

BPH TREATMENT



RELEVANT PROCEDURE CODE

53852 Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
 This code was determined by the AUA's CRC as appropriate to report the transurethral needle ablation procedure using Rezūm in December, 2014.¹

Note: Some payers may require the use of Code 53899 Unlisted Procedure, Urinary System with "Rezūm Transurethral destruction of prostate tissue; by radiofrequency thermotherapy" in box 19. Check with the payer for proper reporting.

Physician²

Office	CPT Code ³	Total RVU	2017 Medical National Average	Individual Non-Facility RVUs
	53852 ¹	54.39	\$1,952	Work: 10.83 Malpractice: 1.20 Non-Facility Practice Expense: 42.36
Professional Fee in ASC; Hospital Out/In Patient	CPT Code	Total RVU	2017 Medical National Average	Individual Facility RVUs
	53852	17.97	\$645	Work: 10.83 Malpractice: 1.20 Facility Practice Expense: 5.94

Facility⁴

ASC	CPT Code	2017 Medical National Average	
	53852	\$1,520	
Outpatient Hospital	CPT Code	APC	2017 Medical National Average
	53852	5375	\$3,484

OTHER PROCEDURE BILLING CODES

If conscious sedation is used with Rezūm, the following codes may be applicable: **99152/99153** and **99156/99157**. Please consult the 2017 CPT (Current Procedural Terminology), American Medical Association for additional detail on these codes or contact your Urology Consultant for the Rezūm System Reimbursement Guide.

RELEVANT DIAGNOSTIC CODES

This is an abbreviated list of diagnostic codes. For a more comprehensive list, contact your Urology Consultant for the Rezūm System Reimbursement Guide.

ICD-10-CM Dx Code ⁵	Benign Prostatic Hyperplasia ICD-10-CM Description
N40.1	Benign Prostatic Hyperplasia with lower urinary tract symptoms Use Additional code for associated symptoms, when specified: incomplete bladder emptying (R39.14), nocturia (R35.1), straining on urination (R39.16), urinary frequency (R35.0) ¹ , urinary hesitancy (R39.11), urinary incontinence (N39.4), urinary obstruction (N13.8), urinary retention (R33.8), urinary urgency (R39.15), weak urinary stream (R39.12)
N40.3	Nodular prostate with lower urinary tract symptoms Use Additional code for associated symptoms, when specified: incomplete bladder emptying (R39.14), nocturia (R35.1), straining on urination (R39.16), urinary frequency (R35.0) ¹ , urinary hesitancy (R39.11), urinary incontinence (N39.4), urinary obstruction (N13.8), urinary retention (R33.8), urinary urgency (R39.15), weak urinary stream (R39.12)

FREQUENTLY ASKED QUESTIONS

Q. WHAT IS THE CPT CODE FOR THE REZŪM SYSTEM?

- A. In December 2014, the American Urological Association's Coding and Reimbursement Committee determined that CPT code 53852 (Transurethral destruction of prostate tissue; by radiofrequency thermotherapy) should be used to report the transurethral needle ablation procedure using the Rezūm System.¹

To report the Rezūm procedure on medical claims, use CPT[®] code 53852 *Transurethral destruction of prostate tissue; by radiofrequency thermotherapy*. The Rezūm System uses radiofrequency energy to transform sterile water into stored thermal energy in the form of vapor, or steam. This water vapor is convectively delivered directly into the obstructive prostate tissue that causes BPH, where condensation releases enough thermal energy to denature the targeted prostate tissue cells to cause necrosis. The treated tissue is absorbed by the body's natural immune system. It is intended to relieve symptoms, obstruction, and reduce prostate tissue associated with benign prostatic hyperplasia (BPH). It is also indicated for treatment of prostates with hyperplasia of the central zone and/or a median lobe.

<https://www.auanet.org/resources/biopsy-procedures.cfm>

However, the AUA is not an official rule making organization with regard to payment policy. Therefore, you will need to check with payers on appropriate coding policies which at the writing of this guide were in a state of change. Some private payers and Medicare Carriers have instructed physicians billing for Rezūm to use code 53899 *Unlisted procedure, urinary system*. When using 53899 it is advisable to insert "Rezūm *Transurethral destruction of prostate tissue; by radiofrequency thermotherapy*" in box 19 of the claim form to assure prompt payment. Expect a request for medical records from some payers until such time as the payer has established a coverage policy for the procedure. For Patients with Private payer coverage including some Medicare Advantage plans it is advisable to request prior authorization for the service.

