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ICD-10 CM – Diagnosis 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).

- N36.42<sup>1</sup> Intrinsic sphincter deficiency (must appear as primary diagnosis)
- N39.3<sup>1</sup> Stress incontinence, female

Medicare National Rates

OFFICE – SITE OF SERVICE 11

Procedure Description	CPT® Code <sup>2</sup>	Medicare National Allowed Amount <sup>4</sup>
Endoscopic injection of implant material into the submucosal tissue of the urethra and/or bladder neck	51715	\$301.68
<b>HCPCS Code</b>		
L8606 <sup>5</sup> Synthetic implant urinary - 1 ml		\$191.18 - \$254.90 <sup>6</sup> per ml

- HCPCS Code L8606 is for 1 ml. **Up to 5 ml of Macroplastique (2 syringes) are recommended.**
- Providers don't need to be a DME supplier to bill Medicare carrier for HCPCS code L8606.

OUT PATIENT HOSPITAL - SITE OF SERVICE 22

Procedure Description	CPT® Code	Medicare National Allowed Amount <sup>4</sup>	APC	Hospital Outpatient Payment <sup>7</sup>
Endoscopic injection of implant material into the submucosal tissue of the urethra and/or bladder neck	51715	\$208.80	5374	\$2,696.76

\*APC payments are adjusted slightly for geographic differences. Presented above are the rates before this adjustment.

AMBULATORY SURGICAL CENTER – SITE OF SERVICE 24

Procedure Description	CPT® Code	Medicare National Allowed Amount <sup>4</sup>	ASC Payment <sup>8</sup>
Endoscopic injection of implant material into the submucosal tissue of the urethra and/or bladder neck	51715	\$208.80	\$1,205.84

Relative Value Units

Coding	Office Based			Facility Based		
	Physician Reimbursement <sup>3</sup>			Physician Reimbursement <sup>3</sup>		
CPT® Code	Work RVU	Practice RVU	Malpractice RVU	Work RVU	Practice RVU	Malpractice RVU
51715	3.73	4.22	0.43	3.73	1.64	0.43

<sup>1</sup> Macroplastique is FDA approved to treat adult female stress urinary incontinence (SUI) primarily due to intrinsic sphincter deficiency (ISD). The FDA does not specify diagnosis codes. <sup>2</sup> Current Procedural Terminology (CPT) is a copyright of the American Medical Association. All rights reserved. No fee schedules, basic units, relative values, or related listing are included in CPT. <sup>3</sup> CY 2018 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Medicare Part B. CMS-1676-F. Final Rule. 2017-11-15. [CY 2018 PFS Final Rule Addenda](#). <sup>4</sup> "Allowed Amount" is the payment Medicare determines to be the maximum allowance for any Medicare covered service. Actual payment will vary based on the geographically adjusted maximum allowed amount less any applicable deductible, coinsurance, etc. <sup>5</sup> In the physician office setting, the Medicare Administrative Contractor for Part B has jurisdiction for this implantable prosthetic device. <sup>6</sup> 2018 Durable Medical Equipment Prosthetics/Orthotics and Supplies Fee Schedule (DMEPOS). <sup>7</sup> Hospital Outpatient Prospective Payment- Correction Notice and CY2018 Payment Rates. 2017-12-14. CMS-1678-CN. [CY 2018 OPPS Addenda](#). <sup>8</sup> January 2018 ASC Approved HCPCS Code and Payment Rates (Updated 11/15/17). [CY 2018 ASC Payment Rate](#). Federal law (USA) restricts this device to sale by or on the order of a physician. For complete instructions for use, storage, warnings, indications, contraindications, precautions, adverse reactions and disclaimer of warranties, please refer to the insert accompanying each product or online at [www.cogentixmedical.com](http://www.cogentixmedical.com). 10019J 01/18 © 2015 Cogentix Medical. All rights reserved.