709	Penis procedures with CC/MCC	$15,068
710	Penis procedures without CC/MCC	$9,620

The patient's medical record must support the existence and treatment of the complication or comorbidity.

See important notes on the uses and limitations of this information on page 6.

ICD-10 CM Diagnosis Codes

ICD-10 CM Diagnosis Code	Description
Penile Prosthesis	
F52.21	Male erectile disorder
N52.01	Erectile dysfunction due to arterial insufficiency
N52.02	Corporo-venous occlusive erectile dysfunction
N52.03	Combined arterial insufficiency and corporo-venous occlusive erectile dysfunction
N52.2	Drug-induced erectile dysfunction
N52.31	Erectile dysfunction following radical prostatectomy
N52.32	Erectile dysfunction following radical cystectomy
N52.33	Erectile dysfunction following urethral surgery
N52.34	Erectile dysfunction following simple prostatectomy
N52.35	Erectile dysfunction following radiation therapy
N52.36	Erectile dysfunction following interstitial seed therapy
N52.37	Erectile dysfunction following prostate ablative therapy
N52.39	Other and unspecified postprocedural erectile dysfunction
N52.8	Other male erectile dysfunction
N52.9	Male erectile dysfunction, unspecified
Artificial Urinary Sphincter- AMS 800™	
N36.42	Intrinsic sphincter deficiency (ISD)
Male Sling- AdVance™ and AdVance™ XP Male Sling	
N39.3	Stress incontinence
N39.42	Incontinence without sensory awareness
N39.45	Continuous leakage
N39.46	Mixed incontinence
N39.492	Postural (urinary) incontinence
N39.498	Other specified urinary incontinence
Penile Prosthesis, Artificial Urinary Sphincter- AMS 800™ and Male Sling- AdVance™ and AdVance™ XP Male Sling	
T83.111A	Breakdown (mechanical) of implanted urinary sphincter, initial encounter
T83.121A	Displacement of implanted urinary sphincter, initial encounter
T83.191A	Other mechanical complication of implanted urinary sphincter, initial encounter
T83.410A	Breakdown (mechanical) of implanted penile prosthesis, initial encounter
T83.420A	Displacement of implanted penile prosthesis, initial encounter
T83.490A	Other mechanical complication of implanted penile prosthesis, initial encounter
T83.591A	Infection and inflammatory reaction due to implanted urinary sphincter, initial encounter
T83.598A	Infection and inflammatory reaction due to other prosthetic device, implant and graft in urinary system, initial encounter
T83.61XA	Infection and inflammatory reaction due to implanted penile prosthesis, initial encounter
T83.69XA	Infection and inflammatory reaction due to other prosthetic device, implant and graft in genital tract, initial encounter
T83.81XA	Embolism due to genitourinary prosthetic devices, implants and grafts, initial encounter
T83.82XA	Fibrosis due to genitourinary prosthetic devices, implants and grafts, initial encounter
T83.83XA	Hemorrhage due to genitourinary prosthetic devices, implants and grafts, initial encounter
T83.84XA	Pain due to genitourinary prosthetic devices, implants and grafts, initial encounter
T83.85XA	Stenosis due to genitourinary prosthetic devices, implants and grafts, initial encounter
T83.86XA	Thrombosis due to genitourinary prosthetic devices, implants and grafts, initial encounter

See important notes on the uses and limitations of this information on page 6.

ICD-10 CM Diagnosis Codes (cont'd)

ICD-10 CM Diagnosis Code	Description
Penile Prosthesis, Artificial Urinary Sphincter- AMS 800™ and Male Sling- AdVance™ and AdVance™ XP Male Sling (cont'd)	
T83.89XA	Other specified complication of genitourinary prosthetic devices, implants and grafts, initial encounter
T83.9XXA	Unspecified complication of genitourinary prosthetic device, implant and graft, initial encounter
T85.79XA	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, initial encounter
T85.818A	Embolism due to other internal prosthetic devices, implants and grafts, initial encounter
T85.828A	Fibrosis due to other internal prosthetic devices, implants and grafts, initial encounter
T85.838A	Hemorrhage due to other internal prosthetic devices, implants and grafts, initial encounter
T85.848A	Pain due to other internal prosthetic devices, implants and grafts, initial encounter
T85.858A	Stenosis due to other internal prosthetic devices, implants and grafts, initial encounter
T85.868A	Thrombosis due to other internal prosthetic devices, implants and grafts, initial encounter
T85.898A	Other specified complication of other internal prosthetic devices, implants and grafts, initial encounter

