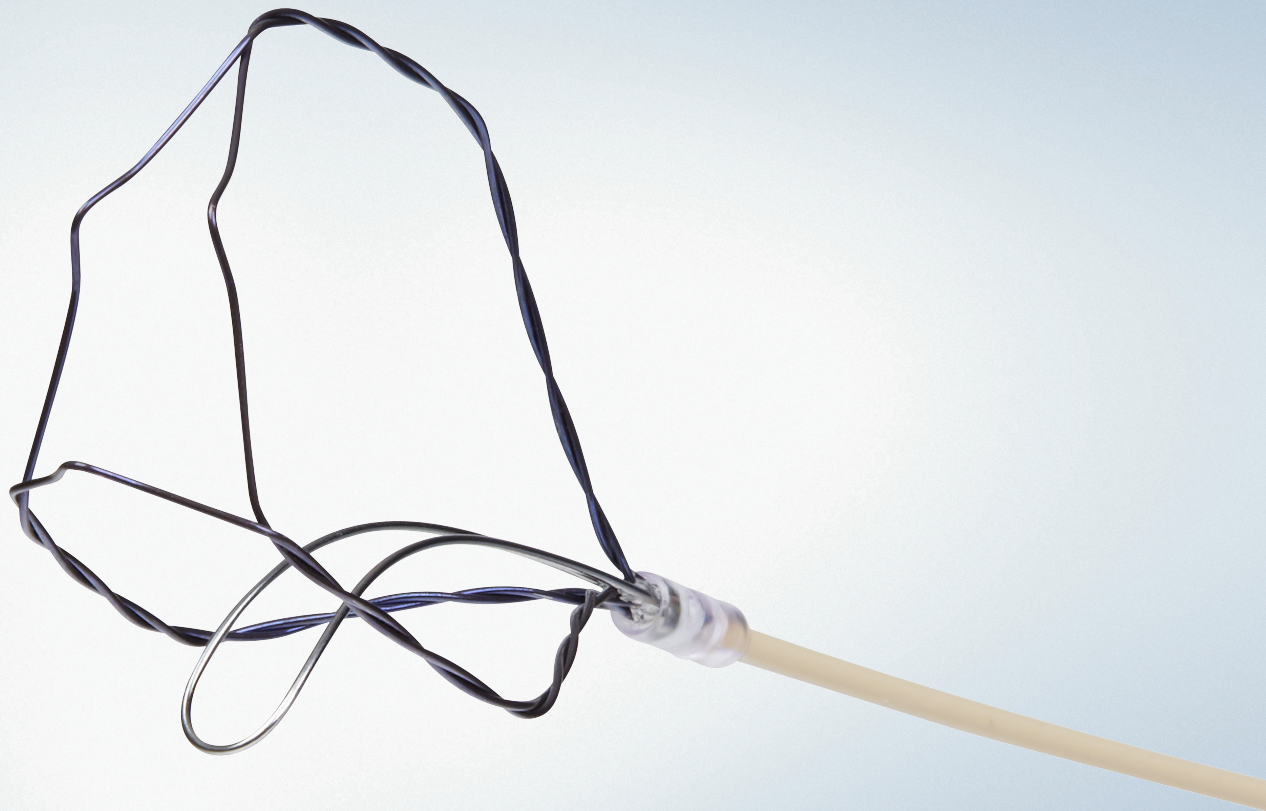


# 2025 iTind™ Reimbursement Guide

Medicare Reimbursement Rates



# 2025 Reimbursement Guide

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## iTind™ Procedure for Use in BPH Treatment

### Introduction

**Important Notice to Readers:** This document is intended to help physicians, hospitals and ambulatory surgery centers better understand coding, billing, coverage policies and reimbursement methodologies for benign prostatic hyperplasia (BPH) Treatment with the iTind procedure.

