

## 2026 Coding and Billing Guide

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The FDA cleared the TULSA-PRO System via 510(k) on August 15, 2019. The system is indicated for transurethral ultrasound ablation (TULSA) of prostate tissue. The TULSA-PRO Procedure uses a transurethral ultrasound applicator for focused ultrasound ablation of prostate tissue under continuous magnetic resonance (MR) guidance, monitoring, and control. This FDA-cleared device is indicated for transurethral ultrasound ablation (TULSA) of prostate tissue.

The TULSA-PRO system combines real-time Magnetic Resonance (MR) imaging and MR thermometry with transurethral directional ultrasound and closed-loop process control software to deliver precise thermal ablation of a customized volume of prostate tissue. The system consists of both hardware and software components.

Transurethral ultrasound ablation (TULSA) treatment ablates prostate tissue using in-bore real-time MRI treatment planning, monitoring, visualization, and active temperature feedback control. The closed-loop features of the TULSA-PRO software use a real-time MRI interface to process MRI prostate temperature measurements and communicate with the TULSA-PRO hardware, thereby controlling frequency, power, and rotation rate of ultrasound to ablate physician-prescribed prostate tissue with a high degree of precision.

The physician inserts two catheters, one transurethral and another transrectal, into the patient before the patient is moved into the MR bore.

The transurethral catheter consists of an Ultrasound Applicator (UA) which delivers energy from the urethra outwards into the prostate tissue, heating it to thermal coagulation. The transrectal catheter is an Endorectal Cooling Device (ECD) that does not emit any energy and cools the rectal wall adjacent to the prostate. Both catheters have fluid flowing inside throughout the treatment to thermally protect the urethra and rectum. This is done to minimize the potential of any thermal damage to either the urinary or rectal pathways. The physician uses the TULSA-PRO console to robotically position the UA in the prostate and plan the treatment by contouring the prescribed tissue on real-time high-resolution cross-sectional MR images of the prostate. These features provide the physician with the ability and control to customize the treatment plan to minimize thermal impact to critical structures surrounding the prostate, including the external urethral sphincter, rectum, and neurovascular bundles. Treatment begins based upon the physician's instructions by enabling the software to initiate thermal ablation. The TULSA-PRO closed-loop process control software reads real-time MR thermometry measurements and adjusts automatically and dynamically the frequency, power, and rotation rate of ultrasound provided by each UA transducer to deliver precise ablation of the prostate tissue. The software controls automated, continuous, and robotic rotation of the transurethral UA by 360 degrees in sync with the process-controlled delivery of thermal heating to all the intended regions of the prostate. Following completion of the ablation process, the two catheters are removed from the natural orifices of the patients.

# REIMBURSEMENT SUPPORT

## Documentation

Insurance carriers, including Medicare, review submitted claims for the procedure to determine the appropriateness of medical necessity. Emerging technologies and procedures can require additional documentation for coverage and patient-specific adjudication. Profound Medical can provide additional resources upon request such as:

- Sample letter of medical necessity for prior authorization and/or appeals
- Sample appeal letter for denials
- Literature references to support a request for medical necessity or appeal

## Limitations

There are legal restrictions that must be followed. This is not a fully exhaustive list. Below are examples of what cannot be done:

- Substitute for the patient's health care team of physicians or their staff
- Advise on appropriate diagnosis codes for individual patients
- Advise on pricing
- Abbreviate the claim payment timeframe for some payers

***For TULSA-PRO Reimbursement Support, please contact:***

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This guide was developed to assist professionals and providers who are involved in using or obtaining reimbursement for the TULSA-PRO procedure. It addresses common coverage, coding, and payment issues. Correct claim submissions may reduce requests for additional documentation from payers and mitigate claim denials or payment delays.

# CODING AND BILLING SUMMARY

| Common ICD-10-CM Diagnosis Code |                                                                   |
|---------------------------------|-------------------------------------------------------------------|
| C61                             | Malignant neoplasm of prostate                                    |
| 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                |
| R97.21                          | Rising PSA following treatment for malignant neoplasm of prostate |

| 2026 Relative Value Units (RVU) and Time |        |           |            |             |         |               |                |                |            |
|------------------------------------------|--------|-----------|------------|-------------|---------|---------------|----------------|----------------|------------|
| Code                                     | Global | Work RVUs | NF PE RVUs | Fac PE RVUs | MP RVUs | Total NF RVUs | Total Fac RVUs | Intra-Svc Time | Total Time |
| 51721                                    | 000    | 3.95      | 12.47      | 1.31        | 0.49    | 16.91         | 5.75           | 29 mins        | 82 mins    |
| 55881                                    | 000    | 9.56      | 266.97     | 2.06        | 1.24    | 277.77        | 12.86          | 120 mins       | 202 mins   |
| 55882                                    | 000    | 11.21     | 275.96     | 3.01        | 1.58    | 288.75        | 15.80          | 125 mins       | 222 mins   |

| Physician Payment Option 1: One Physician |                                                                                                                                                                                                                                                                                                                                                                               |                                           |          |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------|
| Code                                      | Description                                                                                                                                                                                                                                                                                                                                                                   | 2026 Medicare Ntl. Avg. Physician Payment |          |
|                                           |                                                                                                                                                                                                                                                                                                                                                                               | Non-Facility (Office)                     | Facility |
| 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 transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed<br>0-Day Global Code | \$9,684                                   | \$528    |

| Physician Payment Option 2: Two Physicians |                                                                                                                                                                                                                                                                |                                           |          |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------|
| Code                                       | Description                                                                                                                                                                                                                                                    | 2026 Medicare Ntl. Avg. Physician Payment |          |
|                                            |                                                                                                                                                                                                                                                                | Non-Facility (Office)                     | Facility |
| 55881                                      | Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation<br>0-Day Global Code                                                                               | \$9,317                                   | \$430    |
| 51721                                      | Insertion of transurethral ablation transducer 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<br>0-Day Global Code | \$567                                     | \$192    |

| HOPD and ASC Payment (Facility) |                                                          |    |          |                                      |                                          |             |
|---------------------------------|----------------------------------------------------------|----|----------|--------------------------------------|------------------------------------------|-------------|
| Code                            | Indicators<br>HOPD   ASC                                 |    | HOPD APC | APC Description                      | 2026 Medicare Ntl. Avg. Facility Payment |             |
|                                 |                                                          |    |          |                                      | HOPD                                     | ASC         |
| 55882                           | J1                                                       | J8 | 5377     | Level 7 Urology and Related Services | \$13,479                                 | \$10,873.65 |
| C1889                           | Required to be reported on claim to capture device costs |    |          |                                      |                                          |             |

- Physician payments assume non-QP CF \$33.40; vary by QP status/geography/quality
- 51721 and 55881 do not have HOPD or ASC facility payment
- J1: All covered Part B services on the claim are packaged with the primary J1 service for the claim, except the Comprehensive APC payment policy exclusions
- J8: Device-intensive procedure; paid at adjusted rate C1889 – Implantable/insertable device, not otherwise classified [to report device]
- Physician, HOPD, and ASC payment levels reflect Medicare national average payment levels in effect as of January 1, 2026. Medicare payments are adjusted geographically and by quality payment reporting

# CODING / BILLING THE TULSA-PRO PROCEDURE

## MEDICARE

### Common ICD-10-CM Diagnosis Code

| Common ICD-10-CM Diagnosis Code |                                                                   |
|---------------------------------|-------------------------------------------------------------------|
| C61                             | Malignant neoplasm of prostate                                    |
| 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                |
| R97.21                          | Rising PSA following treatment for malignant neoplasm of prostate |

### Advance Beneficiary Notice of Noncoverage (ABN)

An ABN is a written notice issued to a Fee-For-Service (FFS) Medicare beneficiary – before the provider furnishes items or services – when the provider has reason to believe that Medicare may not cover (and thus, pay for) an item or service. There are various reasons for the provider to expect that Medicare may not cover items or services, including that it deems the procedure investigational or experimental or not medically necessary. To be valid, the ABN must be issued prior to the beneficiary receiving the service. The form must include a good faith estimate of the fees the beneficiary would pay.

The ABN allows the beneficiary to make an informed decision about whether to receive the item or service that may not be covered and to accept financial responsibility if Medicare does not pay. If the ABN is not provided to the beneficiary prior to the service, the beneficiary may not be held financially liable if Medicare denies payment. An ABN should be completed if the provider reasonably anticipates that Medicare may not cover the TULSA-PRO service.

Commercial or private payers may have a similar form in effect. Check payer contracts on how the ABN concept may apply to specific commercial or private plans.

## MEDICARE HCPCS C-CODE GUIDANCE

### HCPCS C1889

Medicare Hospital Outpatient Department (HOPD) and Ambulatory Surgical Center (ASC) facility claims should include C1889 (insertable device, not otherwise classified) to report the device/device cost associated with the procedure. Costs should be included when submitting claims to Medicare.

- There is **no payment associated with C1889**. Medicare requires that the cost for implantable/insertable devices used during a procedure be reported
- C-codes only pertain to facility coding

### Medical Necessity Documentation

Providers should submit all appropriate documentation of medical necessity for TULSA-PRO procedure. Profound Medical has sample letters of medical necessity that a facility and physician may use as models to include with initial claim submissions that is available upon request.

# PRIVATE AND COMMERCIAL INSURANCE

Private or commercial insurers often will follow Medicare guidelines or use Medicare as a benchmark in developing policies. However, private insurers are able to, and often will, devise their own coverage policies. Therefore, there may be variance in billing and coverage practices and procedures among private payers.

## Medicare Advantage

Medicare Advantage plans are private insurance plans that cover all Medicare services, and most offer coverage beyond Original Medicare. These plans must follow rules set by Medicare. Physicians should confirm with the Medicare Advantage plan their coverage and reporting guidelines for the TULSA-PRO procedure.

