



Men's Health 2018 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.

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.

The following codes are thought to be relevant to men's health procedures and are referenced throughout this guide.

CPT® Code	Code Description		
Inflatable Penile Prosthesis- AMS 700 [™] and AMS Ambicor™			
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-infla	table Penile Prosthesis- Spectra™		
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	Jrinary Sphincter- AMS 800™		
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™			
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)		

Physician Payment – Medicare

All rates shown are **2018 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
Inflatabl	e Penile Prosthesis- AMS 700™ and AMS Ambicor™				
54405	Insertion of inflatable penile prosthesis	N/A	\$843	N/A	23.43
54406	Removal of inflatable penile prosthesis	N/A	\$763	N/A	21.19
54408	Repair of inflatable penile prosthesis	N/A	\$824	N/A	22.90
54410	Removal & replacement of inflatable penile prosthesis	N/A	\$897	N/A	24.91
54411	Removal & replacement of inflatable penile prosthesis through infected field	N/A	\$1,070	N/A	29.73
Non-inflatable Penile Prosthesis- Spectra™					
54400	Insertion of non-inflatable penile prosthesis	N/A	\$553	N/A	15.35
54415	Removal of non-inflatable or inflatable penile prosthesis	N/A	\$552	N/A	15.32
54416	Removal & replacement of non-inflatable or inflatable penile prosthesis	N/A	\$741	N/A	20.59
54417	Removal & replacement of non-inflatable or inflatable penile prosthesis through infected field	N/A	\$938	N/A	26.06
Artificial	Urinary Sphincter- AMS 800™				
53444	Insertion of tandem cuff	N/A	\$828	N/A	22.99
53445	Insertion of inflatable urethral/bladder neck sphincter	N/A	\$786	N/A	21.84
53446	Removal of inflatable urethral/bladder neck sphincter	N/A	\$670	N/A	18.61
53447	Removal & replacement of urethral/bladder neck sphincter	N/A	\$844	N/A	23.44
53448	Removal & replacement of urethral/bladder neck sphincter through infected field	N/A	\$1,336	N/A	37.12
53449	Repair of inflatable urethral/bladder neck sphincter	N/A	\$638	N/A	17.72
Male Sli	ng- AdVance™				
53440	Sling operation for male SUI	N/A	\$786	N/A	21.83
53442	Removal or revision of sling for male SUI	N/A	\$817	N/A	22.70

 $\ensuremath{\text{N/A:}}$ Medicare has not deemed this procedure to be reimbursable in this setting.

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 [™]			
54405	Insertion of inflatable penile prosthesis	\$15,697	\$13,273
54406	Removal of inflatable penile prosthesis	\$2,697	\$1,206
54408	Repair of inflatable penile prosthesis	\$3,706	\$1,757
54410	Removal & replacement of inflatable penile prosthesis	\$15,697	\$13,048
54411	Removal & replacement of inflatable penile prosthesis through infected field	\$15,697	N/A
Non-infl	atable Penile Prosthesis- Spectra™		
54400	Insertion of non-inflatable penile prosthesis	\$15,697	\$12,831
54415	Removal of non-inflatable or inflatable penile prosthesis	\$2,697	\$1,206
54416	Removal & replacement of non-inflatable or inflatable penile prosthesis	\$15,697	\$12,877
54417	Removal & replacement of non-inflatable or inflatable penile prosthesis through infected field	\$15,697	N/A
Artificia	l Urinary Sphincter- AMS 800™		
53444	Insertion of tandem cuff	\$15,697	\$12,703
53445	Insertion of inflatable urethral/bladder neck sphincter	\$15,697	\$13,155
53446	Removal of inflatable urethral/bladder neck sphincter	\$3,706	\$1,757
53447	Removal & replacement of urethral/bladder neck sphincter	\$15,697	\$12,871
53448	Removal & replacement of urethral/bladder neck sphincter through infected field	N/A	N/A
53449	Repair of inflatable urethral/bladder neck sphincter	\$3,706	
Male Sl	ing- AdVance™		
53440	Sling operation for male SUI	\$7,596	\$6,056
53442	Removal or revision of sling for male SUI	\$3,706	\$1,757

N/A: Medicare has not deemed this procedure to be reimbursable in this setting.

