

A GUIDE TO PHYSICIAN
BILLING FOR THE
**PROSTATIC URETHRAL
LIFT PROCEDURE**

UROLIFT™
BPH Relief. In Sight.™

The UroLift™ System
Reimbursement Support
844.516.5966

Teleflex™
INTERVENTIONAL UROLOGY

CONTENTS

INTRODUCTION

The UroLift™ System and Indications.....3
 The UroLift System Procedure.....3

BILLING THE UROLIFT SYSTEM PROCEDURES

The UroLift System Reimbursement Support4
 Diagnosis Coding4
 Prior Authorization.....4
 The UroLift System Procedure Coding.....4
 Payment5
 Sample CMS-1500 Claim Form
 Billing for Medicare - 6 Implant Procedure.....6
 Claims and Appeals Information.....7

The information contained in this document is publicly available information obtained from third-party sources, may not be all-inclusive and is subject to change without notice. Content is informational only and does not constitute medical, legal or reimbursement advice nor is it intended as direction to the health care provider/user. Nothing herein constitutes any statement, promise or guarantee of payment. The provider is solely responsible for determining appropriate treatment for the patient based on the unique medical needs of each patient and the independent judgment of the provider. It is also the responsibility of the provider to determine payer appropriate coding, medical necessity, site of service, documentation requirements and payment levels and to submit appropriate codes, modifiers and charges for services rendered. Although we have made every effort to provide information that is current at the time of its issue, it is recommended that you consult your legal counsel, reimbursement/compliance advisor and/or payer organization(s) for interpretation of payer-specific coding, coverage and payment expectations.

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.

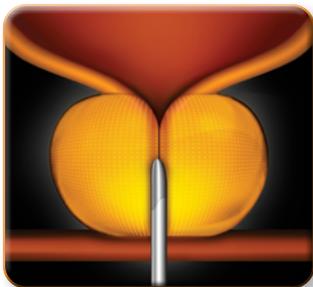
THE UROLIFT™ SYSTEM AND INDICATIONS

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 transurethraly 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). When prior authorizing by telephone provide the insurance company with:

- Site of service: office-based, BPH procedure
- ICD-10 CM diagnosis coding:
 - N40.1 – Benign prostatic hyperplasia with lower urinary tract symptoms (LUTS)
- CPT code(s):
 - 52441 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant, single implant
 - 52442 Each additional permanent adjustable transprostatic implant
(List separately in addition to code for primary procedure)
– Multiple implants may be required so multiple units of CPT 52442 should be authorized
- For UroLift System procedures being done in an ambulatory surgery center or outpatient hospital setting, also authorize the facility procedural HCPCS codes C9739 (1-3 implants) and C9740 (4 or more implants). Both codes should be authorized because the physician will not know prior to the procedure how many implants will be required.

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 office-based procedures. If that is what you are told by an insurer specific to the UroLift System procedure, please request a voluntary, written authorization from the insurer prior to proceeding with the case. Retain the authorization in the patient chart for future reference as needed.

BILLING THE UROLIFT™ SYSTEM PROCEDURES (cont.)

Table 2

Physician					
CPT®	Description	Total Non Facility RVU*	Total Facility RVU*	Non Facility Nat'l Unadjusted Medicare Allowed Amount**	Facility Nat'l Unadjusted Medicare Allowed Amount**
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant, single implant	37.72	6.18	\$1,235	\$202
+ 52442	Each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	25.64	1.49	\$840	\$49
	Example for 6 implant procedure: 52441 x 1 unit 52442 x 5 units	165.92	13.63	\$5,433	\$446

*Department of Health and Human Services, Centers for Medicare & Medicaid Services. CMS-1784-F: CY2024 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Medicare Part B. 2 November 2023. Allowed amounts are calculated with a conversion factor of \$32.7442.

**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 2023 American Medical Association (AMA). All rights reserved. CPT® is a registered trademark of the American Medical Association.

The UroLift System Procedure Physician Coding: For physician services, in all sites of care, CPT code 52441 is used to report the initial implant and add-on CPT code 52442 used for reporting each additional implant. The CPT codes are further described in Table 2.

Add-on Codes: CPT code 52442 is the add-on code used to report each additional implant after the initial implant (CPT code 52441). The number of implants used in a procedure is determined by the treating physician and will vary by patient due to the unique characteristics of the prostate and prostatic urethra.

Multiple Procedure Discount Rule: As a rule, add-on CPT code 52442, is not subject to the multiple procedure discount rule. The multiple procedure payment reduction may however apply to the primary CPT code 52441 if additional surgical procedures are done either concurrently or on the same day as the UroLift System procedure.

Zero Day Global: CPT codes 52441 and 52442 have been assigned a zero day global period which allows for all related post procedure visits and services to be separately billed.

Medically Unlikely Edit: It is not uncommon for CMS/Medicare to assign a national medically unlikely edit (MUE) to some CPT codes. An MUE defines the maximum number of payable units for that CPT code. In the case of the UroLift System procedure, the MUE on CPT code 52441 is one because by definition, it will never be billed for more than one unit per procedure. The MUE assigned to CPT code 52442 is currently 6. Because CPT code 52442 must always be billed with CPT code 52441, the maximum number of payable units (implants) per procedure on initial claim submission is currently 7. Medically reasonable and necessary units in excess of an MUE may be considered for payment but may require a modifier and/or appeal. Verify MUE expectations with your insurers.

SAMPLE CMS-1500 CLAIM FORM FOR PHYSICIAN BILLING - MEDICARE ONLY

6 Implant coding example:

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																											
E. []																											
I. []																											
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. EPSDT Family Plan		I. ID. QUAL		J. RENDERING PROVIDER ID. #	
1										11				52441		A				1		NPI					
2										11				52442		A				5		NPI					
3																						NPI					

SUPPLIER INFORMATION

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 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

844.516.5966

uroliftreimbursement@teleflex.com

Published January 2024

FDA Establishment Information: Teleflex, Inc. Pleasanton, CA 94588

Registration number: 3015181082

Teleflex™
INTERVENTIONAL UROLOGY

4155 Hopyard Road
Pleasanton, CA 94588

P: 925.401.0700

F: 925.401.0651

Teleflex.com | UroLift.com

Caution: Federal (USA) law restricts this device to sale by or on the order of a physician.

Teleflex, the Teleflex logo, UroLift, and the UroLift logo are trademarks or registered trademarks of Teleflex Incorporated or its affiliates in the U.S. and/or other countries.

©2024 Teleflex Incorporated. All rights reserved. MA00204-01 Rev. H