## Prior Authorization

Precertification, preauthorization, prior authorization, and utilization management are processes by which insurers evaluate medical necessity and the appropriateness and efficient use of health care services. The physician and patient will need to provide the necessary forms and documentation to the insurer to gain an authorization for the procedure.

New procedures may require obtaining prior authorization. Payers may only require this process for claims until there is an established standard process for adjudicating claims.

Most payers require the following documentation for prior authorization:

- Past history of the health issue (including the conditions surrounding its original manifestation)
- Physical documentation such as lab results and images (PSA tests, prostate biopsy results, MRIs and other imaging tests, symptom scores, etc.)
- Supporting information that solidifies the medical necessity for the service and why the treatment is appropriate
- Any treatments that have already been tried and their duration

You may also need to confirm if a private payer requires reporting HCPCS C-Code C1889.

***To learn more about TULSA-PRO Prior Authorization Support Program, please contact:***

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*Phone: 1-855-378-7027*

*Fax: 1-855-379-1441*

# HOSPITAL OUTPATIENT & ASC

| HOPD and ASC Payment (Facility) |                                                          |                 |                                      |                                          |             |
|---------------------------------|----------------------------------------------------------|-----------------|--------------------------------------|------------------------------------------|-------------|
| Code                            | HOPD or ASC Indicators                                   | HOPD or ASC APC | APC Description                      | 2026 Medicare Ntl. Avg. Facility Payment |             |
|                                 |                                                          |                 |                                      | HOPD                                     | ASC         |
| 55882                           | J1   J8                                                  | 5377            | Level 7 Urology and Related Services | \$13,479                                 | \$10,873.65 |
| C1889                           | Required to be reported on claim to capture device costs |                 |                                      |                                          |             |

  

| Physician Payment Option 1: Complete Procedure with One Physician |                                                                                                                                                                                                                                                                                                                                                                               |                                           |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Code                                                              | Description                                                                                                                                                                                                                                                                                                                                                                   | 2026 Medicare Ntl. Avg. Physician Payment |
|                                                                   |                                                                                                                                                                                                                                                                                                                                                                               | Facility                                  |
| 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 transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed<br>0-Day Global Code | \$528                                     |

  

| Physician Payment Option 2: Two Physicians |                                                                                                                                                                                                                                                                |                                           |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Code                                       | Description                                                                                                                                                                                                                                                    | 2026 Medicare Ntl. Avg. Physician Payment |
|                                            |                                                                                                                                                                                                                                                                | Facility                                  |
| 55881                                      | Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation<br>0-Day Global Code                                                                               | \$430                                     |
| 51721                                      | Insertion of transurethral ablation transducer 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<br>0-Day Global Code | \$192                                     |

- CPT® code 55882 is used for HOPD or ASC facility payment, regardless of physician approach and coding

When submitting a bill in the HOPD or ASC setting:

- Indicate a revenue code for each device and each service performed
- Indicate a CPT/HCPCS code for each device and each service performed

55882 is currently classified as a device-intensive procedure, which means that a significant portion of the procedure's cost is related to a device – in this case, the TULSA-PRO procedure. Outpatient facilities must report a device code for TULSA-PRO when reporting 55882 to support the device-intensive nature of the procedure. Because there is currently no specific device code for the TULSA-PRO procedure, the most appropriate device code is C1889.

Reimbursement information is provided for educational purposes only and does not guarantee coverage or payment. Providers are responsible for all coding, billing, and reimbursement decisions.

# FACILITY PROCEDURAL CHARGES & REVENUE CODES

| Category          | CPT/HCPCS Code  | Description                                                                                                                                                                                                                                                     | Revenue Code | Comments                                                                                                                                                                                                             |
|-------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Primary Procedure | 55882           | Ablation of prostate tissue, transurethral, using thermal ultrasound, including MRI guidance and monitoring of tissue ablation; with insertion of transurethral ultrasound transducers, including suprapubic tube and endorectal cooling device, when performed | 0360         | Use when a single physician performs both imaging and ablation<br><br>Procedure may be done with 2 physicians. Urologist (51721) and Radiologist (55881) to help report against different departmental revenue codes |
| Catheter Supplies | C1889           | Implantable/other medical device, category not otherwise classified                                                                                                                                                                                             | 0278         | Used for TULSA-PRO disposable kit until device-specific HCPCS assigned                                                                                                                                               |
| Contrast          | A9576/<br>A9579 | Injection, gadoteridol (ProHance), per mL                                                                                                                                                                                                                       | 0250         | Select HCPCS based on product package/<br>NDC                                                                                                                                                                        |
| Anesthesia        | 01999           | Unlisted anesthesia service                                                                                                                                                                                                                                     | 0370         | Used if no specific anesthesia code applies; document duration & complexity                                                                                                                                          |

| Category                                            | CPT/HCPCS Code | Description                                                                                                                                                                                                                               | Revenue Code | Comments                                                                                       |
|-----------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------|
| Primary Procedure<br>(Two Physicians - Urologist)   | 51721          | Insertion of transurethral ablation transducer 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 | 0510         | Used when urologist performs device placement portion of TULSA-PRO                             |
| Primary Procedure<br>(Two Physicians - Radiologist) | 55881          | Ablation of prostate tissue, transurethral, using thermal ultrasound, including MRI guidance for and monitoring of tissue ablation; one component of a two-physician procedure (typically radiologist)                                    | 0360         | Used when the radiologist performs MRI guidance, ablation, and monitoring portion of TULSA-PRO |

55882 is assigned to APC 5377, Level 7 Urology and Related Services and has a status indicator of J1, Comprehensive APC (C-APC). This means payment for all covered Part B services on the claim are packaged with the primary J1 service for the claim, except the Comprehensive APC payment policy exclusions.

CPT® guidelines instruct that supplies and materials such as drugs, tray supplies, and materials that are usually provided with anesthesia services are considered incidental to the anesthesia service codes (00100 – 01999) and should not be reported separately.

Supplies and materials provided over and above those usually included may be reported separately. Therefore, certain additional agents used by anesthesia providers, such as Propofol, can be reported and paid separately in addition to the anesthesia service. Local anesthesia drugs, such as Lidocaine, should not be reported separately.

# PHYSICIAN SERVICES (FACILITY)

| 2026 Relative Value Units (RVU) and Time |        |           |            |             |         |               |                |                |            |
|------------------------------------------|--------|-----------|------------|-------------|---------|---------------|----------------|----------------|------------|
| Code                                     | Global | Work RVUs | NF PE RVUs | Fac PE RVUs | MP RVUs | Total NF RVUs | Total Fac RVUs | Intra-Svc Time | Total Time |
| 51721                                    | 000    | 3.95      | 12.47      | 1.31        | 0.49    | 16.91         | 5.75           | 29 mins        | 82 mins    |
| 55881                                    | 000    | 9.56      | 266.97     | 2.06        | 1.24    | 277.77        | 12.86          | 120 mins       | 202 mins   |
| 55882                                    | 000    | 11.21     | 275.96     | 3.01        | 1.58    | 288.75        | 15.80          | 125 mins       | 222 mins   |

| Physician Payment Option 1: One Physician |                                                                                                                                                                                                                                                                                                                                                                               |                                           |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Code                                      | Description                                                                                                                                                                                                                                                                                                                                                                   | 2026 Medicare Ntl. Avg. Physician Payment |
|                                           |                                                                                                                                                                                                                                                                                                                                                                               | Facility                                  |
| 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 transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed<br>0-Day Global Code | \$528                                     |

| 0-Day Global Code                          |                                                                                                                                                                                                                                                                |                                           |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Physician Payment Option 2: Two Physicians |                                                                                                                                                                                                                                                                |                                           |
| Code                                       | Description                                                                                                                                                                                                                                                    | 2026 Medicare Ntl. Avg. Physician Payment |
|                                            |                                                                                                                                                                                                                                                                | Facility                                  |
| 55881                                      | Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation<br>0-Day Global Code                                                                               | \$430                                     |
| 51721                                      | Insertion of transurethral ablation transducer 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<br>0-Day Global Code | \$192                                     |

- Physician payments assume non-QP CF \$33.40; vary by QP status/geography/quality

## Physician Billing in Facility (HOPD/ASC)

- TULSA-PRO procedure codes report the physician work regardless of the site of service
- TULSA-PRO procedure codes have different RVUs and physician reimbursement amounts depending on the site of service. Please refer to the tables at the beginning of this section for the specific RVUs and dollar amounts for each procedure
- Indicate the site of service on the claim form
  - o Off-Campus - Outpatient Hospital is 19
  - o On-Campus - Outpatient Hospital is 22
  - o Ambulatory Surgical Center is 24
  - o Office/Office-Based Lab setting is 11

# PHYSICIAN SERVICES (OFFICE/OBL)

| 2026 Relative Value Units (RVU) and Time |        |           |            |             |         |               |                |                |            |
|------------------------------------------|--------|-----------|------------|-------------|---------|---------------|----------------|----------------|------------|
| Code                                     | Global | Work RVUs | NF PE RVUs | Fac PE RVUs | MP RVUs | Total NF RVUs | Total Fac RVUs | Intra-Svc Time | Total Time |
| 51721                                    | 000    | 3.95      | 12.47      | 1.31        | 0.49    | 16.91         | 5.75           | 29 mins        | 82 mins    |
| 55881                                    | 000    | 9.56      | 266.97     | 2.06        | 1.24    | 277.77        | 12.86          | 120 mins       | 202 mins   |
| 55882                                    | 000    | 11.21     | 275.96     | 3.01        | 1.58    | 288.75        | 15.80          | 125 mins       | 222 mins   |

  

| Physician Payment Option 1: One Physician |                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Code                                      | Description                                                                                                                                                                                                                                                                                                                                                                    | 2026 Medicare Ntl. Avg. Physician Payment<br>Non-Facility (Office/OBL) |
| 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 transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed.<br>0-Day Global Code | \$9,684                                                                |

  

| Physician Payment Option 2: Two Physicians |                                                                                                                                                                                                                                                                |                                                                        |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Code                                       | Description                                                                                                                                                                                                                                                    | 2026 Medicare Ntl. Avg. Physician Payment<br>Non-Facility (Office/OBL) |
| 55881                                      | Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation<br>0-Day Global Code                                                                               | \$9,317                                                                |
| 51721                                      | Insertion of transurethral ablation transducer 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<br>0-Day Global Code | \$567                                                                  |

- Physician payments assume non-QP CF \$33.40; vary by QP status/geography/quality

**The correct indicator for the Office/Office-Based Lab (OBL) setting is "11". See sample claim form on page 17.**

All three codes that report the TULSA-PRO procedure are to be used to report the physician's work regardless of the site of service. The TULSA-PRO procedure codes have different RVUs and physician reimbursement amounts depending on the site of service. Please refer to the tables at the beginning of this section for the specific RVUs and dollar amounts for each procedure.