Hospital Inpatient Payment – Medicare

Possible MS-DRG Assignment	Description	Reimbursement
662	Minor bladder procedures with major complication or comorbidity (MCC)	\$18,363
663	Minor bladder procedures with complication or comorbidity (CC)	\$10,734
664	Minor bladder procedures without CC/MCC	\$7,756
673	Other kidney and urinary tract procedures with MCC	\$21,246
674	Other kidney and urinary tract procedures with CC	\$13,965
675	Other kidney and urinary tract procedures without CC/MCC	\$9,888
709	Penis procedures with CC/MCC	\$13,774
710	Penis procedures without CC/MCC	\$9,087

ICD-10 CM Diagnosis Codes

Penile ProsthesisF52.21Male erectile disorderN48.89Other specified disorders of penisN50.1Vascular disorders of male genital organsN52.01Erectile dysfunction due to arterial insufficiencyN52.02Corporo-venous occlusive erectile dysfunctionN52.03Combined arterial insufficiency and corporo-venous occlusive erectile dysfunctionN52.2Drug-induced erectile dysfunctionN52.31Erectile dysfunction following radical prostatectomyN52.33Erectile dysfunction following urethral surgeryN52.34Erectile dysfunction following radiation therapyN52.35Erectile dysfunction following radiation therapyN52.37Erectile dysfunction following interstitial seed therapyN52.39Other and unspecified postprocedural erectile dysfunctionN52.39Other male erectile dysfunction following prostate ablative therapyN52.39Other and unspecified postprocedural erectile dysfunction	
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N52.37 Erectile dysfunction following prostate ablative therapy N52.39 Other and unspecified postprocedural erectile dysfunction	
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™	
N39.45 Continuous leakage	
N39.491 Coital incontinence	
N39.492 Postural (urinary) incontinence	
N39.498 Other specified urinary incontinence	
Penile Prosthesis, Artificial Urinary Sphincter- AMS 800™ and Male Sling- AdVance™	
T83.81XA Embolism of genitourinary prosthetic devices, implants and grafts, initial encounter	
T83.82XA Fibrosis of genitourinary prosthetic devices, implants and grafts, initial encounter	
T83.83XA Hemorrhage of genitourinary prosthetic devices, implants and grafts, initial encounter	
T83.84XA Pain from genitourinary prosthetic devices, implants and grafts, initial encounter	
T83.85XA Stenosis of genitourinary prosthetic devices, implants and grafts, initial encounter	
T83.86XA Thrombosis of genitourinary prosthetic devices, implants and grafts, initial encounter	
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	
T83.090A Other mechanical complication of cystostomy catheter, initial encounter	
T83.198A Other mechanical complication of other urinary devices and implants, initial encounter	
T83.29XA Other mechanical complication of graft of urinary organ, initial encounter	
T83.498AOther mechanical complication of other prosthetic devices, implants and grafts of genital tract, initial encounter	
Penile Prosthesis and Artificial Urinary Sphincter- AMS 800™	
T83.59XA Infection and inflammatory reaction due to prosthetic device, implant and graft in urinary system, initial encounter	
T83.6XXA Infection and inflammatory reaction due to prosthetic device, implant and graft in genital tract, initial encounter	

ICD-10 CM Diagnosis Codes (cont'd)

ICD-10 CM Diagnosis Code	Description
Male Sling- AdVance ^{™ /} Artificial Urinary	Sphincter- AMS 800™
N39.3	Stress incontinence (female) (male)
R32	Unspecified urinary incontinence

