

References

1. CPT® is a registered trademark of the American Medical Association. All rights reserved. No fee schedules, basic units, relative values, or related listing are included in CPT.
2. 42 CFR Parts 405, 409, et al. Medicare Program: Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2011; Final Rule, November 29, 2010. 2011MPFS Payment calculated using the 2011 Conversion Factor of \$33.9764 as published in CMS Manual System Transmittal 833, Pub 100-20; Emergency Update to the CY 2011 Medicare Physician Fee Schedule (MPFS) Database; January 7, 2011
3. "Allowed Amount" is the payment Medicare determines to be the maximum allowance for any Medicare covered service. Actual payment will be based on the geographically adjusted maximum allowed amount less any applicable deductible, coinsurance, etc.
4. In the physician office setting, the Medicare Part B Contractor has jurisdiction for this implantable prosthetic device
5. 2011 Durable Medical Equipment Prosthetics/Orthotics and Supplies Fee Schedule (DMEPOS). Source: www.cms.hhs.gov/DMEPOSFeeSched
6. 42 CFR, 11/24/10 Vol. 75. No. 226, Medicare Program; Hospital OPPS and CY 2011 Payment Rates; ASC Payment System and CY 2011 Payment Rates; Final Rule.



Uroplasty

Uroplasty Reimbursement Group

5420 Feltl Road, Minnetonka, MN 55343 USA
Toll free: 866 258 2182 (tel), 866 255 4522 (fax),
e-mail: reimbursement@uroplasty.com

www.uroplasty.com

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Macroplastique® Urethral Bulking Agent



2011 Commonly Billed Codes

Macroplastique is indicated for transurethral injection in the treatment of adult women diagnosed with stress urinary incontinence (SUI) primarily due to intrinsic sphincter deficiency (ISD).

ICD-9 CM – DIAGNOSIS CODES

- 599.82 Intrinsic sphincter deficiency
(must appear as primary diagnosis)
- 625.6 Stress incontinence, female

Disclaimer: Uroplasty, Inc. has compiled this coding information for your convenience. It is always the provider's responsibility to determine coverage and submit appropriate codes, modifiers, and charges for the services that were rendered. Please contact your local carrier/payer for interpretation of appropriate coverage and policies.

PHYSICIAN AND FACILITY CODING

Site of Service 11 - Office

CPT® Code ¹	Total Non Facility RVUs ²	Medicare National Allowed Amount ^{2, 3}
Physician Coding		
51715- Endoscopic injection of implant material into the submucosal tissue of the urethra and/or bladder neck	8.84	\$300
HCPCS Code		
L8606 ⁴ - Synthetic implant urinary 1ml	NA	\$178 - \$238 ⁵ Per ml

- Use HCPCS code L8606 to bill for Macroplastique Implants in the physician office. HCPCS Code L8606 is for 1 ml. Two syringes of Macroplastique (up to 5 ml) are recommended for each procedure.
- Providers do not need to be a DME supplier to bill their local Medicare carrier for HCPCS code L8606.

Site of Service 22 – Out Patient

CPT® Code	Total Facility RVUs ²	Medicare National Allowed Amount ^{2, 3}
Physician Coding		
51715- Endoscopic injection of implant material into the submucosal tissue of the urethra and/or bladder neck	6.06	\$206
Facility Coding		
51715- Endoscopic injection of implant material into the submucosal tissue of the urethra and/or bladder neck	APC 0168	\$2,250 ⁶

Site of Service 24 - ASC

CPT® Code	Fully Implemented Total Facility RVUs ²	Medicare National Allowed Amount ^{2, 3}
Physician Coding		
51715- Endoscopic injection of implant material into the submucosal tissue of the urethra and/or bladder neck	6.06	\$206
Facility Coding		
51715- Endoscopic injection of implant material into the submucosal tissue of the urethra and/or bladder neck	NA	\$1,265 ⁶