Reimbursement information is provided for educational purposes only and does not guarantee coverage or payment. Providers are responsible for all coding, billing, and reimbursement decisions.

# OTHER CONSIDERATIONS

## 0-Day Global

### What's included for a 0-Day Global vs. 90-Day Global

|                                                                                                                                                                                                           | 0-Day Global | 90-Day Global |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------|
| <b>Day of Procedure:</b> <ul style="list-style-type: none"><li>- Patient education and consenting</li><li>- Operative time</li><li>- Time in recovery &amp; discharge</li></ul>                           | ✓            | ✓             |
| <b>All Post-Operative Office Visits in first 90 Days Post-op</b>                                                                                                                                          |              | ✓             |
| <b>All Post-Operative routine Imaging in first 90 Days Post-op</b>                                                                                                                                        |              | ✓             |
| <b>Other services in first 90-Day Post-op:</b> <ul style="list-style-type: none"><li>- Telehealth visits</li><li>- Additional imaging</li><li>- Coordination of care</li><li>- Transfer of care</li></ul> |              | ✓             |

### 0-Day Global Procedures:

Follow-up E/M, imaging, and other services after the procedure date may be separately billable when medically necessary, separately documented, and consistent with payer policy.

**Simplified Billing & Administration:** Report the bundled professional service using the applicable primary procedure code/claim line. Submit facility and professional claims separately when appropriate.

**Reduced Administrative Costs:** Streamlining documentation for a single day of service reduces the time and resources spent on processing.

**Enhanced Cost Transparency:** Patients benefit from clearer, bundled pricing, which reduces confusion and unexpected bills.

## Additional MRI Service Codes

| Additional MRI Service Codes |                                                                                                                                                                                                                                                                                                                                        |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CPT Code                     | Description                                                                                                                                                                                                                                                                                                                            |
| 76014                        | MR safety assessment by trained clinical staff, including identification and verification of implant or foreign body components through surgical reports, imaging, or device databases. This includes analysis of the MR conditional status and professional consultation, with a written report for the initial 15 minutes of service |
| +76015                       | Add-on code to 76014 for each additional 30 minutes of MR safety assessment, with a written report                                                                                                                                                                                                                                     |
| 76016                        | MR safety determination by a physician or qualified health professional, involving a review of implant MR conditions, risk-benefit analysis, and necessary equipment planning, with a written report                                                                                                                                   |
| 76017                        | Custom MR safety planning and monitoring by a medical physicist or MR safety expert, including tailoring MR acquisition requirements for implants and risk mitigation for non-conditional implants or foreign bodies. A written report with physician review is included                                                               |
| 76018                        | MR safety preparation for implant electronics, such as programming pulse generators or transmitters to reduce risks during MR procedures, under physician supervision, with a written report                                                                                                                                           |
| 76019                        | MR safety positioning and/or immobilization of implants under physician supervision to prevent forces or burns caused by the MR environment, with a written report                                                                                                                                                                     |

MRI is not billed separately as performed in TULSA-PRO procedure.

In addition to the new codes describing the TULSA-PRO procedure, there are also new CPT codes to describe physician and clinical staff work done for MRI services when the patient has a previous inserted implant or foreign body that requires additional assessment, preparation, and effort.

The following new codes address medical physics services provided during MR exams and procedures. If a TULSA-PRO patient requires these services, the provider should use them to the extent applicable.

# CLINICAL DOCUMENTATION

## Patient Documentation for Prostate Cancer

- Past history of the health issue (including the conditions surrounding its original manifestation)
- Physical documentation such as lab results and images
  - PSA tests, prostate biopsy results, MRIs and other imaging tests, symptom scores, etc.
- Supporting information for medical necessity and why the treatment is appropriate
  - List of co-morbidities or contraindications to prostatectomy: rheumatic diseases, and musculoskeletal conditions (collectively termed arthritis); hypertension; stomach, intestinal, and gastrointestinal (GI) diseases (GI diseases); urinary conditions; heart disease; cancer (other than prostate); lung disease; diabetes; kidney disease; stroke and neurologic conditions; and blood diseases. *This list is not inclusive.*
- Any treatments that have already been tried along with duration

## BPH Documentation

### Approval Essentials

1. Diagnosis must match FDA indication for TULSA-PRO
2. Include imaging reports, office notes, and recent labs (last 6 months), including PSA results
3. Document prior therapies, including medications and surgical interventions, as applicable

### Practical Clinical Considerations (examples only; confirm payer policy)

Coverage criteria vary by payer. The criteria below are examples only and should be verified against the applicable payer policy.

#### EXAMPLE BPH COVERAGE CRITERIA:

- ☐ Diagnosis of lower urinary tract symptoms (LUTS) secondary to BPH that interfere with activities of daily living; **and**
- ☐ Peak urine flow rate (Qmax) less than 15 cc/sec on a voided volume that is greater than 125 cc; **and**
- ☐ Failed or intolerant to medication (alpha blocker and/or 5-alpha-reductase inhibitor)

#### EXAMPLE PROSTATE CANCER OUTLET OBSTRUCTION CRITERIA:

- ☐ Diagnosis or history of prostate cancer and is not a candidate for surgical resection of the prostate, but will be treated by radiation therapy and has symptoms that are so severe that immediate relief is required; **or**
- ☐ Diagnosis or history of prostate cancer and is clinically in remission as evidenced by a prostate specific antigen (PSA) less than 1.0 ng/mL

# FILING CLAIMS

## Claims Submission Checklist

- ☐ Obtain prior authorization from the insurer prior to the procedure (if necessary)
- ☐ Verify which codes to use with the patient's insurer
- ☐ Submit appropriate documentation
- ☐ Description of the TULSA-PRO System
- ☐ Letter of medical necessity outlining the patient's medical history and procedure rationale
- ☐ Verify the patient's correct name and identification number on the claim form
- ☐ Use standard terminology; Use correct ICD-10-CM diagnosis codes; correct CPT codes
- ☐ Apply appropriate revenue code. If private payer, confirm requirement to report C-code C1889