The information presented here is for illustrative purposes only and does not constitute reimbursement or legal advice. The reimbursement information provided by Olympus America Inc. and/or its direct or indirect (through one or more intermediaries) parent companies, affiliates or subsidiaries (collectively, the “Olympus Group”) is gathered from third-party sources and is subject to change without notice. Reimbursement rules vary widely by insurer so you should understand and comply with any specific rules that may be set by the patient’s insurer. You must also understand and comply with Medicare’s complex rules. It is the provider’s sole responsibility to determine medical necessity and in turn identify the appropriate codes, charges, and modifiers for services rendered to submit accurate claims. You should always consult with your local payers regarding reimbursement matters. Under no circumstances shall the Olympus Group or its employees, consultants, agents or representatives be liable for costs, expenses, losses, claims, liabilities or other damages (whether direct, indirect, special, incidental, consequential or otherwise) that may arise from or be incurred in connection with this information or any use thereof.

Coding recommendations, coverage policies, and reimbursement rates and methodologies vary by payer and are updated frequently. Providers should review applicable payer guidelines and instructions to ensure that billing practices comply with the payer’s requirements and contact the payer if they have any questions.

The Olympus Group has designated sales and marketing personnel who can address the content of this reimbursement guide. The Olympus Group also has specific Field Reimbursement Managers who can provide additional insight and guidance, as well as a wide range of resources specific to the overall reimbursement process for the iTind procedure.

Please contact the Field Reimbursement Team regarding any topics not contained in this reimbursement guide via email at iTindFRM@olympus.com.

The American Medical Association (AMA) is responsible for development and maintenance of Current Procedural Terminology (CPT®) codes. Providers should check the complete AMA CPT code book for a complete listing of all CPT codes and their descriptors. It is the provider’s responsibility to report the code(s) that accurately describes the procedure(s) furnished and the patient’s diagnosis. Please note that the presence of a code, or billing a particular code, is not a guarantee of payment. Reimbursement will vary for each provider based on a number of factors, including the payer, site of service, geographic location and contractual terms.

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# 2025 Reimbursement Guide

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## iTind™ Procedure for Use in BPH Treatment

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# 2025 Reimbursement Guide

## iTind™ Procedure for Use in BPH Treatment

### FDA Indications for Use

The iTind™ System is intended for the treatment of symptoms due to urinary outflow obstruction secondary to benign prostatic hyperplasia (BPH) in men age 50 and above.

### iTind Procedure Overview for BPH Treatment

The iTind Procedure is intended for the treatment of symptoms of lower urinary tract symptoms (LUTS) due to an enlarged prostate, or BPH. The treatment involves implanting the Temporary Implantable Nitinol Device (iTind) for 5-7 days. The iTind device reshapes the anatomy of the prostatic urethra by gently creating new channels for urine to flow freely. The insertion procedure can be performed in the Hospital Outpatient Department (HOPD), Ambulatory Surgical Center (ASC), or office settings. At the end of the treatment period, the iTind device is removed.

### The American Urological Association (AUA) Clinical Practice Guideline for the iTind Procedure

The iTind procedure is now included in the American Urological Association (AUA) clinical practice guideline for Management of Lower Urinary Tract Symptoms (LUTS) Attributed to Benign Prostatic Hyperplasia (BPH), also known as enlarged prostate. The iTind procedure is reflected in the new procedure category, Temporary Implanted Prostatic Devices (TIPD).<sup>1</sup> The addition of the TIPD category is based on expert opinion reflecting peer-reviewed treatment recommendations and research updates.

### Coding Overview

Codes allow healthcare providers to communicate with payers to facilitate the reimbursement process and explain why the patient needed treatment, what services were provided, and where services were rendered. Coding guidelines may differ by payer and are often updated to reflect the addition and deletion of applicable codes. The following table provides an overview of the different codes that may be applicable when billing for items and services related to BPH treatment with the iTind procedure.

Coding Procedures Relevant to iTind Procedure	
Coding System	Description/Purpose
<b>International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)<sup>2</sup> Diagnosis Codes</b>	Numeric and alpha-numeric codes used to report diagnosis
<b>Current Procedural Terminology (CPT)<sup>3</sup> Codes (Healthcare Common Procedure Coding System (HCPCS) Level I Codes)</b>	Numeric coding system used to report medical services and procedures provided by healthcare professionals and hospital outpatient departments and ASCs
<b>HCPCS Level II Codes<sup>4</sup></b>	Alpha-numeric coding system used to report some procedures and services, some devices and some drugs
<b>Revenue Codes<sup>5</sup></b>	Numeric codes used by hospitals to report services and supplies to specific cost centers

1. Sandhu JS, Bixler BR, Dahm P, et al. Management of lower urinary tract symptoms attributed to benign prostatic hyperplasia (BPH): AUA Guideline amendment 2024. J Urol. 2024;10. doi.org/10.1097/JU.0000000000003698

2. International Classification of Diseases, Tenth Revision, Clinical Modification. Available at: <https://icd10cmtool.cdc.gov/?fy=FY2025>.