Q. DOES MEDICARE COVER CPT CODE 53852?

- A. Many Medicare Administrative Contractors (MACs) consider radiofrequency thermotherapy ablation reported using CPT code 53852 medically necessary for treating patients with BPH. However, there are a few MACs that have developed specific Local Coverage Decisions (LCD) that may require reporting with code 53899 *Unlisted procedure, urinary system* and to insert "Rezūm *Transurethral destruction of prostate tissue; by radiofrequency thermotherapy*" in box 19 of the claim form to assure prompt payment. In the absence of an LCD, report 53852.

Q. DO PRIVATE PAYERS COVER CPT CODE 53852?

- A. Most payers consider CPT code 53852 medically necessary for patients with benign prostatic hypertrophy (BPH). Providers should always verify a patient's benefits and any prior authorization requirements prior to scheduling a procedure.

Note: that some payers may require reporting with code 53899 *Unlisted procedure, urinary system* and to insert "Rezūm *Transurethral destruction of prostate tissue; by radiofrequency thermotherapy*" in box 19 of the claim form to assure prompt payment.

Q. IS PRIOR AUTHORIZATION OR PRE-CERTIFICATION REQUIRED FOR THE REZŪM SYSTEM?

- A. The Rezūm System is a technology used to perform the transurethral RF thermotherapy procedure to treat BPH, and is reported using CPT code 53852. For the majority of payers, this procedure code is not on their prior authorization list. It is advised, however, that you check with patients' individual health plans for their policy on prior authorization and pre-certification requirements for CPT code 53852 and or policies related to Rezūm. If a patient's payer requires prior authorization, this should occur prior to the procedure being provided. **Remember you are seeking authorization for the Rezum procedure under code 53852 for those payers not requiring the use of 53899.** NxThera can provide information that will help you with this process, including sample letters. Should you need assistance, please contact 303-225-0362.

Q. HOW SHOULD CONSCIOUS SEDATION BE REPORTED IF USED IN THE PHYSICIAN OFFICE?

- A. If conscious sedation is used during an office based, RF thermotherapy BPH ablation procedure, an independent, trained observer is required to be present to monitor the patient's status. When these services are provided by the surgeon they may be reported using CPT codes 99152-99153. The intraservice time begins with the administration of the agent and concludes at the end of personal contact with the patient by the physician providing the sedation. Billing of these services requires continuous face-to-face attendance. Please note that coverage for Conscious Sedation varies by benefit plan and should be researched prior to performance of the service.

Q. ARE OTHER PROCEDURES INCLUDED IN THE PAYMENT FOR CPT CODE 53852?

- A. CPT code 53852 includes administration of a prostate block and transrectal ultrasound, if performed. These services should not be reported separately as they are considered bundled and included in the payment for the surgical procedure. Code 53852 also has a 90 day global period assigned to the procedure, therefore services related to the procedure provided the day before the procedure, the day of the procedure and for 90 days after the procedure are included, with the exception of those services provided for laboratory and radiology services. The office may also report some services considered staged or unrelated to the procedure within the global period with proper modifiers as documented and required.

REFERENCES

1. American Urological Association: Prostate Procedures Coding and Reimbursement Q&A. <https://www.auanet.org/resources/biopsy-procedures.cfm>.
2. Medicare Physician Fee Schedule Final Rule, Federal Register (81 Fed Reg, No. 220) November 15, 2016, 42 CFR Parts 405, 410, 411, et al. Refer to the CMS website for current information on the Medicare Fee Schedule for your specific area at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSlookup/index.html>
3. Current Procedural Terminology 2017, American Medical Association. Chicago, IL 2016. CPT is a registered trademark of the American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.
4. OPFS and ASC Final Rule, Federal Register (81 Fed Reg, No. 219) November 14, 2016, 42 CFR Parts 414, 416 and 419 et al.
5. ICD-10-CM 2017. The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS)

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888-319-9691 | www.rezum.com

info@rezum.com