# SAMPLE UB-04 CLAIM FORM (HOPD)

| TULSA-PRO® Hospital Outpatient Department Billing |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
|---------------------------------------------------|--|--|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|
| b. 10 BIRTH DATE                                  |  |  |  |  |  |  |  |  |  | 11 SEX |  |  |  |  |  |  |  |  |  | 12 DATE |  |  |  |  |  |  |  |  |  | 13 ADMISSION |  |  |  |  |  |  |  |  |  |
| 14 TYPE                                           |  |  |  |  |  |  |  |  |  | 15 SRC |  |  |  |  |  |  |  |  |  | 16 DHR  |  |  |  |  |  |  |  |  |  | 17 STAT      |  |  |  |  |  |  |  |  |  |
| 18 COND CODES                                     |  |  |  |  |  |  |  |  |  | 19     |  |  |  |  |  |  |  |  |  | 20      |  |  |  |  |  |  |  |  |  | 21           |  |  |  |  |  |  |  |  |  |
| 22                                                |  |  |  |  |  |  |  |  |  | 23     |  |  |  |  |  |  |  |  |  | 24      |  |  |  |  |  |  |  |  |  | 25           |  |  |  |  |  |  |  |  |  |
| 26                                                |  |  |  |  |  |  |  |  |  | 27     |  |  |  |  |  |  |  |  |  | 28      |  |  |  |  |  |  |  |  |  | 29           |  |  |  |  |  |  |  |  |  |
| 30                                                |  |  |  |  |  |  |  |  |  | 31     |  |  |  |  |  |  |  |  |  | 32      |  |  |  |  |  |  |  |  |  | 33           |  |  |  |  |  |  |  |  |  |
| 34                                                |  |  |  |  |  |  |  |  |  | 35     |  |  |  |  |  |  |  |  |  | 36      |  |  |  |  |  |  |  |  |  | 37           |  |  |  |  |  |  |  |  |  |
| 38                                                |  |  |  |  |  |  |  |  |  | 39     |  |  |  |  |  |  |  |  |  | 40      |  |  |  |  |  |  |  |  |  | 41           |  |  |  |  |  |  |  |  |  |
| 42                                                |  |  |  |  |  |  |  |  |  | 43     |  |  |  |  |  |  |  |  |  | 44      |  |  |  |  |  |  |  |  |  | 45           |  |  |  |  |  |  |  |  |  |
| 46                                                |  |  |  |  |  |  |  |  |  | 47     |  |  |  |  |  |  |  |  |  | 48      |  |  |  |  |  |  |  |  |  | 49           |  |  |  |  |  |  |  |  |  |
| 50                                                |  |  |  |  |  |  |  |  |  | 51     |  |  |  |  |  |  |  |  |  | 52      |  |  |  |  |  |  |  |  |  | 53           |  |  |  |  |  |  |  |  |  |
| 54                                                |  |  |  |  |  |  |  |  |  | 55     |  |  |  |  |  |  |  |  |  | 56      |  |  |  |  |  |  |  |  |  | 57           |  |  |  |  |  |  |  |  |  |
| 58                                                |  |  |  |  |  |  |  |  |  | 59     |  |  |  |  |  |  |  |  |  | 60      |  |  |  |  |  |  |  |  |  | 61           |  |  |  |  |  |  |  |  |  |
| 62                                                |  |  |  |  |  |  |  |  |  | 63     |  |  |  |  |  |  |  |  |  | 64      |  |  |  |  |  |  |  |  |  | 65           |  |  |  |  |  |  |  |  |  |
| 66                                                |  |  |  |  |  |  |  |  |  | 67     |  |  |  |  |  |  |  |  |  | 68      |  |  |  |  |  |  |  |  |  | 69           |  |  |  |  |  |  |  |  |  |
| 70                                                |  |  |  |  |  |  |  |  |  | 71     |  |  |  |  |  |  |  |  |  | 72      |  |  |  |  |  |  |  |  |  | 73           |  |  |  |  |  |  |  |  |  |
| 74                                                |  |  |  |  |  |  |  |  |  | 75     |  |  |  |  |  |  |  |  |  | 76      |  |  |  |  |  |  |  |  |  | 77           |  |  |  |  |  |  |  |  |  |
| 78                                                |  |  |  |  |  |  |  |  |  | 79     |  |  |  |  |  |  |  |  |  | 80      |  |  |  |  |  |  |  |  |  | 81           |  |  |  |  |  |  |  |  |  |
| 82                                                |  |  |  |  |  |  |  |  |  | 83     |  |  |  |  |  |  |  |  |  | 84      |  |  |  |  |  |  |  |  |  | 85           |  |  |  |  |  |  |  |  |  |
| 86                                                |  |  |  |  |  |  |  |  |  | 87     |  |  |  |  |  |  |  |  |  | 88      |  |  |  |  |  |  |  |  |  | 89           |  |  |  |  |  |  |  |  |  |
| 90                                                |  |  |  |  |  |  |  |  |  | 91     |  |  |  |  |  |  |  |  |  | 92      |  |  |  |  |  |  |  |  |  | 93           |  |  |  |  |  |  |  |  |  |
| 94                                                |  |  |  |  |  |  |  |  |  | 95     |  |  |  |  |  |  |  |  |  | 96      |  |  |  |  |  |  |  |  |  | 97           |  |  |  |  |  |  |  |  |  |
| 98                                                |  |  |  |  |  |  |  |  |  | 99     |  |  |  |  |  |  |  |  |  | 100     |  |  |  |  |  |  |  |  |  | 101          |  |  |  |  |  |  |  |  |  |
| 102                                               |  |  |  |  |  |  |  |  |  | 103    |  |  |  |  |  |  |  |  |  | 104     |  |  |  |  |  |  |  |  |  | 105          |  |  |  |  |  |  |  |  |  |
| 106                                               |  |  |  |  |  |  |  |  |  | 107    |  |  |  |  |  |  |  |  |  | 108     |  |  |  |  |  |  |  |  |  | 109          |  |  |  |  |  |  |  |  |  |
| 110                                               |  |  |  |  |  |  |  |  |  | 111    |  |  |  |  |  |  |  |  |  | 112     |  |  |  |  |  |  |  |  |  | 113          |  |  |  |  |  |  |  |  |  |
| 114                                               |  |  |  |  |  |  |  |  |  | 115    |  |  |  |  |  |  |  |  |  | 116     |  |  |  |  |  |  |  |  |  | 117          |  |  |  |  |  |  |  |  |  |
| 118                                               |  |  |  |  |  |  |  |  |  | 119    |  |  |  |  |  |  |  |  |  | 120     |  |  |  |  |  |  |  |  |  | 121          |  |  |  |  |  |  |  |  |  |
| 122                                               |  |  |  |  |  |  |  |  |  | 123    |  |  |  |  |  |  |  |  |  | 124     |  |  |  |  |  |  |  |  |  | 125          |  |  |  |  |  |  |  |  |  |
| 126                                               |  |  |  |  |  |  |  |  |  | 127    |  |  |  |  |  |  |  |  |  | 128     |  |  |  |  |  |  |  |  |  | 129          |  |  |  |  |  |  |  |  |  |
| 130                                               |  |  |  |  |  |  |  |  |  | 131    |  |  |  |  |  |  |  |  |  | 132     |  |  |  |  |  |  |  |  |  | 133          |  |  |  |  |  |  |  |  |  |
| 134                                               |  |  |  |  |  |  |  |  |  | 135    |  |  |  |  |  |  |  |  |  | 136     |  |  |  |  |  |  |  |  |  | 137          |  |  |  |  |  |  |  |  |  |
| 138                                               |  |  |  |  |  |  |  |  |  | 139    |  |  |  |  |  |  |  |  |  | 140     |  |  |  |  |  |  |  |  |  | 141          |  |  |  |  |  |  |  |  |  |
| 142                                               |  |  |  |  |  |  |  |  |  | 143    |  |  |  |  |  |  |  |  |  | 144     |  |  |  |  |  |  |  |  |  | 145          |  |  |  |  |  |  |  |  |  |
| 146                                               |  |  |  |  |  |  |  |  |  | 147    |  |  |  |  |  |  |  |  |  | 148     |  |  |  |  |  |  |  |  |  | 149          |  |  |  |  |  |  |  |  |  |
| 150                                               |  |  |  |  |  |  |  |  |  | 151    |  |  |  |  |  |  |  |  |  | 152     |  |  |  |  |  |  |  |  |  | 153          |  |  |  |  |  |  |  |  |  |
| 154                                               |  |  |  |  |  |  |  |  |  | 155    |  |  |  |  |  |  |  |  |  | 156     |  |  |  |  |  |  |  |  |  | 157          |  |  |  |  |  |  |  |  |  |
| 158                                               |  |  |  |  |  |  |  |  |  | 159    |  |  |  |  |  |  |  |  |  | 160     |  |  |  |  |  |  |  |  |  | 161          |  |  |  |  |  |  |  |  |  |
| 162                                               |  |  |  |  |  |  |  |  |  | 163    |  |  |  |  |  |  |  |  |  | 164     |  |  |  |  |  |  |  |  |  | 165          |  |  |  |  |  |  |  |  |  |
| 166                                               |  |  |  |  |  |  |  |  |  | 167    |  |  |  |  |  |  |  |  |  | 168     |  |  |  |  |  |  |  |  |  | 169          |  |  |  |  |  |  |  |  |  |
| 170                                               |  |  |  |  |  |  |  |  |  | 171    |  |  |  |  |  |  |  |  |  | 172     |  |  |  |  |  |  |  |  |  | 173          |  |  |  |  |  |  |  |  |  |
| 174                                               |  |  |  |  |  |  |  |  |  | 175    |  |  |  |  |  |  |  |  |  | 176     |  |  |  |  |  |  |  |  |  | 177          |  |  |  |  |  |  |  |  |  |
| 178                                               |  |  |  |  |  |  |  |  |  | 179    |  |  |  |  |  |  |  |  |  | 180     |  |  |  |  |  |  |  |  |  | 181          |  |  |  |  |  |  |  |  |  |
| 182                                               |  |  |  |  |  |  |  |  |  | 183    |  |  |  |  |  |  |  |  |  | 184     |  |  |  |  |  |  |  |  |  | 185          |  |  |  |  |  |  |  |  |  |
| 186                                               |  |  |  |  |  |  |  |  |  | 187    |  |  |  |  |  |  |  |  |  | 188     |  |  |  |  |  |  |  |  |  | 189          |  |  |  |  |  |  |  |  |  |
| 190                                               |  |  |  |  |  |  |  |  |  | 191    |  |  |  |  |  |  |  |  |  | 192     |  |  |  |  |  |  |  |  |  | 193          |  |  |  |  |  |  |  |  |  |
| 194                                               |  |  |  |  |  |  |  |  |  | 195    |  |  |  |  |  |  |  |  |  | 196     |  |  |  |  |  |  |  |  |  | 197          |  |  |  |  |  |  |  |  |  |
| 198                                               |  |  |  |  |  |  |  |  |  | 199    |  |  |  |  |  |  |  |  |  | 200     |  |  |  |  |  |  |  |  |  | 201          |  |  |  |  |  |  |  |  |  |
| 202                                               |  |  |  |  |  |  |  |  |  | 203    |  |  |  |  |  |  |  |  |  | 204     |  |  |  |  |  |  |  |  |  | 205          |  |  |  |  |  |  |  |  |  |
| 206                                               |  |  |  |  |  |  |  |  |  | 207    |  |  |  |  |  |  |  |  |  | 208     |  |  |  |  |  |  |  |  |  | 209          |  |  |  |  |  |  |  |  |  |
| 210                                               |  |  |  |  |  |  |  |  |  | 211    |  |  |  |  |  |  |  |  |  | 212     |  |  |  |  |  |  |  |  |  | 213          |  |  |  |  |  |  |  |  |  |
