

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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Hospital Outpatient Procedure with Device Coding, Medicare Procedural and Device Pass-Through Payment

Coding: Effective, January 2020, facilities report the use of the AQUABEAM Handpiece with HCPCS code C2596 Probe, robotic, waterjet in addition to reporting the Aquablation procedure, 0421T, for beneficiaries enrolled in traditional Medicare and Medicare Advantage plans.

- CMS approved a device transitional pass-through (TPT) payment for the Aquablation Handpiece (C2596) based on the clinical evidence that fulfills the substantial clinical improvement criteria over existing surgical techniques for the treatment of lower urinary tract symptoms (LUTS) due to BPH. This Medicare payment category provides a portion of the incremental cost associated with the disposable when used in the outpatient hospital or Ambulatory Surgery Center (ACS) setting.
- For facilities to be eligible for Medicare pass-through payment, a separate charge (from the procedure) must be billed for C2596. Payment is based on the device reasonable cost; invoice price may be requested. Private payer plans may vary if C2596 is accepted.

Payment: Outpatient Codes and CY 2020 Medicare Unadjusted National Payments

Code	Description	Hospital Outpatient		Ambulatory Surgery Center
		APC*	Payment	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)	5376 - Level 6 Urology and Related Services Status Indicator- J1	\$8,067	\$3,996
HCPCS Device				
C2596	Probe, robotic, waterjet	2027 - Status Indicator- H	Pass-Through Based on reasonable cost	Pass-Through Based on reasonable cost

Status Indicators*

J1	Hospital Part B services paid through a comprehensive APC Paid under OPPS; all covered Part B services on the claim are packaged with the primary J1 service for the claim, except services with OPPS SI=F, G, H, L and U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services.
H	Separate cost-based pass through payment; not subject to copayment in the hospital outpatient and ambulatory surgery center settings.



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Hospital Inpatient Procedure with Device Coding, Medicare Payment and New Technology Add-On Payment (NTAP)

Coding: For inpatient procedures, the facility reports the ICD-10-PCS Procedure Code which describes the Aquablation procedure. Additional codes may apply for other services rendered during the episode of care; refer to the 2020 ICD-10-PCS codebook.

ICD-10-PCS Code	Description
XV508A4	Destruction, Prostate, Robotic Waterjet Ablation

Payment: Medicare Severity Diagnosis Related Groups MS-DRGs

MS-DRG	Description	FY 2020 Inpatient Medicare National Unadjusted Payment
713	Transurethral prostatectomy w cc/mcc	\$9,158
714	Transurethral prostatectomy w/o cc/mcc	\$5,734

New Technology Add-on Payment (NTAP)

For FY 2020, Medicare approved a NTAP for the AQUABEAM Robotic System based on the clinical evidence that fulfills the substantial clinical improvement criteria. The new technology add-on payment policy provides additional payments for inpatient cases with high costs involving new technologies.

- Medicare pays a marginal cost factor of 65 percent for new technology costs in excess of the full DRG payment. The maximum add-on payment for eligible Medicare Aquablation cases is \$1,625 (0.65% of \$2,500).
- Code ICD-10- PCS code XV508A4 (listed above), identifies that the case may be eligible for the additional NTAP payment.

Hospital Reporting

Revenue Code List

0270	Medical/Surgical supplies
0271	Medical/Surgical supplies: non-sterile supplies
0272	Medical/Surgical supplies: sterile supplies
0279	Medical/Surgical supplies: Other

Procept Device Reference Numbers

Ref #	Description	HCPCS
HP2000	AQUABEAM Handpiece	C2596



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Physician Coding and Payment

CPT Code	Description	Physician
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 (Medicare)

- National relative values are not established for code 0421T
- Medicare Administrative Contractors (MACs) establish payment
- Private insurers establish payment

ICD-10-CM Diagnosis Codes

Refer to the 2020 ICD-10-CM Codebook to select the complete, specific codes and other possible applicable diagnosis codes.

Possible ICD-10-CM Diagnoses Codes Prefixes	
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



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Sources

- AMA Current Procedural Terminology (CPT) Manual-2020
- CMS-1717-FC CY 2020 Medicare Program: Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Revisions of Organ Procurement Organizations Conditions of Coverage; Prior Authorization Process and Requirements for Certain Covered Outpatient Department Services; Potential Changes to the Laboratory Date of Service Policy; Changes to Grandfathered Children's Hospitals-Within-Hospitals; Notice of Closure of Two Teaching Hospitals and Opportunity to Apply for Available Slots.
- CY 2020 Medicare Hospital Outpatient Prospective Payment System (CMS-1717-FC) Addendum B
- CMS-1716-F Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2020 Rates; Quality Reporting Requirements for Specific Providers; Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals
- MS-DRG Codebook- FY 2020 IPPS Impact File updated on 9/26/2019
- IPPS FY 2020 Final Rule Preliminary Data, Table 5 Final
- ICD-10-CM Codebook- 2020
- ICD-10-PCS Codebook- 2020



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ABOUT ARC

The Aquablation Reimbursement Center (ARC) is a reimbursement support service program for physicians and providers who perform Aquablation procedures. ARC Reimbursement services include:

- Coding & Coverage Information
- Eligibility & Benefit Verification
- Prior-authorization
- Pre-determination
- Pre-certification
- Pre-service appeals
- Post-service appeals

All e-mail and voice messages will be returned within one business day.

QUESTIONS?

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