Medicare OPPS Device Category Codes for AMS Products

Erectile Restoration

AMS Product Line	HCPCS	Product Number
AMS 700™ Inflatable Penile Prosthesis with MS Pump™ Preconnected with InhibiZone (AMS 700 LGX™/CX/CXR)	C1813	72404250 72404251 72404252 72404253 72404255 72404256 72404257 72404258 72404230 72404231 72404232 72404233 72404235 72404236 72404237 72404238 72404261 72404262 72404263 72404266 72404267 72404268 720185-01 72404155 72404156 72404209
AMS 700™ Inflatable Penile Prosthesis with MS Pump™ Preconnected Non-IZ (AMS 700™ LGX™/CX)	C1813	72404300 72404301 72404302 72404303 72404305 72404306 72404307 72404308 72404280 72404281 72404282 72404283 72404285 72404286 72404287 72404288 720182-01 72404161 72404162 72404310
AMS 700™ Inflatable Penile Prosthesis Non-Connected with IZ (AMS 700™ LGX™/CX)	C1813	72404241 72404242 72404243 72404244 72404171 72404172 72404173 72404174 720185-01 72404155 72404156 72404209 72403900
AMS 700™ Inflatable Penile Prosthesis Non-Connected Non-IZ (AMS 700™ LGX™/CX)	C1813	72404291 72404292 72404293 72404294 72404271 72404272 72404273 72404274 720182-01 72404161 72404162 72404310
AMS Ambicor™ Penile Prosthesis	C1813	72401450 72401451 72401452 72401453 72401454 72401455 72401456 72401457 72401458 72402890
Spectra™ Concealable Penile Prosthesis	C2622	720054-01 720054-02 720054-03 720074-01 720074-02 720074-03 720056-01 720056-02 720056-03 720170-01 720171-01
Penile Prosthesis Accessories	None	72401850 72100005 72400095 72403867 35400010 72400155 72400271 720131-01 720117-01 720153-01 72404320 72404321 72404322 72404323 72404324 72404325 72404326 72404330 72403872 72404043

Continence

AMS Product Line	HCPCS	Product Number
AdVance™ Male Sling System	C1771	720088-01
AMS 800™ Urinary Control System with IZ	C1815	72404127 72400023 72400024 72400025 72404130 72404131 72404132 72404133 72404134 72404135 72404136 72404137 72404138 72404140 72404142 72404144 720157-01
AMS 800™ Urinary Control System Non-IZ	C1815	72400098 72400023 72400024 72400025 72400160 72400161 72400162 72400163 72400164 72400165 72400166 72400167 72400168 72400170 72400172 72400174 720133-01
AMS 800™ Urinary Control System Accessories	None	720066-01 72400095 72100005 72400271

It is the responsibility of the provider to decide if the device fits the category description. The category coding information is intended to be used as a guide for AMS products based on the CMS device descriptions for the Hospital Outpatient Prospective Payment System.

Medicare OPPS Device Category Codes for AMS Products

Prostate

AMS Product Line	HCPCS	Product Number
TherMatrx™ Office Thermo Therapy™ Catheters	None	RX20020C RX20025C RX20035C RX20045C
TherMatrx™ Office Thermo Therapy™ Accessories	None	72404220 72404221 72404312 72404106 72404109 72404314
GreenLight™ Laser Therapy Systems	None	0010-0210 0010-0070
GreenLight™ Laser Therapy Fibers	None	0010-2400 0010-2092 0010-2090 0010-2079
GreenLight™ Laser Therapy Accessories	None	0010-0721 0010-0722 0010-0725 0010-0726 0010-0008 0010-7030 0010-0230 0010-0240 0010-0370 0010-0697 0010-0009
StoneLight™ Laser Therapy System	None	0010-9260
StoneLight™ Laser Therapy Fibers	None	S-LLF150TG S-LLF200TG S-LLF273TG S-LLF365 S-LLF550 S-LLF910 R-LLF150TG R-LLF200TG R-LLF273TG R-LLF365 R-LLF550 R-LLF910
StoneLight™ Laser Therapy Accessories	None	0010-9350 0010-9360 0010-0760 0010-9380 0010-9340 80-10001-003 80-10002-003 80-10003-003 80-10005-003 80-10011-003 80-10008-003
Aura XP™ Laser Therapy System	None	0010-8118
Aura XP™ Laser Therapy Fibers	None	0010-0612 0010-0622 0010-0632 0010-6122 0010-0613 0010-2221 0010-6110 0010-0952
Aura XP™ Laser Therapy Accessories	None	0010-6211 0010-6212 0010-0045 0010-0046 0010-0047 0010-7030 0010-0008 0010-6133 0010-8310 0124-3680 0010-0851 0010-0852 0010-0831 0010-0446 0010-0441 0010-0444 0010-0811 0010-0813 0010-0832 0010-0462 0010-0991 0010-0992 0010-0993 0010-0994 0010-0995 0010-0996 0010-0997 0010-0998 0010-0751 0010-0752 0010-0754 0010-0755 0010-0760

It is the responsibility of the provider to decide if the device fits the category description. The category coding information is intended to be used as a guide for AMS products based on the CMS device descriptions for the Hospital Outpatient Prospective Payment System.

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

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