| 214                                               |  |  |  |  |  |  |  |  |  | 215    |  |  |  |  |  |  |  |  |  | 216     |  |  |  |  |  |  |  |  |  | 217          |  |  |  |  |  |  |  |  |  |
| 218                                               |  |  |  |  |  |  |  |  |  | 219    |  |  |  |  |  |  |  |  |  | 220     |  |  |  |  |  |  |  |  |  | 221          |  |  |  |  |  |  |  |  |  |
| 222                                               |  |  |  |  |  |  |  |  |  | 223    |  |  |  |  |  |  |  |  |  | 224     |  |  |  |  |  |  |  |  |  | 225          |  |  |  |  |  |  |  |  |  |
| 226                                               |  |  |  |  |  |  |  |  |  | 227    |  |  |  |  |  |  |  |  |  | 228     |  |  |  |  |  |  |  |  |  | 229          |  |  |  |  |  |  |  |  |  |
| 230                                               |  |  |  |  |  |  |  |  |  | 231    |  |  |  |  |  |  |  |  |  | 232     |  |  |  |  |  |  |  |  |  | 233          |  |  |  |  |  |  |  |  |  |
| 234                                               |  |  |  |  |  |  |  |  |  | 235    |  |  |  |  |  |  |  |  |  | 236     |  |  |  |  |  |  |  |  |  | 237          |  |  |  |  |  |  |  |  |  |
| 238                                               |  |  |  |  |  |  |  |  |  | 239    |  |  |  |  |  |  |  |  |  | 240     |  |  |  |  |  |  |  |  |  | 241          |  |  |  |  |  |  |  |  |  |
| 242                                               |  |  |  |  |  |  |  |  |  | 243    |  |  |  |  |  |  |  |  |  | 244     |  |  |  |  |  |  |  |  |  | 245          |  |  |  |  |  |  |  |  |  |
| 246                                               |  |  |  |  |  |  |  |  |  | 247    |  |  |  |  |  |  |  |  |  | 248     |  |  |  |  |  |  |  |  |  | 249          |  |  |  |  |  |  |  |  |  |
| 250                                               |  |  |  |  |  |  |  |  |  | 251    |  |  |  |  |  |  |  |  |  | 252     |  |  |  |  |  |  |  |  |  | 253          |  |  |  |  |  |  |  |  |  |
| 254                                               |  |  |  |  |  |  |  |  |  | 255    |  |  |  |  |  |  |  |  |  | 256     |  |  |  |  |  |  |  |  |  | 257          |  |  |  |  |  |  |  |  |  |
| 258                                               |  |  |  |  |  |  |  |  |  | 259    |  |  |  |  |  |  |  |  |  | 260     |  |  |  |  |  |  |  |  |  | 261          |  |  |  |  |  |  |  |  |  |
| 262                                               |  |  |  |  |  |  |  |  |  | 263    |  |  |  |  |  |  |  |  |  | 264     |  |  |  |  |  |  |  |  |  | 265          |  |  |  |  |  |  |  |  |  |
| 266                                               |  |  |  |  |  |  |  |  |  | 267    |  |  |  |  |  |  |  |  |  | 268     |  |  |  |  |  |  |  |  |  | 269          |  |  |  |  |  |  |  |  |  |
| 270                                               |  |  |  |  |  |  |  |  |  | 271    |  |  |  |  |  |  |  |  |  | 272     |  |  |  |  |  |  |  |  |  | 273          |  |  |  |  |  |  |  |  |  |
| 274                                               |  |  |  |  |  |  |  |  |  | 275    |  |  |  |  |  |  |  |  |  | 276     |  |  |  |  |  |  |  |  |  | 277          |  |  |  |  |  |  |  |  |  |
| 278                                               |  |  |  |  |  |  |  |  |  | 279    |  |  |  |  |  |  |  |  |  | 280     |  |  |  |  |  |  |  |  |  | 281          |  |  |  |  |  |  |  |  |  |
| 282                                               |  |  |  |  |  |  |  |  |  | 283    |  |  |  |  |  |  |  |  |  | 284     |  |  |  |  |  |  |  |  |  | 285          |  |  |  |  |  |  |  |  |  |
| 286                                               |  |  |  |  |  |  |  |  |  | 287    |  |  |  |  |  |  |  |  |  | 288     |  |  |  |  |  |  |  |  |  | 289          |  |  |  |  |  |  |  |  |  |
| 290                                               |  |  |  |  |  |  |  |  |  | 291    |  |  |  |  |  |  |  |  |  | 292     |  |  |  |  |  |  |  |  |  | 293          |  |  |  |  |  |  |  |  |  |
| 294                                               |  |  |  |  |  |  |  |  |  | 295    |  |  |  |  |  |  |  |  |  | 296     |  |  |  |  |  |  |  |  |  | 297          |  |  |  |  |  |  |  |  |  |
| 298                                               |  |  |  |  |  |  |  |  |  | 299    |  |  |  |  |  |  |  |  |  | 300     |  |  |  |  |  |  |  |  |  | 301          |  |  |  |  |  |  |  |  |  |
| 302                                               |  |  |  |  |  |  |  |  |  | 303    |  |  |  |  |  |  |  |  |  | 304     |  |  |  |  |  |  |  |  |  | 305          |  |  |  |  |  |  |  |  |  |
| 306                                               |  |  |  |  |  |  |  |  |  | 307    |  |  |  |  |  |  |  |  |  | 308     |  |  |  |  |  |  |  |  |  | 309          |  |  |  |  |  |  |  |  |  |
| 310                                               |  |  |  |  |  |  |  |  |  | 311    |  |  |  |  |  |  |  |  |  | 312     |  |  |  |  |  |  |  |  |  | 313          |  |  |  |  |  |  |  |  |  |
| 314                                               |  |  |  |  |  |  |  |  |  | 315    |  |  |  |  |  |  |  |  |  | 316     |  |  |  |  |  |  |  |  |  | 317          |  |  |  |  |  |  |  |  |  |
| 318                                               |  |  |  |  |  |  |  |  |  | 319    |  |  |  |  |  |  |  |  |  | 320     |  |  |  |  |  |  |  |  |  | 321          |  |  |  |  |  |  |  |  |  |
| 322                                               |  |  |  |  |  |  |  |  |  | 323    |  |  |  |  |  |  |  |  |  | 324     |  |  |  |  |  |  |  |  |  | 325          |  |  |  |  |  |  |  |  |  |
| 326                                               |  |  |  |  |  |  |  |  |  | 327    |  |  |  |  |  |  |  |  |  | 328     |  |  |  |  |  |  |  |  |  | 329          |  |  |  |  |  |  |  |  |  |
| 330                                               |  |  |  |  |  |  |  |  |  | 331    |  |  |  |  |  |  |  |  |  | 332     |  |  |  |  |  |  |  |  |  | 333          |  |  |  |  |  |  |  |  |  |
| 334                                               |  |  |  |  |  |  |  |  |  | 335    |  |  |  |  |  |  |  |  |  | 336     |  |  |  |  |  |  |  |  |  | 337          |  |  |  |  |  |  |  |  |  |
| 338                                               |  |  |  |  |  |  |  |  |  | 339    |  |  |  |  |  |  |  |  |  | 340     |  |  |  |  |  |  |  |  |  | 341          |  |  |  |  |  |  |  |  |  |
| 342                                               |  |  |  |  |  |  |  |  |  | 343    |  |  |  |  |  |  |  |  |  | 344     |  |  |  |  |  |  |  |  |  | 345          |  |  |  |  |  |  |  |  |  |
| 346                                               |  |  |  |  |  |  |  |  |  | 347    |  |  |  |  |  |  |  |  |  | 348     |  |  |  |  |  |  |  |  |  | 349          |  |  |  |  |  |  |  |  |  |
| 350                                               |  |  |  |  |  |  |  |  |  | 351    |  |  |  |  |  |  |  |  |  | 352     |  |  |  |  |  |  |  |  |  | 353          |  |  |  |  |  |  |  |  |  |
| 354                                               |  |  |  |  |  |  |  |  |  | 355    |  |  |  |  |  |  |  |  |  | 356     |  |  |  |  |  |  |  |  |  | 357          |  |  |  |  |  |  |  |  |  |
| 358                                               |  |  |  |  |  |  |  |  |  | 359    |  |  |  |  |  |  |  |  |  | 360     |  |  |  |  |  |  |  |  |  | 361          |  |  |  |  |  |  |  |  |  |
| 362                                               |  |  |  |  |  |  |  |  |  | 363    |  |  |  |  |  |  |  |  |  | 364     |  |  |  |  |  |  |  |  |  | 365          |  |  |  |  |  |  |  |  |  |
| 366                                               |  |  |  |  |  |  |  |  |  | 367    |  |  |  |  |  |  |  |  |  | 368     |  |  |  |  |  |  |  |  |  | 369          |  |  |  |  |  |  |  |  |  |
| 370                                               |  |  |  |  |  |  |  |  |  | 371    |  |  |  |  |  |  |  |  |  | 372     |  |  |  |  |  |  |  |  |  | 373          |  |  |  |  |  |  |  |  |  |
| 374                                               |  |  |  |  |  |  |  |  |  | 375    |  |  |  |  |  |  |  |  |  | 376     |  |  |  |  |  |  |  |  |  | 377          |  |  |  |  |  |  |  |  |  |
| 378                                               |  |  |  |  |  |  |  |  |  | 379    |  |  |  |  |  |  |  |  |  | 380     |  |  |  |  |  |  |  |  |  | 381          |  |  |  |  |  |  |  |  |  |
| 382                                               |  |  |  |  |  |  |  |  |  | 383    |  |  |  |  |  |  |  |  |  | 384     |  |  |  |  |  |  |  |  |  | 385          |  |  |  |  |  |  |  |  |  |
| 386                                               |  |  |  |  |  |  |  |  |  | 387    |  |  |  |  |  |  |  |  |  | 388     |  |  |  |  |  |  |  |  |  | 389          |  |  |  |  |  |  |  |  |  |
| 390                                               |  |  |  |  |  |  |  |  |  | 391    |  |  |  |  |  |  |  |  |  | 392     |  |  |  |  |  |  |  |  |  | 393          |  |  |  |  |  |  |  |  |  |
| 394                                               |  |  |  |  |  |  |  |  |  | 395    |  |  |  |  |  |  |  |  |  | 396     |  |  |  |  |  |  |  |  |  | 397          |  |  |  |  |  |  |  |  |  |
| 398                                               |  |  |  |  |  |  |  |  |  | 399    |  |  |  |  |  |  |  |  |  | 400     |  |  |  |  |  |  |  |  |  | 401          |  |  |  |  |  |  |  |  |  |
| 402                                               |  |  |  |  |  |  |  |  |  | 403    |  |  |  |  |  |  |  |  |  | 404     |  |  |  |  |  |  |  |  |  | 405          |  |  |  |  |  |  |  |  |  |
| 406                                               |  |  |  |  |  |  |  |  |  | 407    |  |  |  |  |  |  |  |  |  | 408     |  |  |  |  |  |  |  |  |  | 409          |  |  |  |  |  |  |  |  |  |
| 410                                               |  |  |  |  |  |  |  |  |  | 411    |  |  |  |  |  |  |  |  |  | 412     |  |  |  |  |  |  |  |  |  | 413          |  |  |  |  |  |  |  |  |  |
| 414                                               |  |  |  |  |  |  |  |  |  | 415    |  |  |  |  |  |  |  |  |  | 416     |  |  |  |  |  |  |  |  |  | 417          |  |  |  |  |  |  |  |  |  |
| 418                                               |  |  |  |  |  |  |  |  |  | 419    |  |  |  |  |  |  |  |  |  | 420     |  |  |  |  |  |  |  |  |  | 421          |  |  |  |  |  |  |  |  |  |
| 422                                               |  |  |  |  |  |  |  |  |  | 423    |  |  |  |  |  |  |  |  |  | 424     |  |  |  |  |  |  |  |  |  | 425          |  |  |  |  |  |  |  |  |  |
