



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.

CPT Copyright 2020 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Payments may be subject to reduced payment when multiple procedures are performed on the same day.



E reimbursement@Aquablation.us **P** 833 230 2406 **F** 650 649 1856

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 2021 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 | \$8,258 | \$4,079 |
| 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. |



E reimbursement@Aquablation.us **P** 833 230 2406 **F** 650 649 1856

Hospital Inpatient Procedure Coding and Medicare Payment

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 2021 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 2021 Inpatient Medicare National Unadjusted Payment |
|--------|--|--|
| 713 | Transurethral prostatectomy w cc/mcc | \$9,587 |
| 714 | Transurethral prostatectomy w/o cc/mcc | \$5,968 |

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 |

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



E reimbursement@Aquablation.us P 833 230 2406 F 650 649 1856

ICD-10-CM Diagnosis Codes

Refer to the 2021 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 |

Sources

- AMA Current Procedural Terminology (CPT) Manual-2021
- CMS-1736-FC CY 2021 Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; New Categories for Hospital Outpatient Department Prior Authorization Process; Clinical Laboratory Fee Schedule: Laboratory Date of Service Policy; Overall Hospital Quality Star Rating Methodology; Physician-owned Hospitals; Notice of Closure of Two Teaching Hospitals and Opportunity To Apply for Available Slots, Radiation Oncology Model, and Reporting Requirements for Hospitals and Critical Access Hospitals (CAHs) to Report Acute Respiratory Illness During the Public Health Emergency (PHE) for Coronavirus Disease 2019 (COVID-19)
- CY 2021 Medicare Hospital Outpatient Prospective Payment System (CMS-1736-FC) Addendum B, Addendum A
- CMS-1735-F Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Final Policy Changes and Fiscal Year 2021 Rates; Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals
- MS-DRG Codebook- FY 2021 IPPS Final Rule Impact File 10.01.2021
- IPPS FY 2021 Final Rule Preliminary Data, Table 1A-E, Table 5
- ICD-10-CM Codebook- 2021
- ICD-10-PCS Codebook- 2021



E reimbursement@Aquablation.us **P** 833 230 2406 **F** 650 649 1856



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
- Post payment review

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

QUESTIONS?

Hours: Monday - Friday, 10am - 5pm CT

E-mail: reimbursement@Aquablation.us

Phone: (833) 230-2406

Fax: (650) 649-1856

Disclaimer: *This information is provided by PROCEPT BioRobotics for illustrative purposes only and does not constitute legal or reimbursement advice. All codes supplied in this guide are for information purposes only and represent no statement or guarantee by PROCEPT BioRobotics that these codes will be appropriate or that reimbursement will be made in a specific situation.*

The information provided in this document was obtained from third-party sources and is subject to change without notice as a result of changes in reimbursement laws, regulations, rules, policies, and payment amounts. All content is, general in nature, and does not cover all situations or all payers' rules and policies. It is the responsibility of the hospital or physician to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes, modifiers and charges for a particular patient and/or procedure. Any claim should be coded appropriately and supported with adequate documentation in the medical record. PROCEPT BioRobotics encourages providers to submit claims for services consistent with FDA clearance and approved labeling.

Hospitals and physicians should consult with appropriate payers, including Medicare Administrative Contractors, reimbursement specialists and/or legal counsel for specific information on proper coding, billing, and payment levels for healthcare procedures. PROCEPT BioRobotics makes no express or implied warranty or guarantee that (i) the list of codes and narratives available through this resource is complete or error-free, (ii) the use of this information will prevent difference of opinions or disputes with payers, (iii) these codes will be covered or (iv) the provider will receive the reimbursement amounts set forth herein. Reimbursement policies can vary considerably from one region or payer to another and may change over time.



E reimbursement@Aquablation.us **P** 833 230 2406 **F** 650 649 1856