

# Rezūm<sup>®</sup> Procedure – BPH Treatment



## PHYSICIAN BILLING – MEDICARE – ALL SITES OF SERVICE (OFFICE, HOPD, AND ASC)

CPT 53899<sup>1</sup> Unlisted procedure, urinary system

Note: Medicare may require the term "Rezūm" listed in Box 19 on the CMS-1500 form.

## PHYSICIAN BILLING – PRIVATE PAYERS

CPT 53852 Transurethral destruction of prostate tissue; by radiofrequency thermotherapy

Note: This code was determined by the American Urological Association's (AUA) Coding and Reimbursement Committee (CRC) as appropriate to report Rezūm in December 2014. A Category 1 CPT code will be implemented effective January 1, 2019. In the interim, private payers may continue use of CPT 53852. Check with the individual payer to confirm the correct CPT code for reporting the Rezūm procedure.

## 2018 FACILITY BILLING – MEDICARE

### Hospital Outpatient Department (HOPD) and Ambulatory Surgery Center (ASC)<sup>2</sup>

| HCPCS Code | APC                    | Descriptor  | HOPD Payment | ASC Payment |
|------------|------------------------|---|--------------|-------------|
| C9748      | 5373 – Level 3 Urology | Transurethral destruction of prostate tissue; by radiofrequency water vapor (steam) thermal therapy | \$1,695      | \$779.71    |

Note: Private payers may require coding with CPT 53852 in the HOPD or ASC setting; private payer procedure payment is subject to the contract between the facility and the payer.

## OTHER PROCEDURE BILLING

If conscious sedation is used with Rezūm, the following codes may be applicable: **99152/99153** and **99156/99157**. Please consult the *2018 CPT* (American Medical Association, 2017) for additional detail on these codes or contact your Urology Consultant for the Reimbursement Guide.

## RELEVANT DIAGNOSTIC CODES (ICD-10<sup>3</sup>)

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

| ICD-10-CM Diagnosis Codes | Descriptor  |
|---------------------------|---|
| N40.1                     | <b>Benign Prostatic Hyperplasia with lower urinary tract symptoms</b><br>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), 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                     | <b>Nodular prostate with lower urinary tract symptoms</b><br>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), 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).             |

## CONFIRM CODING, COVERAGE AND REIMBURSEMENT

Rezūm Reimbursement Hotline: 877-731-9090 | <http://devicecoding.com/rezum/>

# FREQUENTLY ASKED QUESTIONS

## Q. WHAT CPT CODE IS USED TO BILL MEDICARE FOR THE REZŪM PROCEDURE?

- A. Providers should continue to bill as instructed by the Medicare Contractor. We recommend CPT 53899 for billing Medicare Contractors. Some of the Medicare Contractors have issued coding Articles that detail coding instruction. Some require that “Rezūm” is listed in Box 19 on the CMS-1500 billing form to avoid a delay in payment.

## Q. WHAT CPT CODE IS USED TO BILL PRIVATE PAYERS FOR THE REZŪM PROCEDURE?

- A. We recommend that coding for private payers is confirmed prior to billing. Some private payers with written policy continue to require CPT 53852 for billing Rezūm. The Rezūm Reimbursement Hotline staff will contact the private payer at your request and report back the code required by the private payer. The NxThera Reimbursement group will confirm and communicate any coding change in the private payer’s written policy.

## Q. DOES MEDICARE REIMBURSE FOR CPT CODE 53899?

- A. Reimbursement from Medicare varies by Medicare Contractor. As of December 2017, Palmetto Medicare does not reimburse for Rezūm as indicated in their written policy. No other Medicare Contractors have communicated non-coverage as of December 2017.

## Q. IS PRIOR AUTHORIZATION REQUIRED FOR THE REZŪM PROCEDURE?

- A. Medicare does not provide prior authorization confirmation. However, some of the private payers will review and communicate coding, coverage and reimbursement through a prior authorization

process. The Rezūm Reimbursement Hotline staff will confirm coding with the private payer, and also provide the prior authorization requirements that the provider must complete to confirm coverage and reimbursement from the private payer.

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

- A. If conscious sedation is used in the physician office setting, an independent, trained observer must be present to monitor the patient’s status. When provided by the surgeon, sedation 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. Coverage and reimbursement for conscious sedation varies by the patient’s benefit plan and should be confirmed prior to the service.

## Q. ARE OTHER PROCEDURES INCLUDED IN THE PAYMENT FOR CPT CODE 53899?

- A. Related services are typically considered bundled and included in the payment for the unlisted procedure if billing 53899. Through December 2017, there were two Medicare Contractors that required billing CPT 53899 for the Rezūm procedure. The payment rate was equivalent to payment for CPT 53852 – the historical code billed for Rezūm based on the earlier recommendations from the American Urological Association (AUA). Code 53852 has a 90-day global period assigned to the procedure, therefore, the Medicare Contractors have also followed the 90-day global period when CPT 53899 is billed and Rezūm is identified in Box 19 on the claim form.

## REFERENCES

1. Current Procedural Terminology 2018, American Medical Association, Chicago, IL 2017.
2. OPSS and ASC Final Rule. Federal Register, December 14, 2017 (42 CFR Parts 414, 416, and 419); Corrected.
3. ICD-10-CM 2018. American Medical Association, Chicago, IL 2017.

Disclaimer: This has been prepared for providers of the Rezūm® procedure and is intended for informational purposes only. It does not represent a statement, promise or guarantee by NxThera concerning coding, coverage, or reimbursement. Coding, coverage and reimbursement can vary by payer and is subject to change. Check with the payer to confirm coding, coverage and reimbursement details.

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