

GUIDEPOINT
Reimbursement Resources

Urethral Bulking with Coaptite™ Injectable Implant
2015 Coding & Payment Quick Reference

Identified in this guide are two (2) common coding/reimbursement scenario's relating to the use of the Coaptite Injectable Implant.

A skin test is not required with the Coaptite Injectable Implant. The Coaptite Injectable Implant particles are comprised of the same biocompatible components found in bone and teeth. Unlike collagen-based implants, skin testing for allergic reactions is NOT required for Coaptite Injectable Implant.

Relevant ICD-9 diagnoses codes for urethral bulking using Coaptite Injectable Implant include:

ICD-9 Code	Code Description
599.82	Intrinsic (urethral) sphincter deficiency (ISD)
625.6	Stress incontinence, female

NOTE: Many payers require ISD as the primary diagnosis code on all claims for payment to be rendered.

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.

The following codes are thought to be relevant to urethral bulking procedures and are referenced throughout this guide.

CPT® Code	Code Description
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1ml syringe, includes shipping and necessary supplies

L8606 is the most appropriate HCPCS code for billing the Coaptite Injectable Implant. At one time, HCPCS code C2631 (Repair device, urinary, incontinence, without sling graft) was the appropriate device code for outpatient hospital facilities to bill. This is no longer the case due to changes in Medicare's hospital Outpatient Claims Editor (OCE). See coding scenario's provided in this guide for sample coding scenarios.

Physician Relative Value Units (RVUs)

Physician Relative Value Units (RVUs) are based on the Medicare 2015 Physician Fee Schedule effective January 1, 2015

CPT® Code	Office-Based ¹				Facility-Based			
	Work RVU	Practice RVU	Malpractice RVU	Total RVUs	Work RVU	Practice RVU	Malpractice RVU	Total RVUs
51715	3.73	4.10	0.44	8.27	3.73	1.60	0.44	5.77

See important notes on the uses and limitations of this information on page 4.

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Payment – Medicare

All rates shown are 2015 Medicare national averages; actual rates will vary geographically and/or by individual facility.

SCENARIO #1: Urethral Bulking (using three, 1 ml Coaptite Implant Syringes)

FACILITY-BASED SETTING (i.e. Hospital Outpatient or Ambulatory Surgery Center)

CPT® Code	Code Description	Related ICD-9-CM Diagnosis Codes	MD In-Facility Medicare Allowed Amount ^{1,2}	APC	Hospital Outpatient Medicare Allowed Amount ^{3,3}	ASC Medicare Allowed Amount ^{2,4}
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	599.82	\$206	0168	\$2,509	\$1,376
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	599.82	N/A		See Note Below	N/A
TOTAL			\$206		\$2,509	\$1,376

NOTE: Hospitals outpatient facilities should bill L8606 (Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies) for the Coaptite Injectable Implant. Medicare does not provide additional payment for this code. Hospital outpatient facility claims submitted without HCPCS code L8606 may be denied by Medicare’s Outpatient Claims Editor (OCE).

For private insurance, the facility (hospital outpatient OR ambulatory surgery center) should investigate their ability to separately bill the Coaptite Implant syringes as a “carve-out” under their existing private payer contract.

PHYSICIAN OFFICE-BASED SETTING

CPT® Code	Code Description	Related ICD-9-CM Diagnosis Codes	MD Office-based Medicare Allowed Amount ^{1,2}
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	599.82	\$296
L8606 x 3 (units)	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	599.82	\$627 (\$209 x 3)
TOTAL			\$923*

Physicians should bill L8606 per syringe of Coaptite Injectable Implant when used in a physician office setting.

Payment – Medicare

All rates shown are 2015 Medicare national averages; actual rates will vary geographically and/or by individual facility.

SCENARIO #2: Urethral Bulking (using two, 1 ml Coaptite Implant Syringes)

FACILITY-BASED SETTING (i.e. Hospital Outpatient or Ambulatory Surgery Center)

CPT® Code	Code Description	Related ICD-9-CM Diagnosis Codes	MD In-Facility Medicare Allowed Amount ^{1,2}	APC	Hospital Outpatient Medicare Allowed Amount ^{2,3}	ASC Medicare Allowed Amount ^{2,4}
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	599.82	\$206	0168	\$2,509	\$1,376
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	599.82	N/A		See Note Below	N/A
TOTAL			\$206		\$2,509	\$1,376

NOTE: Hospitals outpatient facilities should bill L8606 (Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies) for the Coaptite Injectable Implant. Medicare does not provide additional payment for this code. Hospital outpatient facility claims submitted without HCPCS code L8606 may be denied by Medicare’s Outpatient Claims Editor (OCE).