3. CPT only copyright (2025) American Medical Association. All rights reserved.

4. HCPCS & Description: Copyright 2025 Centers for Medicare and Medicaid Services. All rights reserved.

5. Revenue Code & Description: Copyright 2025 American Hospital Association. All rights reserved. Applicable FARS/DFARS apply to government use.

# 2025 Reimbursement Guide

## iTind™ Procedure for Use in BPH Treatment

### Diagnosis Coding

International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM) codes are used to identify the patient's condition and the reason the patient is receiving treatment. The following ICD-10-CM diagnosis code may be appropriate when BPH treatment with the iTind procedure is provided. Other ICD-10-CM diagnosis codes may also be appropriate, and the provider must determine the appropriate diagnosis codes based on the patient's condition.

ICD-10-CM Diagnosis Codes Relevant to iTind			
ICD-10-CM	ICD-10-CM Description	ICD-10-CM	ICD-10-CM Description
<b>N40.1</b>	Benign prostatic hyperplasia with lower urinary tract symptoms	<b>R33.8</b>	Urinary Retention
<b>N13.8</b>	Urinary Obstruction	<b>R35.0</b>	Urinary frequency
<b>N39.41</b>	Urge incontinence	<b>R35.1</b>	Nocturia
<b>N39.42</b>	Incontinence without sensory awareness	<b>R39.11</b>	Urinary hesitancy
<b>N39.43</b>	Post-Void dribbling	<b>R39.12</b>	Weak urinary stream
<b>N39.44</b>	Nocturnal enuresis	<b>R39.14</b>	Incomplete bladder emptying
<b>N39.45</b>	Continuous leakage	<b>R39.15</b>	Urinary urgency
<b>N39.46</b>	Mixed incontinence	<b>R39.16</b>	Straining on urination

### 2025 Coding Update for the iTind Procedure

Effective January 1, 2025 two new CPT® codes are available for the insertion and removal of the iTind device. Please refer to the sections below for further detail.

### Coding and Billing for Physician Services

Current Procedural Terminology (CPT) codes are used to describe physician services. It is important to select the CPT code(s) that most accurately identifies the service performed. Do not select a CPT code that merely approximates the service provided.

There are two unique procedures involved with BPH treatment using the iTind procedure – (1) insertion of the temporary iTind device and (2) removal of the temporary iTind device 5-7 days later. Effective January 1, 2025, there are two new CPT codes for the insertion and removal of the iTind device in the office and in the facility for physician services; therefore, providers may bill the procedures using the CPT codes provided in the table below.

2025 Physician Services Coding and Medicare Payment					
CPT	Description	Non-Facility Setting		Facility Setting	
		RVUs <sup>1</sup>	Physician Payment	RVUs <sup>1</sup>	Physician Payment
<b>Insertion of the iTind Device</b>					
<b>53865</b>	Cystourethroscopy, with insertion of temporary device for ischemic remodeling (i.e. pressure necrosis) of bladder neck and prostate	87.98	\$2,845.85	4.91	\$158.82
<b>Removal of the iTind Device</b>					
<b>53866</b>	Catheterization with removal of temporary device for ischemic remodeling (i.e. pressure necrosis) of bladder neck and prostate	4.23	\$136.83	2.46	\$79.57

1. Medicare Physician Fee Schedule: CMS-1807-F addendum B published November 1, 2024. Physician payment amounts based on \$32.35 conversion factor effective January 1, 2025 through December 31, 2025. Represents National Average Medicare Fees (Without Geographic Adjustment) Reimbursement rates are subject to change. CPT only copyright (2025) American Medical Association. All rights reserved.

