

# AMS 800™ Urinary Control System



## Frequently Asked Questions

### 1) What CPT® code is most commonly billed when inserting an AMS 800™ Urinary Control System?

The most commonly billed code utilizing the AMS 800 Urinary Control System is **CPT 53445** (Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir and cuff).

### 2) What CPT code does a physician use when inserting a second (tandem, double or dual) cuff to an Artificial Urinary Sphincter (AUS)?

If the surgeon plans to add a second cuff in a patient with an existing AUS, it would be appropriate to use CPT 53444 (Insertion of tandem cuff (dual cuff)). If the surgeon is planning on inserting a complete AUS using two cuffs instead of one, then the appropriate CPT code would be 53445 (Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir and cuff). According to the National Correct Coding Initiative (NCCI) edits, CPT 53444 and CPT 53445 may not be billed together if performed in the same operative session regardless of modifier use.

### 3) CPT 53445 (Insertion of urinary sphincter) and CPT 54405 (Insertion of inflatable penile prosthesis) may be performed during the same operative session. Please explain how Medicare payment is calculated for these multiple procedures.

**Physician:** When CPT 53445 and CPT 54405 are performed by the same physician during the same operative session, the multiple procedure rule will apply to the physician payment. This means the physician will be paid 100% of the Medicare payment for the first procedure and 50% of the Medicare payment rate for the second procedure.

**Facility:** In the case of the outpatient hospital reimbursement from Medicare, both CPT 53445 and CPT 54405 have an 'S' status indicator. This indicator signifies "Significant Procedure, Not Subject to the Multiple Procedure Reduction," which means both procedures will be reimbursed at 100% of the payment rate.

### 4) Is the AMS 800™ Urinary Control System covered by Medicare, Medicaid and Commercial Payers?

**Medicare** has a National Coverage Determination for Incontinence Control Devices which states "Mechanical/hydraulic incontinence control devices are accepted as safe and effective in the management of urinary incontinence in patients with permanent anatomic and neurologic dysfunctions of the bladder. This class of devices achieves control of urination by compression of the urethra." Medicare covers these devices when the use is reasonable and necessary for the individual patient. This policy is available on the CMS website in the National Coverage Decision (NCD) section under Incontinence Control Devices (230.10).

**Medicare Advantage Plans** are required to provide equal or better coverage than a traditional Medicare plan. Medicare Advantage Plans may have certain medical criteria that must be met for the device to be reasonable and necessary. Therefore, it is recommended that you obtain prior authorization before implanting an incontinence control device.

**Medicaid** coverage varies from state to state. It is recommended that you contact the Medicaid department in the appropriate state or county for specifics on their coverage and fee schedules and obtain prior authorization before a procedure is performed.

**Commercial Payers** may have certain medical criteria that need to be met for the device to be reasonable and necessary. Therefore, it is recommended that you check the requirements prior to performing the procedure.

### 5) Are AMS 800™ Urinary Control System procedures payable by Medicare in an Ambulatory Surgery Center (ASC)?

Yes, CPT 53445 is reimbursed by Medicare in the ASC setting, unless there is a revision procedure through an infected field (CPT 53448), which requires an inpatient stay.

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### 6) Is prior authorization or pre-certification necessary for AMS 800™ Urinary Control System procedures?

As a rule, Medicare does not require prior authorization for any procedure. Commercial or private insurance carriers (e.g., Aetna, Blue Cross, etc.) and some Medicare Advantage Plans may require a prior authorization or precertification for surgical procedures. Therefore, it is recommended that you check with insurers (primary and secondary) to verify coverage and pre-certification requirements prior to performing any procedure.

### 7) What can be done if the patient is denied coverage by his health plan?

Patients should contact their insurance plan and request reconsideration. In addition, providers may appeal the denial and include a letter of medical necessity. Providers may contact the Global Market Access Department at 888-865-3373 for information on appeal assistance.

### 8) What CPT Code should be billed for a removal and replacement of only 1 component of a 3 piece artificial urinary sphincter?

There is no CPT Code that accurately describes the removal and replacement of a single component of a 3-piece artificial urinary sphincter. In this circumstance, you could consider using CPT 53447 or 53448 and adding a modifier-52 to indicate reduced services. Make sure that the dictation accurately states what has been performed.

For hospitals, the 52 reduced services modifier is also an approved Level 1 CPT Code modifier for Medicare. It is recommended that you include a copy of the implant invoice and/or operative notes with the submitted claim.

**Disclaimer:** While AMS has made reasonable efforts to ensure the accuracy of the information set forth herein, AMS does not guarantee reimbursement coverage or amounts for any product or procedure nor does AMS recommend any particular product or procedure for any individual patient. The information described herein is provided solely as a guide for AMS products and is based on publicly available information from CMS. It is the responsibility of the provider to report codes that accurately describe the products, procedures, and individual patient's medical condition(s). Providers should contact the appropriate payers directly if they have questions or need specific information.

AMS does not promote the use of its products outside of the uses or indications as described in the applicable labeling.

#### Coding Resources:

1. CPT 2014. Current Procedural Terminology. Professional Edition. CPT is a trademark of the American Medical Association
2. HCPCS Level II Expert 2014. Ingenix, Inc. Salt Lake City, UT
3. CMS National Coverage Determination (NCD) for Incontinence Control Devices (230.10). October 1996