For private insurance, the facility (hospital outpatient OR ambulatory surgery center) should investigate their ability to separately bill the Coaptite Implant syringes as a “carve-out” under their existing private payer contract.

PHYSICIAN OFFICE-BASED SETTING

CPT® Code	Code Description	Related ICD-9-CM Diagnosis Codes	MD Office-based Medicare Allowed Amount ^{1,2}
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	599.82	\$296
L8606 x 2 (units)	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	599.82	\$418 (\$209 X 2)
TOTAL			\$714*

Physicians should bill L8606 per syringe of Coaptite Injectable Implant when used in a physician office setting.

L8606 – Synthetic Implant Urinary 1 ml Coaptite Implant State Specific Physician Reimbursement

*L8606 is used to bill for Coaptite Injectable Implant for procedures ONLY done in the physician’s office

HCPCS	AL	AR	AZ	CA	CO	CT	DC	DE
L8606	\$219.50	\$209.82	\$217.10	\$217.10	\$210.41	\$205.19	\$207.84	\$207.84
FL	GA	IA	ID	IL	IN	KS	KY	LA
\$219.50	\$219.50	\$209.25	\$212.98	\$196.96	\$196.96	\$209.25	\$219.50	\$209.82
MA	MD	ME	MI	MN	MO	MS	MT	NC
\$205.19	\$207.84	\$205.19	\$196.96	\$196.96	\$209.25	\$219.50	\$210.41	\$219.50
ND	NE	NH	NJ	NM	NV	NY	OH	OK
\$210.41	\$209.25	\$205.19	\$205.07	\$209.82	\$217.10	\$205.07	\$196.96	\$209.82
OR	PA	RI	SC	SD	TN	TX	UT	VA
\$212.98	\$207.84	\$205.19	\$219.50	\$210.41	\$219.50	\$209.82	\$210.41	\$207.84
VT	WA	WI	WV	WY				
\$205.19	\$212.98	\$196.96	\$207.84	\$210.41				

Source: 2015 DMEPOS fee schedule

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1. Department of Health and Human Services. Center for Medicare and Medicaid Services. CMS Physician Fee Schedule – January 8, 2015 revised release, RVU15A file <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU15A.html?DLPage=1&DLSort=0&DLSortDir=descending>. The 2015 National Average Medicare physician payment rates have been calculated using a 2015 conversion factor of \$35.7547 which reflects changes for January 1, 2015 through March 31, 2015 as a result of the April 1, 2014 Protecting Access to Medicare Act of 2014 (H.R. 4302). Rates subject to change.
2. “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.
3. Hospital outpatient payment rates are 2015 Medicare OPPS Addendum B national averages. Source: CMS OPPS - January 2015 revised release, CMS-1613-CN-Addendum-B_REV file <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates-Items/2015-Jan-Addendum-B.html?DLPage=1&DLSort=2&DLSortDir=descending>.
4. ASC payments rates are 2015 Medicare ASC national averages. ASC rates are from the 2015 Ambulatory Surgical Center Covered Procedures List – Addendum AA. Source: January 2015 revised release, CMS-1613-CN-Addendum-AA-BB-DD1-DD2-EE- file <http://www.cms.gov/apps/ama/license.asp?file=ascpayment/downloads/CMS-1613-CN-CY-2015-Addendum-AA-BB-DD1-DD2-EE.zip>
5. Most states pay between \$186-\$248 for each 1 ml unit.
6. As of 1/1/2008, Coaptite is no longer reimbursed separately in the ASC setting via HCPCS code L8606. The new Medicare ASC payment system bundles reimbursement for the bulking procedure CPT code 51715.

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, 2015.

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Effective: 1JAN2015
Expires: 31DEC2015
MS-DRG Rates Expire: 30SEP2015
WH-303115-AA 03/2015