# 2025 Reimbursement Guide

## iTind™ Procedure for Use in BPH Treatment

### Hospital Outpatient and Ambulatory Surgical Center Coding and Billing

Hospital outpatient departments (HOPDs) and Ambulatory Surgical Centers (ASCs) use CPT® and some Healthcare Common Procedure Coding System (HCPCS) codes to describe the items and services provided to a patient in the facility setting. It is important to select the CPT code(s) and HCPCS code(s) that most accurately identifies the services performed and devices used. As with physician coding, select a CPT and HCPCS code if applicable that accurately describes the service(s) provided and the device(s) used.

Effective January 1, 2025, there are two new CPT codes for the insertion and removal of the iTind device in the facility; therefore, providers may bill the procedures using the CPT codes provided in the table below.

#### 2025 Hospital Outpatient Department and ASC Coding and Medicare Payment

CPT	Description	HOPD <sup>1</sup>			ASC <sup>1</sup>	
		Status Indicator	APC	Payment	Payment Indicator	Payment
<b>Insertion of the iTind Device</b>						
<b>53865</b>	Cystourethroscopy, with insertion of temporary device for ischemic remodeling (i.e. pressure necrosis) of bladder neck and prostate	J1	5376	\$9,247.15	J8	\$7,404.15
<b>iTind Device Coding</b>						
<b>C1889</b>	Implantable/insertable device, not otherwise classified	N	Packaged	n/a	N1	Packaged
<b>Removal of the iTind Device</b>						
<b>53866</b>	Catheterization with removal of temporary device for ischemic remodeling (i.e. pressure necrosis) of bladder neck and prostate	T	5371	\$243.21	P3	\$83.13

Status Indicator T: Significant procedure subject to multiple procedure discounting

Status Indicator N: No additional payment

Payment Indicator N1: Packaged service/item; no separate payment made

Status Indicator J1: Comprehensive APC

Payment Indicator J8: Device-intensive procedure; paid at adjusted rate

P3: Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment based on MPFS nonfacility PE RVUs.

CPT only copyright (2025) American Medical Association. All rights reserved.

HCPCS & Description: Copyright 2025 Centers for Medicare and Medicaid Services. All rights reserved.

1. Medicare Hospital Outpatient/ASC payment amounts effective January 1, 2025 through December 31, 2025. Represents National Average Medicare Fees (Without Geographic Adjustment) OPPS Final Rule, CMS-1807-F, published November 1, 2024; Hospital Outpatient Fee Schedule, Addendum B, ASC Fee Schedule, Addendum AA and BB

# 2025 Reimbursement Guide

## iTind™ Procedure for Use in BPH Treatment

### HCPCS Codes

HCPCS codes are used by HOPDs and ASCs to report certain procedures, some devices, some supplies and some drugs.

#### HOPD Additional Guidance

- For device-intensive procedures, Medicare requires that HOPDs report a separate implant device HCPCS code in addition to the CPT code that describes the device-intensive procedure (e.g., 53865). Medicare recommends that HOPDs report C1889.
- Many commercial payers also require HOPDs to separately report the device code with code C1889 or a carrier specific code if indicated in addition to the insertion procedure code 53865.

#### ASC Additional Guidance

- ASCs should not report a separate HCPCS code C1889 to Medicare for the iTind device. They should report 53865.
- Commercial plans may have different requirements for reporting devices. Providers are encouraged to check with payers for specific guidance and to determine if additional HCPCS coding is required.

### Revenue Codes

Revenue codes are used by hospitals and some ASCs to report charge for services and supplies to specific cost centers. These are typically reported with CPT and HCPCS codes. It is important to identify all applicable revenue codes and the associated charges on the submitted claim. The following are potential revenue codes that may be billed when the iTind procedure is performed. It is important to work with your finance department to determine your hospital's revenue center profile for the iTind procedure.