ICD-10 PCS Procedure Codes

ICD-10 PCS Procedure Code	Description
Penile Prosthesis	
0VUS0JZ	Supplement Penis with Synthetic Substitute, Open Approach
0VPS0JZ	Removal of Synthetic Substitute from Penis, Open Approach
0VWS0JZ	Revision of Synthetic Substitute in Penis, Open Approach
Artificial Urinary Sphincter- AMS 800™	
0THC0LZ	Insertion of Artificial Sphincter into Bladder Neck, Open Approach
0THD0LZ	Insertion of Artificial Sphincter into Urethra, Open Approach
0TPB0LZ	Removal of Artificial Sphincter from Bladder, Open Approach
0TPD0LZ	Removal of Artificial Sphincter from Urethra, Open Approach
0TWB0LZ	Revision of Artificial Sphincter in Bladder, Open Approach
0TWD0LZ	Revision of Artificial Sphincter in Urethra, Open Approach
Male Sling- AdVance™ and AdVance™ XP Male Sling	
0TUC0JZ	Supplement Bladder Neck with Synthetic Substitute, Open Approach
0TUD0JZ	Supplement Urethra with Synthetic Substitute, Open Approach
0TPB0JZ	Removal of Synthetic Substitute from Bladder, Open Approach
0TPD0JZ	Removal of Synthetic Substitute from Urethra, Open Approach
0TWB0JZ	Revision of Synthetic Substitute in Bladder, Open Approach
0TWD0JZ	Revision of Synthetic Substitute in Urethra, Open Approach

See important notes on the uses and limitations of this information on page 6.

Physician payment rates are 2020 Medicare national averages. Source: Centers for Medicare and Medicaid Services. CMS Physician Fee Schedule – November 2019 release, CMS-1715-F file. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F.

The 2020 National Average Medicare physician payment rates have been calculated using a 2020 conversion factor of $36.0896. Rates subject to change.

Hospital outpatient payment rates are 2020 Medicare OPPS Addendum B national averages. Source: Centers for Medicare and Medicaid Services. CMS OPPS – November 2019 release, CMS-1717-FC file. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1717-FC.

ASC payment rates are 2020 Medicare ASC Addendum AA national averages. ASC rates are from the 2020 Ambulatory Surgical Center Covered Procedures List. Source: Centers for Medicare and Medicaid Services. CMS ASC – November 2019 release, CMS-1717-FC file. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1717-FC.

National average (wage index greater than one and hospital submitted quality data and is a meaningful HER user) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor, and capital amounts ($6,263.74). Source: August 2019 Federal Register, CMS-1716-FR. FY 2020 rates.

ICD-10 MS-DRG definitions from the CMS ICD-10-CM/PCS MS-DRG v37.0 Definitions Manual. Source: https://www.cms.gov/ icd10m/version37-fullcode-cms/fullcode_cms/P0001.html.

Comprehensive APCs (C-APCs): In 2014, CMS implemented their C-APC policy with the goal of identifying certain high-cost, device-related outpatient procedures (formerly "device intensive" APCs). CMS has fully implemented this policy and has identified these high-cost, device-related services as the primary service on a claim. All other services reported on the same date will be considered "adjunctive, supportive, related, or dependent services" provided to support the delivery of the primary service and will be unconditionally packaged into the OPPS C-APC payment of the primary services with minor exceptions.

Please note: this coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

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Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

Sequestration Disclaimer
Rates referenced in these guides do not reflect Sequestration, automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2020.

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