



FREQUENTLY ASKED QUESTIONS

For Patients

Health Insurance Coverage and Payment for the Prostatic Urethral Lift Procedure using the UroLift™ System

Q: Which health plans cover the Prostatic Urethral Lift (PUL) procedure using the UroLift™ System?

A: Covered by Medicare, national and commercial plans, including all independent licensees of Blue Cross Blue Shield Association (BCBSA) when medical necessity criteria are met. Please contact the Teleflex Interventional Urology Reimbursement Team at 844.516.5966 or by email at: UroLiftreimbursement@teleflex.com for information about specific health insurance plans.

Q: Will Medicaid cover the UroLift System procedure as a secondary insurer?

A: Medicaid does cover the UroLift System procedure in some states. Please contact the Teleflex Interventional Urology Reimbursement Team at 844.516.5966 or UroLiftreimbursement@teleflex.com for additional information.

Q: Am I a candidate for the Prostatic Urethral Lift procedure using the UroLift System?

A: Your urologist can help you determine whether you are a candidate for the UroLift System procedure.

Q: What is the cost of the UroLift System procedure?

A: Most health plans will cover the UroLift System procedure when medical criteria are met as assessed by your urologist, but as with other procedures you may be responsible for applicable deductible and/or coinsurance costs as outlined in your policy. Your insurer or provider can give you more information about your out-of-pocket costs. Please consult with your urologist's office staff if you are seeking information about out-of-pocket costs and/or self-pay prices.

Q: I have Medicare primary and a Medicare Supplement plan as a secondary. Will my secondary plan pay the 20% coinsurance after Medicare pays?

A: Most Medicare Supplement (aka "MediGap") plans follow Medicare's coverage decision for the UroLift System procedure and may pay your 20% coinsurance and/or deductible out-of-pocket responsibility. Please consult with your health plan carrier or urologist staff if you are seeking information about your out-of-pocket costs.

Continued on next page



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Q: Which CPT or HCPCS codes may be billed to my health plan for the UroLift™ System procedure?

A: Commonly billed physician codes include:

- a. **CPT 52441** - Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
- b. **CPT 52442** - Each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)
- c. If you are having the procedure in a surgery center or hospital as an outpatient procedure, HCPCS codes **C9739** or **C9740** may also be billed for the facility charges in addition to the physician's codes.
 - **C9739** - Cystourethroscopy, with insertion of transprostatic implant, 1 to 3 implants
 - **C9740** - Cystourethroscopy, with insertion of transprostatic implant, 4 or more implants

Q: Do I need a referral from my Primary Care Provider (PCP) to get the UroLift System procedure?

A: Different health plans have varying requirements for seeing a specialist. Verify your referral requirements with your PCP or directly with your health plan.

Q: How do I locate a urologist that performs the UroLift System procedure?

A: More information about the criteria for a physician's inclusion on the "Find a Physician" list can be found at UroLift.com/find-a-physician.

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