TULSA-PRO®

PROFOUND

2025 Reimbursement: Quick Reference Guide

Payor policies vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this reference guide are commonly used codes and are not intended to be an all-inclusive list. This information is presented for illustrative purposes only and does not constitute legal or reimbursement advice. It is always the provider's responsibility to determine medical necessity and submit appropriate codes, modifiers and charges for services rendered appropriate to the site of service in which the procedure is furnished. We recommend consulting relevant manuals for appropriate coding options and the payor for coding guidance.

HCPCS and CPT Codes

The TULSA-PRO® System uses a transurethral ultrasound applicator for ultrasound ablation of prostate tissue under continuous magnetic resonance (MR) guidance and control. This FDA cleared device is indicated for transurethral ultrasound ablation (TULSA) of prostate tissue.

The TULSA-PRO® procedure may be performed in sites of service that are paid under different payment systems by Medicare. The codes a provider uses to report the procedure may be different depending on whether the procedure is furnished in a hospital outpatient department or a facility that bills under the Medicare Physician Fee Schedule. Below are codes that may identify the procedure depending on the setting in which the service is provided and whether the claim is for the facility (hospital outpatient department) or physician service.

Hospital Outpatient Department AND Ambulatory Surgical Centers (ASCs)

HCPCS/CPT Code	Description
55882 (Complete Procedure)	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducers for delivery of the thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed

The TULSA-PRO® procedure will be billed by the Outpatient Facility using code 55882. Outpatient facilities bill only this one code, and the payment is inclusive of all materials, labor, equipment, and supplies for TULSA.

The TULSA-PRO® procedure will be also billed by the ASC using code 55882. ASC facilities bill only this one code, and the payment is inclusive of all materials, labor, equipment, and supplies for TULSA.

Please also note that anesthesia services are separately coded and billed by the anesthesiologist.

TULSA-PRO®

Physician Service and Settings that Bill Under the Medicare Physician Fee Schedule

HCPCS/CPT Code	Description
51721-TULSA Device Management (when done by two physicians)	Insertion of transurethral ablation transducers for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed
55881-TULSA Treatment (when done by two physicians)	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation
55882-TULSA Complete Procedure (when done by single physician)	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducers for delivery of the thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed

Separate from the Facility billing for TULSA-PRO, physicians will also code and bill their services. The TULSA-PRO® procedure will be billed by physicians using CPT codes, 51721, 55881, or 55882. The table above shows the complete procedure descriptions for each code. These codes are used by physicians regardless of the type of facility where the procedure is performed. The only site of service where the codes are not billable is the Independent Diagnostic Treatment Facility (IDTF) which by law cannot bill Medicare for non-diagnostic services.

If the TULSA-PRO procedure is performed by two physicians with one physician performing the device management component (e.g., insertion and removal of transducers, tubes, and cooling device) and the other performing the treatment (e.g., ablation of prostate tissue) each physician bills their services separately with the respective code for their component with 51721 and 55881. When one physician performs the entire procedure he/she will use the complete procedure code, 55882.

Please note that 51721, 55881, and 55882 are all 0-day global codes so all physician work performed prior to the day of the procedure and after the day of the procedure will be separately billable including all patient office encounters (in-person or by telehealth).

Please also note that 51821, 55881, and 55882 are all billable in the office setting. Physicians performing the procedure in an Office Based Lab (OBL) setting should use 51721, 55881, or 55882 to report their work in the OBL setting.

Please also note that anesthesia services are separately coded and billed by the anesthesiologist.

TULSA-PRO®

ICD-10 CM Diagnosis Codes

The TULSA-PRO® System is indicated for transurethral ultrasound ablation (TULSA) of prostate tissue. The following diagnosis codes describe conditions for which TULSA may be prescribed. The final decision of billing for any procedure must be made by the provider of care considering the condition of the patient, the medical necessity of the service, federal and state laws, regulations and coding guidance, AMA/CPT coding rules, and requirements of insurers applicable to the patient.

Code	Description
C61	Malignant neoplasm of prostate
N40.0	Benign prostatic hyperplasia without lower urinary tract symptoms
N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms
N40.2	Nodular prostate without lower urinary tract symptoms
N40.3	Nodular prostate with lower urinary tract symptoms

ICD-10 MS-DRG definitions from the CMS ICD-10-CM/PCS MS-DRG v37.0 Definitions Manual. Source: https://www.cms. gov/icd10m/version37-full-code-cms/fullcode_cms/P0001.html.

Payment by Place of Service

HCPCS Code	Description	APC	Payment1	SI
Hospital Outpatient				
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducers for delivery of the thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed	5377	$12,992	J1[2]

1. 2025 Medicare National Unadjusted OPPS Payment Rate.
2. Status Indicator = J1 means that the payment rate covers all items and services for the hospital outpatient encounter.

HCPCS Code	Description	APC	Payment1	SI
Ambulatory Surgical Center				
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducers for delivery of the thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed	5377	$10,728	J1[2]

1. 2025 Medicare National Unadjusted OPPS Payment Rate.
2. Status Indicator = J1 means that the payment rate covers all items and services for the ASC encounter.

TULSA-PRO®

Physician Fee Schedule (when performed in an Outpatient Hospital or ASC)

HCPCS Code	Description	Total RVUS	Payment*
Physician - Outpatient Hospital or ASC			
Two Physicians			
51721	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducers for delivery of the thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed 0-Day Global Code	6.47	$209
55881	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducers for delivery of the thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed 0-Day Global Code	14.56	$483
	Total	**21.03**	**$692**
One Physician			
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducers for delivery of the thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed 0-Day Global Code	17.91	$573

*National average payment rate based on RVUs X 2025 Medicare Conversion Factor of $32.3465

TULSA-PRO®

Physician Fee Schedule (when performed in an Office Based Setting/ Office Based Lab)

HCPCS Code	Description	Total RVUS	Payment*
Physician Office (Office Based Lab-OBL)			
Two Physicians			
51721	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducers for delivery of the thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed 0-Day Global Code	16.25	$549
55881	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducers for delivery of the thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed 0-Day Global Code	263.05	$8757
	Total	**279.30**	**$9,306**
One Physician			
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducers for delivery of the thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed 0-Day Global Code	272.21	$8,773

*National average payment rate based on RVUs X 2025 Medicare Conversion Factor of $32.3465

PROFOUND

Profound Medical Inc. 2400 Skymark Ave. Unit #6 Mississauga, ON L4W 5K5, Canada

© Profound Medical Inc., 2023. TULSA-PRO® is approved for commercial sale in the USA, EU, Canada, and select other countries CAUTION: Rx only device. Profound Medical and TULSA-PRO are trademarks of Profound Medical Inc. For more information regarding the regulatory status of the device in other jurisdictions, please contact us at info@profoundmedical.com. 113783A