# 2015 Estimated Traditional Medicare Patient Out-Of-Pocket Costs

## Important Considerations

- The estimated out-of-pocket costs are not a guarantee of insurance benefits and are provided for informational purposes only. Estimates shown are for Medicare national average costs in addition to minimum and maximum ranges. Estimates assume that the patient's Medicare deductible has been met for the calendar year.
- Average out-of-pocket costs are estimates; a patient's final out-of-pocket expense will depend on your individual coverage (such as co-insurance or deductibles) and the procedure or procedures performed and billed. The expenses include patient's expenses for physician, anesthesiologist, and the facility (the facility expense would include the cost of the implantable device).
- Please check with Medicare (CMS) at 1-800-633-4227 if you need additional help understanding your medical services chosen. AMS' Global Market Access department can be reached at 1-888-865-3373 with questions regarding procedures utilizing AMS products.

| Estimated Patient Out-Of-Pocket Costs | | | | |
|---|---|---|---|---|
| **Procedures Performed** | **CPT Codes Billed** | **Ambulatory Surgery Center (ASC)** | **OR** | **Hospital** |
| **Inflatable Penile Prosthesis** (AMS 700™ & AMS Ambicor™) | 54405 Physician<br>00938 Anesthesiologist | **National Average $2,573** (Range $2,139 - $3,578) | | **National Average $1,480** (Range $1,471 - $1,554) |
| **Malleable Penile Prosthesis** (Spectra™) | 54400 Physician<br>00938 Anesthesiologist | **National Average $1,475** (Range $1,229 - $2,049) | | **National Average $1,409** (Range $1,251 - $1,459) |
| **Artificial Urinary Sphincter** (AMS 800™) | 53445 Physician<br>00860 Anesthesiologist | **National Average $2,548** (Range $2,115 - $3,543) | | **National Average $1,455** (Range $1,446 - $1,519) |
| **Male Sling** (AdVance™) | 53440 Physician<br>00920 Anesthesiologist | **National Average $1,520** (Range $1,273 - $2,110) | | **National Average $1,455** (Range $1,296 - $1,520) |
| **Laser Vaporization of the Prostate** (GreenLight™) | 52648 Physician<br>00914 Anesthesiologist | **National Average $523** (Range $454 - $719) | | **National Average $805** (Range $680 - $1,214) |

*Bold numbers represent the Traditional Medicare national average patient out-of-pocket costs and the dollars in the parentheses is the low-high range across the United States (Costs vary based on the patient's geography).

**The examples above make the following assumptions:**

1. The procedure will be performed in either the ASC Setting or the hospital setting not both.
2. Procedures above include an AMS product being utilized in the procedure.
3. The procedure is medically necessary and billed using the codes listed in the "CPT Codes Billed" section.
4. Additional billed supplies or procedure can add to the total due by patient.
5. The patient has met the current year deductible.
6. Out-of-pocket range is the calculated minimum and maximum patient coinsurance for a procedure performed in a Medicare approved hospital or ASC (does not apply to designated Critical Access Hospitals).
7. The anesthesiologist billing is for a typical procedure time as determined by Medicare (CMS).
8. The information listed is for Traditional Medicare plans only; Medi-gap or Medicare Advantage plans may differ with regards to benefits and out-of-pocket costs.
9. These estimates do not include: pre-procedure or post-procedure office visits, diagnostic testing, or additional procedures/supplies.
10. For more Medicare information contact 1-800-633-4227 or visit their website at www.medicare.gov.
11. CPT 2015. Current Procedural Terminology. Professional Addition. CPT is a trademark of the American Medical Association.

**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 soley 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.

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