| 426                                               |  |  |  |  |  |  |  |  |  | 427    |  |  |  |  |  |  |  |  |  | 428     |  |  |  |  |  |  |  |  |  | 429          |  |  |  |  |  |  |  |  |  |
| 430                                               |  |  |  |  |  |  |  |  |  | 431    |  |  |  |  |  |  |  |  |  | 432     |  |  |  |  |  |  |  |  |  | 433          |  |  |  |  |  |  |  |  |  |
| 434                                               |  |  |  |  |  |  |  |  |  | 435    |  |  |  |  |  |  |  |  |  | 436     |  |  |  |  |  |  |  |  |  | 437          |  |  |  |  |  |  |  |  |  |
| 438                                               |  |  |  |  |  |  |  |  |  | 439    |  |  |  |  |  |  |  |  |  | 440     |  |  |  |  |  |  |  |  |  | 441          |  |  |  |  |  |  |  |  |  |
| 442                                               |  |  |  |  |  |  |  |  |  | 443    |  |  |  |  |  |  |  |  |  | 444     |  |  |  |  |  |  |  |  |  | 445          |  |  |  |  |  |  |  |  |  |
| 446                                               |  |  |  |  |  |  |  |  |  | 447    |  |  |  |  |  |  |  |  |  | 448     |  |  |  |  |  |  |  |  |  | 449          |  |  |  |  |  |  |  |  |  |
| 450                                               |  |  |  |  |  |  |  |  |  | 451    |  |  |  |  |  |  |  |  |  | 452     |  |  |  |  |  |  |  |  |  | 453          |  |  |  |  |  |  |  |  |  |
| 454                                               |  |  |  |  |  |  |  |  |  | 455    |  |  |  |  |  |  |  |  |  | 456     |  |  |  |  |  |  |  |  |  | 457          |  |  |  |  |  |  |  |  |  |
| 458                                               |  |  |  |  |  |  |  |  |  | 459    |  |  |  |  |  |  |  |  |  | 460     |  |  |  |  |  |  |  |  |  | 461          |  |  |  |  |  |  |  |  |  |
| 462                                               |  |  |  |  |  |  |  |  |  | 463    |  |  |  |  |  |  |  |  |  | 464     |  |  |  |  |  |  |  |  |  | 465          |  |  |  |  |  |  |  |  |  |
| 466                                               |  |  |  |  |  |  |  |  |  | 467    |  |  |  |  |  |  |  |  |  | 468     |  |  |  |  |  |  |  |  |  | 469          |  |  |  |  |  |  |  |  |  |
| 470                                               |  |  |  |  |  |  |  |  |  | 471    |  |  |  |  |  |  |  |  |  | 472     |  |  |  |  |  |  |  |  |  | 473          |  |  |  |  |  |  |  |  |  |
| 474                                               |  |  |  |  |  |  |  |  |  | 475    |  |  |  |  |  |  |  |  |  | 476     |  |  |  |  |  |  |  |  |  | 477          |  |  |  |  |  |  |  |  |  |
| 478                                               |  |  |  |  |  |  |  |  |  | 479    |  |  |  |  |  |  |  |  |  | 480     |  |  |  |  |  |  |  |  |  | 481          |  |  |  |  |  |  |  |  |  |
| 482                                               |  |  |  |  |  |  |  |  |  | 483    |  |  |  |  |  |  |  |  |  | 484     |  |  |  |  |  |  |  |  |  | 485          |  |  |  |  |  |  |  |  |  |
| 486                                               |  |  |  |  |  |  |  |  |  | 487    |  |  |  |  |  |  |  |  |  | 488     |  |  |  |  |  |  |  |  |  | 489          |  |  |  |  |  |  |  |  |  |
| 490                                               |  |  |  |  |  |  |  |  |  | 491    |  |  |  |  |  |  |  |  |  | 492     |  |  |  |  |  |  |  |  |  | 493          |  |  |  |  |  |  |  |  |  |
| 494                                               |  |  |  |  |  |  |  |  |  | 495    |  |  |  |  |  |  |  |  |  | 496     |  |  |  |  |  |  |  |  |  | 497          |  |  |  |  |  |  |  |  |  |
| 498                                               |  |  |  |  |  |  |  |  |  | 499    |  |  |  |  |  |  |  |  |  | 500     |  |  |  |  |  |  |  |  |  | 501          |  |  |  |  |  |  |  |  |  |
| 502                                               |  |  |  |  |  |  |  |  |  | 503    |  |  |  |  |  |  |  |  |  | 504     |  |  |  |  |  |  |  |  |  | 505          |  |  |  |  |  |  |  |  |  |
| 506                                               |  |  |  |  |  |  |  |  |  | 507    |  |  |  |  |  |  |  |  |  | 508     |  |  |  |  |  |  |  |  |  | 509          |  |  |  |  |  |  |  |  |  |
| 510                                               |  |  |  |  |  |  |  |  |  | 511    |  |  |  |  |  |  |  |  |  | 512     |  |  |  |  |  |  |  |  |  | 513          |  |  |  |  |  |  |  |  |  |
| 514                                               |  |  |  |  |  |  |  |  |  | 515    |  |  |  |  |  |  |  |  |  | 516     |  |  |  |  |  |  |  |  |  | 517          |  |  |  |  |  |  |  |  |  |
| 518                                               |  |  |  |  |  |  |  |  |  | 519    |  |  |  |  |  |  |  |  |  | 520     |  |  |  |  |  |  |  |  |  | 521          |  |  |  |  |  |  |  |  |  |
| 522                                               |  |  |  |  |  |  |  |  |  | 523    |  |  |  |  |  |  |  |  |  | 524     |  |  |  |  |  |  |  |  |  | 525          |  |  |  |  |  |  |  |  |  |
| 526                                               |  |  |  |  |  |  |  |  |  | 527    |  |  |  |  |  |  |  |  |  | 528     |  |  |  |  |  |  |  |  |  | 529          |  |  |  |  |  |  |  |  |  |
| 530                                               |  |  |  |  |  |  |  |  |  | 531    |  |  |  |  |  |  |  |  |  | 532     |  |  |  |  |  |  |  |  |  | 533          |  |  |  |  |  |  |  |  |  |
| 534                                               |  |  |  |  |  |  |  |  |  | 535    |  |  |  |  |  |  |  |  |  | 536     |  |  |  |  |  |  |  |  |  | 537          |  |  |  |  |  |  |  |  |  |
| 538                                               |  |  |  |  |  |  |  |  |  | 539    |  |  |  |  |  |  |  |  |  | 540     |  |  |  |  |  |  |  |  |  | 541          |  |  |  |  |  |  |  |  |  |
| 542                                               |  |  |  |  |  |  |  |  |  | 543    |  |  |  |  |  |  |  |  |  | 544     |  |  |  |  |  |  |  |  |  | 545          |  |  |  |  |  |  |  |  |  |
| 546                                               |  |  |  |  |  |  |  |  |  | 547    |  |  |  |  |  |  |  |  |  | 548     |  |  |  |  |  |  |  |  |  | 549          |  |  |  |  |  |  |  |  |  |
| 550                                               |  |  |  |  |  |  |  |  |  | 551    |  |  |  |  |  |  |  |  |  | 552     |  |  |  |  |  |  |  |  |  | 553          |  |  |  |  |  |  |  |  |  |
| 554                                               |  |  |  |  |  |  |  |  |  | 555    |  |  |  |  |  |  |  |  |  | 556     |  |  |  |  |  |  |  |  |  | 557          |  |  |  |  |  |  |  |  |  |
| 558                                               |  |  |  |  |  |  |  |  |  | 559    |  |  |  |  |  |  |  |  |  | 560     |  |  |  |  |  |  |  |  |  | 561          |  |  |  |  |  |  |  |  |  |
| 562                                               |  |  |  |  |  |  |  |  |  | 563    |  |  |  |  |  |  |  |  |  | 564     |  |  |  |  |  |  |  |  |  | 565          |  |  |  |  |  |  |  |  |  |
| 566                                               |  |  |  |  |  |  |  |  |  | 567    |  |  |  |  |  |  |  |  |  | 568     |  |  |  |  |  |  |  |  |  | 569          |  |  |  |  |  |  |  |  |  |
| 570                                               |  |  |  |  |  |  |  |  |  | 571    |  |  |  |  |  |  |  |  |  | 572     |  |  |  |  |  |  |  |  |  | 573          |  |  |  |  |  |  |  |  |  |
| 574                                               |  |  |  |  |  |  |  |  |  | 575    |  |  |  |  |  |  |  |  |  | 576     |  |  |  |  |  |  |  |  |  | 577          |  |  |  |  |  |  |  |  |  |
| 578                                               |  |  |  |  |  |  |  |  |  | 579    |  |  |  |  |  |  |  |  |  | 580     |  |  |  |  |  |  |  |  |  | 581          |  |  |  |  |  |  |  |  |  |
| 582                                               |  |  |  |  |  |  |  |  |  | 583    |  |  |  |  |  |  |  |  |  | 584     |  |  |  |  |  |  |  |  |  | 585          |  |  |  |  |  |  |  |  |  |
| 586                                               |  |  |  |  |  |  |  |  |  | 587    |  |  |  |  |  |  |  |  |  | 588     |  |  |  |  |  |  |  |  |  | 589          |  |  |  |  |  |  |  |  |  |
| 590                                               |  |  |  |  |  |  |  |  |  | 591    |  |  |  |  |  |  |  |  |  | 592     |  |  |  |  |  |  |  |  |  | 593          |  |  |  |  |  |  |  |  |  |
| 594                                               |  |  |  |  |  |  |  |  |  | 595    |  |  |  |  |  |  |  |  |  | 596     |  |  |  |  |  |  |  |  |  | 597          |  |  |  |  |  |  |  |  |  |
| 598                                               |  |  |  |  |  |  |  |  |  | 599    |  |  |  |  |  |  |  |  |  | 600     |  |  |  |  |  |  |  |  |  | 601          |  |  |  |  |  |  |  |  |  |
| 602                                               |  |  |  |  |  |  |  |  |  | 603    |  |  |  |  |  |  |  |  |  | 604     |  |  |  |  |  |  |  |  |  | 605          |  |  |  |  |  |  |  |  |  |
| 606                                               |  |  |  |  |  |  |  |  |  | 607    |  |  |  |  |  |  |  |  |  | 608     |  |  |  |  |  |  |  |  |  | 609          |  |  |  |  |  |  |  |  |  |
| 610                                               |  |  |  |  |  |  |  |  |  | 611    |  |  |  |  |  |  |  |  |  | 612     |  |  |  |  |  |  |  |  |  | 613          |  |  |  |  |  |  |  |  |  |
| 614                                               |  |  |  |  |  |  |  |  |  | 615    |  |  |  |  |  |  |  |  |  | 616     |  |  |  |  |  |  |  |  |  | 617          |  |  |  |  |  |  |  |  |  |
| 618                                               |  |  |  |  |  |  |  |  |  | 619    |  |  |  |  |  |  |  |  |  | 620     |  |  |  |  |  |  |  |  |  | 621          |  |  |  |  |  |  |  |  |  |
| 622                                               |  |  |  |  |  |  |  |  |  | 623    |  |  |  |  |  |  |  |  |  | 624     |  |  |  |  |  |  |  |  |  | 625          |  |  |  |  |  |  |  |  |  |
| 626                                               |  |  |  |  |  |  |  |  |  | 627    |  |  |  |  |  |  |  |  |  | 628     |  |  |  |  |  |  |  |  |  | 629          |  |  |  |  |  |  |  |  |  |
| 630                                               |  |  |  |  |  |  |  |  |  | 631    |  |  |  |  |  |  |  |  |  | 632     |  |  |  |  |  |  |  |  |  | 633          |  |  |  |  |  |  |  |  |  |
| 634                                               |  |  |  |  |  |  |  |  |  | 635    |  |  |  |  |  |  |  |  |  | 636     |  |  |  |  |  |  |  |  |  | 637          |  |  |  |  |  |  |  |  |  |