#### Potential Revenue Codes Relevant to the iTind Procedure

Revenue Code	Description
0250	Pharmacy; General Classification
0270	Medical/Surgical Supplies and Devices
0360	Operating Room Services
0370	Anesthesia Services; general classification
0710	Recovery Room Services for patient recovering from surgery
096X	Professional Fees
097X	Professional Fees
098X	Outpatient Professional Services

# 2025 Reimbursement Guide

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## iTind™ Procedure for Use in BPH Treatment

### Coverage Overview

Coverage is the process, criteria, policies and guidelines that a payer uses to determine whether or not to pay for a service, procedure or device. Coverage guidelines may vary by payer and change over time. New procedures may not always have published coverage determinations. Below is an overview of payer coverage decisions and recommendations.

### Medicare

Medicare eligible patients are those who are over the age of 65, and patients with end stage renal disease or other patients with certain disabilities who may be eligible for coverage under Medicare. The iTind procedure is indicated to treat men 50 years and older and, the majority of the patients receiving the iTind procedure will be Medicare beneficiaries.

The iTind procedure is a new procedure and thus there are no Medicare national coverage determinations (NCDs) or local coverage determinations (LCDs) for BPH treatment with the iTind procedure. Most procedures do not have published coverage policies. If there is a denial, it is important to provide the medical documentation and medical necessity for performing the procedure.

### Commercial/Medicare Advantage

Insurance coverage policies for BPH treatment with the iTind procedure may vary. Payers may establish their own coverage policies for procedures and devices. In addition, most payers offer multiple plans; coverage for procedures and/or devices may vary depending on the details of that exact plan.

It is recommended to review the coverage policies in place. For commercial and Medicare Advantage payers, you should verify with the payer whether a prior authorization or pre-determination is required before the procedure is performed.

### Medicaid

Each state Medicaid program's specific coverage and reimbursement criteria for BPH treatment with the iTind procedure will vary. Medicaid recipients may be covered under Medicaid fee-for-service or may have the opportunity to enroll in managed care organizations such as HMO plans. Typically, Medicaid Managed Care guidelines for coverage are similar to private or commercial payers and often vary by plan.

### Key Take-aways

The absence of a published coverage policy does not signify lack of coverage or payment for a procedure, and payer coverage will change over time for the iTind procedure.

Olympus® UNITE, the iTind procedure's reimbursement helpline and case management programs, can help you identify the current payer coverage requirements. Olympus UNITE can help you work through the iTind procedure payer reimbursement process and assist with documentation to support the medical necessity of this procedure. Please see the following page for more information about their services and how to contact them.



# iTind Procedure Reimbursement Resources

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## iTind™ Procedure for Use in BPH Treatment

### Field Reimbursement Managers (FRMs)

Olympus also has specific Field Reimbursement experts who can provide additional reimbursement insight and guidance, as well as a wide range of resources specific to the overall reimbursement process for the iTind procedure. Please consult the FRMs regarding any topics not contained in this reimbursement guide either directly or via email at iTindFRM@olympus.com.

### Olympus® UNITE for iTind™ Helpline\*

The reimbursement helpline offers the following services:

- Provides support on general questions related to coding for the iTind procedure
- Discussions on supporting medical record documentation
- Review of payer explanation for denied prior authorizations or denied claims

### Olympus UNITE for iTind™ Patient Access Program

Experienced coding professionals are available to help customers navigate case-specific denials and prior authorizations. Our professionals can assist with documentation, payer communication and provide you with updates on case-specific decisions through a secure and encrypted provider portal. This is an opt-in program for all customers performing the iTind procedure.

### Olympus UNITE iTind™ Warranty Program

Limited warranty program designed to support and provide confidence in the pre- and post- service approvals provided by the Olympus UNITE program for the iTind device.

The warranty applies to those who fully meet the program criteria, including enrollment in the Olympus UNITE program and utilization of the services for qualified patient cases. Olympus may warrant up to the cost of the iTind device for qualified cases.

Your sales representative is not authorized to provide details about this program. Please contact your FRM for pertinent details regarding the Olympus UNITE iTind Warranty Program at iTindFRM@olympus.com.

### Olympus UNITE Contact Information\*

**Email:** OLYMPUSUNITE@priahealthcare.com  
**Phone:** (877) 205-1533  
**Fax:** (877) 573-5196  
**Hours:** 8:30 am - 5:00 pm Eastern Time

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