ICD-10 PCS Procedure Codes

ICD-10 PCS Procedure Code	Description
Penile Prosthesis	
0VUS0JZ	Supplement Penis with Synthetic Substitute, Open Approach
0VUS4JZ	Supplement Penis with Synthetic Substitute, Percutaneous Endoscopic Approach
0VPS0JZ	Removal of Synthetic Substitute from Penis, Open Approach
0VPS3JZ	Removal of Synthetic Substitute from Penis, Percutaneous Approach
0VPS4JZ	Removal of Synthetic Substitute from Penis, Percutaneous Endoscopic Approach
0VPS7JZ	Removal of Synthetic Substitute from Penis, Via Natural or Artificial Opening
0VPS8JZ	Removal of Synthetic Substitute from Penis, Via Natural or Artificial Opening Endoscopic
OWQM0ZZ	Repair Male Perineum, Open Approach
0WQM3ZZ	Repair Male Perineum, Percutaneous Approach
0WQM4ZZ	Repair Male Perineum, Percutaneous Endoscopic Approach
OWQMXZZ	Repair Male Perineum, External Approach
0WWM07Z	Revision of Autologous Tissue Substitute in Male Perineum, Open Approach
0WWM0KZ	Revision of Nonautologous Tissue Substitute in Male Perineum, Open Approach
0WWM37Z	Revision of Autologous Tissue Substitute in Male Perineum, Percutaneous Approach
0WWM3KZ	Revision of Nonautologous Tissue Substitute in Male Perineum, Percutaneous Approach
0WWM47Z	Revision of Autologous Tissue Substitute in Male Perineum, Percutaneous Endoscopic Approach
0WWM4KZ	Revision of Nonautologous Tissue Substitute in Male Perineum, Percutaneous Endoscopic Approach
Artificial Urinary Sphincter- AMS 800™	
0THB8LZ	Insertion of Artificial Sphincter into Bladder, Via Natural or Artificial Opening Endoscopic
OTHCOLZ	Insertion of Artificial Sphincter into Bladder Neck, Open Approach
0THC3LZ	Insertion of Artificial Sphincter into Bladder Neck, Percutaneous Approach
0THC4LZ	Insertion of Artificial Sphincter into Bladder Neck, Percutaneous Endoscopic Approach
0THC7LZ	Insertion of Artificial Sphincter into Bladder Neck, Via Natural or Artificial Opening
0THC8LZ	Insertion of Artificial Sphincter into Bladder Neck, Via Natural or Artificial Opening Endoscopic
OTHDOLZ	Insertion of Artificial Sphincter into Urethra, Open Approach
0THD3LZ	Insertion of Artificial Sphincter into Urethra, Percutaneous Approach
0THD4LZ	Insertion of Artificial Sphincter into Urethra, Percutaneous Endoscopic Approach
0THD7LZ	Insertion of Artificial Sphincter into Urethra, Via Natural or Artificial Opening
0THD8LZ	Insertion of Artificial Sphincter into Urethra, Via Natural or Artificial Opening Endoscopic
OTHDXLZ	Insertion of Artificial Sphincter into Urethra, External Approach
Male Sling- AdVance™ / Artificial Urinary S	phincter- AMS 800 [™]
OTQBOZZ	Repair Bladder, Open Approach
0TQB3ZZ	Repair Bladder, Percutaneous Approach
OTQB4ZZ	Repair Bladder, Percutaneous Endoscopic Approach
OTQB7ZZ	Repair Bladder, Via Natural or Artificial Opening
0TQB8ZZ	Repair Bladder, Via Natural or Artificial Opening Endoscopic

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.

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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.

- Department of Health and Human Services. Center for Medicare and Medicaid Services. CMS Physician Fee Schedule January 2018 release, RVU18A file <a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html?DLSort=0&DLEntries=10&DL Page=1&DLSortDir-descending The 2018 National Average Medicare physician payment rates have been calculated using a 2018 conversion factor of \$35,5996. Rates subject to change.
- "Allowed Amount" is the amount Medicare determines to be the maximum allowance for any Medicare covered procedure. Actual payment will vary based on the maximum allowance less any applicable deductibles, co-insurance, etc.
- Hospital outpatient payment rates are 2018 Medicare OPPS Addendum B national averages. Source: CMS OPPS January 2018 release, CMS-1678-FC <u>https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/</u> <u>CMS-1678-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending</u>
- 4. ASC payments rates are 2018 Medicare ASC national averages. ASC rates are from the 2017 Ambulatory Surgical Center Covered Procedures List -Addendum AA. Source: January 2018 release, CMS-1678-FC <u>https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/</u> <u>ASC-Regulations-and-Notices-Items/CMS-1678-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending</u>
- "NA" in the 2018 "MD-In-Office Medicare Allowed Amount" column means that Medicare does not provide reimbursement when the procedure is performed in-office.
- 6. The patient's medical record must support the existence and treatment of the complication or comorbidity.
- 7. 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 (\$6,026.48). Source: August 2, 2017 Federal Register; CMS-1677-F; CMS-1677-CN; Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System Source: August 2, 2017 Federal Register; CMS-1677-F; CMS-1677-E); Medicare Program; Hospital Inpatient Prospective Payment System Changes and FY2018 Rates.

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, 2018.

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