| 638                                               |  |  |  |  |  |  |  |  |  | 639    |  |  |  |  |  |  |  |  |  | 640     |  |  |  |  |  |  |  |  |  | 641          |  |  |  |  |  |  |  |  |  |
| 642                                               |  |  |  |  |  |  |  |  |  | 643    |  |  |  |  |  |  |  |  |  | 644     |  |  |  |  |  |  |  |  |  | 645          |  |  |  |  |  |  |  |  |  |
| 646                                               |  |  |  |  |  |  |  |  |  | 647    |  |  |  |  |  |  |  |  |  | 648     |  |  |  |  |  |  |  |  |  | 649          |  |  |  |  |  |  |  |  |  |
| 650                                               |  |  |  |  |  |  |  |  |  | 651    |  |  |  |  |  |  |  |  |  | 652     |  |  |  |  |  |  |  |  |  | 653          |  |  |  |  |  |  |  |  |  |
| 654                                               |  |  |  |  |  |  |  |  |  | 655    |  |  |  |  |  |  |  |  |  | 656     |  |  |  |  |  |  |  |  |  | 657          |  |  |  |  |  |  |  |  |  |
| 658                                               |  |  |  |  |  |  |  |  |  | 659    |  |  |  |  |  |  |  |  |  | 660     |  |  |  |  |  |  |  |  |  | 661          |  |  |  |  |  |  |  |  |  |
| 662                                               |  |  |  |  |  |  |  |  |  | 663    |  |  |  |  |  |  |  |  |  | 664     |  |  |  |  |  |  |  |  |  | 665          |  |  |  |  |  |  |  |  |  |
| 666                                               |  |  |  |  |  |  |  |  |  | 667    |  |  |  |  |  |  |  |  |  | 668     |  |  |  |  |  |  |  |  |  | 669          |  |  |  |  |  |  |  |  |  |
| 670                                               |  |  |  |  |  |  |  |  |  | 671    |  |  |  |  |  |  |  |  |  | 672     |  |  |  |  |  |  |  |  |  | 673          |  |  |  |  |  |  |  |  |  |
| 674                                               |  |  |  |  |  |  |  |  |  | 675    |  |  |  |  |  |  |  |  |  | 676     |  |  |  |  |  |  |  |  |  | 677          |  |  |  |  |  |  |  |  |  |
| 678                                               |  |  |  |  |  |  |  |  |  | 679    |  |  |  |  |  |  |  |  |  | 680     |  |  |  |  |  |  |  |  |  | 681          |  |  |  |  |  |  |  |  |  |
| 682                                               |  |  |  |  |  |  |  |  |  | 683    |  |  |  |  |  |  |  |  |  | 684     |  |  |  |  |  |  |  |  |  | 685          |  |  |  |  |  |  |  |  |  |
| 686                                               |  |  |  |  |  |  |  |  |  | 687    |  |  |  |  |  |  |  |  |  | 688     |  |  |  |  |  |  |  |  |  | 689          |  |  |  |  |  |  |  |  |  |
| 690                                               |  |  |  |  |  |  |  |  |  | 691    |  |  |  |  |  |  |  |  |  | 692     |  |  |  |  |  |  |  |  |  | 693          |  |  |  |  |  |  |  |  |  |
| 694                                               |  |  |  |  |  |  |  |  |  | 695    |  |  |  |  |  |  |  |  |  | 696     |  |  |  |  |  |  |  |  |  | 697          |  |  |  |  |  |  |  |  |  |
| 698                                               |  |  |  |  |  |  |  |  |  | 699    |  |  |  |  |  |  |  |  |  | 700     |  |  |  |  |  |  |  |  |  | 701          |  |  |  |  |  |  |  |  |  |
| 702                                               |  |  |  |  |  |  |  |  |  | 703    |  |  |  |  |  |  |  |  |  | 704     |  |  |  |  |  |  |  |  |  | 705          |  |  |  |  |  |  |  |  |  |
| 706                                               |  |  |  |  |  |  |  |  |  | 707    |  |  |  |  |  |  |  |  |  | 708     |  |  |  |  |  |  |  |  |  | 709          |  |  |  |  |  |  |  |  |  |
| 710                                               |  |  |  |  |  |  |  |  |  | 711    |  |  |  |  |  |  |  |  |  | 712     |  |  |  |  |  |  |  |  |  | 713          |  |  |  |  |  |  |  |  |  |
| 714                                               |  |  |  |  |  |  |  |  |  | 715    |  |  |  |  |  |  |  |  |  | 716     |  |  |  |  |  |  |  |  |  | 717          |  |  |  |  |  |  |  |  |  |
| 718                                               |  |  |  |  |  |  |  |  |  | 719    |  |  |  |  |  |  |  |  |  | 720     |  |  |  |  |  |  |  |  |  | 721          |  |  |  |  |  |  |  |  |  |
| 722                                               |  |  |  |  |  |  |  |  |  | 723    |  |  |  |  |  |  |  |  |  | 724     |  |  |  |  |  |  |  |  |  | 725          |  |  |  |  |  |  |  |  |  |
| 726                                               |  |  |  |  |  |  |  |  |  | 727    |  |  |  |  |  |  |  |  |  | 728     |  |  |  |  |  |  |  |  |  | 729          |  |  |  |  |  |  |  |  |  |
| 730                                               |  |  |  |  |  |  |  |  |  | 731    |  |  |  |  |  |  |  |  |  | 732     |  |  |  |  |  |  |  |  |  | 733          |  |  |  |  |  |  |  |  |  |
| 734                                               |  |  |  |  |  |  |  |  |  | 735    |  |  |  |  |  |  |  |  |  | 736     |  |  |  |  |  |  |  |  |  | 737          |  |  |  |  |  |  |  |  |  |
| 738                                               |  |  |  |  |  |  |  |  |  | 739    |  |  |  |  |  |  |  |  |  | 740     |  |  |  |  |  |  |  |  |  | 741          |  |  |  |  |  |  |  |  |  |
| 742                                               |  |  |  |  |  |  |  |  |  | 743    |  |  |  |  |  |  |  |  |  | 744     |  |  |  |  |  |  |  |  |  | 745          |  |  |  |  |  |  |  |  |  |
| 746                                               |  |  |  |  |  |  |  |  |  | 747    |  |  |  |  |  |  |  |  |  | 748     |  |  |  |  |  |  |  |  |  | 749          |  |  |  |  |  |  |  |  |  |
| 750                                               |  |  |  |  |  |  |  |  |  | 751    |  |  |  |  |  |  |  |  |  | 752     |  |  |  |  |  |  |  |  |  | 753          |  |  |  |  |  |  |  |  |  |
| 754                                               |  |  |  |  |  |  |  |  |  | 755    |  |  |  |  |  |  |  |  |  | 756     |  |  |  |  |  |  |  |  |  | 757          |  |  |  |  |  |  |  |  |  |
| 758                                               |  |  |  |  |  |  |  |  |  | 759    |  |  |  |  |  |  |  |  |  | 760     |  |  |  |  |  |  |  |  |  | 761          |  |  |  |  |  |  |  |  |  |
| 762                                               |  |  |  |  |  |  |  |  |  | 763    |  |  |  |  |  |  |  |  |  | 764     |  |  |  |  |  |  |  |  |  | 765          |  |  |  |  |  |  |  |  |  |
| 766                                               |  |  |  |  |  |  |  |  |  | 767    |  |  |  |  |  |  |  |  |  | 768     |  |  |  |  |  |  |  |  |  | 769          |  |  |  |  |  |  |  |  |  |
| 770                                               |  |  |  |  |  |  |  |  |  | 771    |  |  |  |  |  |  |  |  |  | 772     |  |  |  |  |  |  |  |  |  | 773          |  |  |  |  |  |  |  |  |  |
| 774                                               |  |  |  |  |  |  |  |  |  | 775    |  |  |  |  |  |  |  |  |  | 776     |  |  |  |  |  |  |  |  |  | 777          |  |  |  |  |  |  |  |  |  |
| 778                                               |  |  |  |  |  |  |  |  |  | 779    |  |  |  |  |  |  |  |  |  | 780     |  |  |  |  |  |  |  |  |  | 781          |  |  |  |  |  |  |  |  |  |
| 782                                               |  |  |  |  |  |  |  |  |  | 783    |  |  |  |  |  |  |  |  |  | 784     |  |  |  |  |  |  |  |  |  | 785          |  |  |  |  |  |  |  |  |  |
| 786                                               |  |  |  |  |  |  |  |  |  | 787    |  |  |  |  |  |  |  |  |  | 788     |  |  |  |  |  |  |  |  |  | 789          |  |  |  |  |  |  |  |  |  |
| 790                                               |  |  |  |  |  |  |  |  |  | 791    |  |  |  |  |  |  |  |  |  | 792     |  |  |  |  |  |  |  |  |  | 793          |  |  |  |  |  |  |  |  |  |
| 794                                               |  |  |  |  |  |  |  |  |  | 795    |  |  |  |  |  |  |  |  |  | 796     |  |  |  |  |  |  |  |  |  | 797          |  |  |  |  |  |  |  |  |  |
| 798                                               |  |  |  |  |  |  |  |  |  | 799    |  |  |  |  |  |  |  |  |  | 800     |  |  |  |  |  |  |  |  |  | 801          |  |  |  |  |  |  |  |  |  |
| 802                                               |  |  |  |  |  |  |  |  |  | 803    |  |  |  |  |  |  |  |  |  | 804     |  |  |  |  |  |  |  |  |  | 805          |  |  |  |  |  |  |  |  |  |
| 806                                               |  |  |  |  |  |  |  |  |  | 807    |  |  |  |  |  |  |  |  |  | 808     |  |  |  |  |  |  |  |  |  | 809          |  |  |  |  |  |  |  |  |  |
| 810                                               |  |  |  |  |  |  |  |  |  | 811    |  |  |  |  |  |  |  |  |  | 812     |  |  |  |  |  |  |  |  |  | 813          |  |  |  |  |  |  |  |  |  |
| 814                                               |  |  |  |  |  |  |  |  |  | 815    |  |  |  |  |  |  |  |  |  | 816     |  |  |  |  |  |  |  |  |  | 817          |  |  |  |  |  |  |  |  |  |
| 818                                               |  |  |  |  |  |  |  |  |  | 819    |  |  |  |  |  |  |  |  |  | 820     |  |  |  |  |  |  |  |  |  | 821          |  |  |  |  |  |  |  |  |  |
| 822                                               |  |  |  |  |  |  |  |  |  | 823    |  |  |  |  |  |  |  |  |  | 824     |  |  |  |  |  |  |  |  |  | 825          |  |  |  |  |  |  |  |  |  |
| 826                                               |  |  |  |  |  |  |  |  |  | 827    |  |  |  |  |  |  |  |  |  | 828     |  |  |  |  |  |  |  |  |  | 829          |  |  |  |  |  |  |  |  |  |
| 830                                               |  |  |  |  |  |  |  |  |  | 831    |  |  |  |  |  |  |  |  |  | 832     |  |  |  |  |  |  |  |  |  | 833          |  |  |  |  |  |  |  |  |  |
| 834                                               |  |  |  |  |  |  |  |  |  | 835    |  |  |  |  |  |  |  |  |  | 836     |  |  |  |  |  |  |  |  |  | 837          |  |  |  |  |  |  |  |  |  |
| 838                                               |  |  |  |  |  |  |  |  |  | 839    |  |  |  |  |  |  |  |  |  | 840     |  |  |  |  |  |  |  |  |  | 841          |  |  |  |  |  |  |  |  |  |
| 842                                               |  |  |  |  |  |  |  |  |  | 843    |  |  |  |  |  |  |  |  |  | 844     |  |  |  |  |  |  |  |  |  | 845          |  |  |  |  |  |  |  |  |  |
|                                                   |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |

