

A GUIDE TO HOSPITAL
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 age 45 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 transurethraally 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 prostatic urethral lift procedure using the UroLift 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	Benign prostatic hyperplasia 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 treatment. 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.

UroLift® System Procedure Coding

Medicare: Procedural HCPCS codes are used to describe the prostatic urethral lift procedure, including implants, in the hospital outpatient 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.

HCPCS codes C9739 and C9740 map to APCs 5375 and 5376 respectively. Please see Table 2 below for more information on the nationally unadjusted allowed amounts for the hospital outpatient site of service.

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

BILLING THE UROLIFT® SYSTEM PROCEDURES (cont.)

Table 2

Facility: Medicare*		Hospital Outpatient		
HCPCS	Description	APC	APC Nat'l Unadjusted Allowed Amount**	SI ¹
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	5375	\$4,702	J1
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	5376	\$8,558	J1

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

*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.

¹ Hospital Outpatient Status indicators:

J1: Comprehensive APC, Payment for all adjunctive services reported on the same claim is packaged into payment for the primary service.

Medicare designated both UroLift System HCPCS codes device intensive which requires that hospital claims not only report the HCPCS procedure code, but also a HCPCS device code for each implant delivered. Currently CMS/Medicare recommends that L8699 be used to report and price each implant delivered. Reporting HCPCS code L8699 will not receive additional Medicare reimbursement, but it will help ensure claims are not rejected for being incomplete. Reporting L8699 with appropriate charges based on your unique CCR will also help to protect future APC assignment and rate setting. Commercial insurers may process L8699 separately for payment.

Non-Medicare: Some non-Medicare insurers do not recognize HCPCS codes developed by CMS. It is recommended that you verify with each insurer their coding preference for outpatient facility claims. If CPT codes are recommended, CPT code 52441 will always be listed 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. Non-Medicare insurer fee schedules are typically proprietary and will vary by insurer and product. Consider requesting your fee schedule amounts for either HCPCS C9739 and C9740 or, if preferred by the insurer, CPT code 52441 and 52442 from each insurer.

Table 3

Facility: Alternative Coding May Be Required by Some Non-Medicare and Medicare Advantage Plans		Hospital
CPT®	Description	APC
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

Revenue Codes

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

For Medicare Outpatient Billing

#2 REV. CD.			#5 SERV DATE	#6 SERV UNITS	#7 TOTAL CHARGES	#8 NON-COVERED CHARGES	#9
0278	Permanent Transprostatic Implant	L8699	011516				
0300	OR Services - UroLift	C9739 or C9740	011516				
	Other OR Services						
PAGE 1 OF 1	CREATION DATE	011616	TOTALS				

Services reported by revenue code are hospital specific. It is up to your facility to determine the most appropriate revenue code(s).

L8699 must be reported in total units. Always report the exact number of implants used.

Report either C9739 OR C9740 depending on the total number of implants delivered. C9739 reports 1-3 implants. C9740 reports 4 or more implants.

42 REV. CD.	43 SERV. DATE	44 SERV. UNITS	45 TOTAL CHARGES	46 NON-COVERED CHARGES	49
0360	OR Services - UroLift	52441	011516	1	
0360	OR Services - UroLift	52442	011516		
PAGE 1 OF 1		CREATION DATE	011616	TOTAL S	

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 the 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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