



Coding Guide: AQUABEAM® Robotic System and Aquablation® Therapy

Indications for Use

The AQUABEAM Robotic System is intended for the resection and removal of prostate tissue in males suffering from lower urinary tract symptoms due to benign prostatic hyperplasia.

Device Description

The AQUABEAM Robotic System is intended for use in patients suffering from lower urinary tract symptoms resulting from benign prostatic hyperplasia (BPH). The AQUABEAM Robotic System utilizes a high-velocity sterile saline waterjet to ablate prostate tissue during a minimally invasive surgical procedure called Aquablation therapy.

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CODING

The following tables list codes and associated Medicare payments relevant to the use of the AQUABEAM[®] System and the Aquablation procedure.

**CURRENT PROCEDURAL TERMINOLOGY (CPT[®]) CODE AND PAYMENT:
PHYSICIAN AND HOSPITAL OUTPATIENT**

Aquablation Procedure Using the AquaBeam [®] Robotic System				
CPT Code	Description	CY 2019 Physician Payment	CY 2019 Medicare Hospital Outpatient Prospective National Unadjusted Payment	
			APC	Payment
0421T*	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	Contractor priced	5375 Level 5 Urology and Related Services Status Indicator- J1**	\$4,020

* CMS has not established national relative values for CPT code 0421T; Medicare Administrative Contractors (MACs) establish payment.

** Hospital Part B services paid through a comprehensive APC Paid under OPPTS; all covered Part B services on the claim are packaged with the primary J1 service for the claim, except services with OPPTS SI=F, G, H, L and U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services.

**HOSPITAL INPATIENT CODING AND PAYMENT
ICD-10-PCS Procedure Code***

Code	Description
XV508A4	Destruction, Prostate, Robotic Waterjet Ablation

*Additional procedure codes may also apply based other services that are rendered during the episode of care; please refer to the 2019 ICD-10-PCS Codebook.

Hospital Inpatient MS-DRGs

MS-DRG	Description	FY 2019 Medicare Inpatient Prospective National Unadjusted Payment
713	Transurethral prostatectomy w cc/mcc	\$8,940
714	Transurethral prostatectomy w/o cc/mcc	\$5,562



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New Technology Add-on Payment (NTAP)

Medicare approved the NTAP for the AQUABEAM Robotic System for FY 2019 – 2021. The new technology add-on payment policy provides additional payments for inpatient cases with high costs involving eligible new technologies. Under §412.88, Medicare pays a marginal cost factor of 50 percent for the costs of the new technology in excess of the full DRG payment. If the actual costs of a new technology case exceed the DRG payment by more than the estimated costs of the new technology, Medicare payment is limited to the DRG payment plus 50 percent of the estimated costs of the new technology.

The maximum new technology add-on payment for eligible Medicare cases involving the use of the AQUABEAM System’s Aquablation System is \$1,250.

ICD-10-CM DIAGNOSIS CODES

Code	Description
N31.-	Neuromuscular dysfunction of bladder, not elsewhere classified
N32.-	Other disorders of the bladder
N33.-	Bladder disorders in diseases classified elsewhere
N35.-	Urethral stricture
N36.-	Other disorders of the urethra
N37.-	Urethral disorders in disease classified elsewhere
N40.-	Benign prostatic hyperplasia
R30.-	Pain associated with micturition
R31.-	Hematuria
R32.-	Unspecified urinary incontinence
R33.-	Retention of urine
R34.-	Anuria and oliguria
R35.-	Polyuria
R36.-	Urethral discharge
R37.-	Sexual dysfunction, unspecified
R39.-	Other and unspecified symptoms and signs involving the genitourinary system

* Please refer to the 2019 ICD-10-CM Codebook to select the complete and specific codes, and other diagnosis codes that may apply.

Sources

- AMA Current Procedural Terminology (CPT) Manual-2019
- 2019 Medicare Hospital Outpatient Prospective Payment System (CMS-1695-FC) Addendum B
- MS-DRG Codebook- CMS-1694-CN2 v36 FY2019 (Effective October 1, 2018) IPPS FY2019 Final Rule, Table 5 Final
- IPPS PC Pricer FY2019.0 updated on 10/15/2018
- <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/newtech.html>
- ICD-10-CM Codebook- 2019
- ICD-10-PCS Codebook- 2019



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ARC

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