# CMS-1500 CLAIM FORM (ASC)

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA ☐ PICA ☐

1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA BULK LUNG ☐ OTHER ☐

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M ☐ F ☐

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self ☐ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I also request payment of govt. benefits below.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE MM DD YY QUAL.

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. C

21. DIAGNOSIS NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

22. Y

23. F

24. F

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? For govt. claims, see back YES ☐ NO ☐

28. TOTAL CHARGE \$

29. AMOUNT PAID \$

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH # ( )

SIGNED DATE

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org) PLEASE PRINT OR TYPE CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)

**21** **EXAMPLE DIAGNOSIS CODE**  
C61 Malignant neoplasm of prostate

**24D** **EXAMPLE PROCEDURE CODE FOR TULSA-PRO**  
C1889 Implantable / insertable device, not otherwise classified

**24F** **CHARGES**  
Line charges in 24F; total claim charge in 28

**EXAMPLE DEVICE CODE**  
C1889 Implantable / insertable device, not otherwise classified

# SAMPLE CMS-1500 CLAIM FORM

## FOR PHYSICIAN BILLING

| APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                                   |  |  |                                                                                                                                                   |  |                                                           | PICA                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|---------------------------------------------------------------------------|--|
| <div style="display: flex; justify-content: space-between;"> <div> <div>1. MEDICARE <input type="checkbox"/> (Medicare#)</div> <div>MEDICAID <input type="checkbox"/> (Medicaid#)</div> <div>TRICARE <input type="checkbox"/> (ID#/DoD#)</div> <div>CHAMPVA <input type="checkbox"/> (Member ID#)</div> <div>GROUP HEALTH PLAN <input type="checkbox"/> (ID#)</div> <div>FECA BLK LUNG <input type="checkbox"/> (ID#)</div> <div>OTHER <input type="checkbox"/> (ID#)</div> </div> <div>1a. INSURED'S I.D. NUMBER (For Program in Item 1)</div> </div> |  |  |  |                                                                                                                                                                   |  |  |                                                                                                                                                   |  |                                                           |                                                                           |  |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | 3. PATIENT'S BIRTH DATE<br>MM DD YY                                                                                                                               |  |  | SEX<br>M <input type="checkbox"/> F <input type="checkbox"/>                                                                                      |  | 4. INSURED'S NAME (Last Name, First Name, Middle Initial) |                                                                           |  |
| 5. PATIENT'S ADDRESS (No., Street)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  | 6. PATIENT RELATIONSHIP TO INSURED<br>Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> |  |  | 7. INSURED'S ADDRESS (No., Street)                                                                                                                |  |                                                           |                                                                           |  |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  | 8. RESERVED FOR NUCC USE                                                                                                                                          |  |  | CITY                                                                                                                                              |  | STATE                                                     |                                                                           |  |
| ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | TELEPHONE (Include Area Code)                                                                                                                                     |  |  | ZIP CODE                                                                                                                                          |  | TELEPHONE (Include Area Code)                             |                                                                           |  |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  | 10. IS PATIENT'S CONDITION RELATED TO:                                                                                                                            |  |  | 11. INSURED'S POLICY GROUP OR FECA NUMBER                                                                                                         |  |                                                           |                                                                           |  |
| a. OTHER INSURED'S POLICY OR GROUP NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | a. EMPLOYMENT? (Current or Previous)<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                                  |  |  | a. INSURED'S DATE OF BIRTH<br>MM DD YY                                                                                                            |  |                                                           |                                                                           |  |
| b. RESERVED FOR NUCC USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                        |  |  | b. OTHER CLAIM ID (Designated by NUCC)                                                                                                            |  |                                                           |                                                                           |  |
| c. RESERVED FOR NUCC USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                       |  |  | c. INSURANCE PLAN NAME OR PROGRAM NAME                                                                                                            |  |                                                           |                                                                           |  |
| d. INSURANCE PLAN NAME OR PROGRAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | 10d. CLAIM CODES (Designated by NUCC)                                                                                                                             |  |  | d. IS THERE ANOTHER HEALTH BENEFIT PLAN?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i> |  |                                                           |                                                                           |  |
| <div style="border: 2px solid blue; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">21</div> <div style="background-color: #0056b3; color: white; padding: 5px; margin-top: 10px; text-align: center;"> <b>EXAMPLE DIAGNOSIS CODE</b><br/> C61 Malignant neoplasm of prostate </div>                                                                                                                                                                                      |  |  |  |                                                                                                                                                                   |  |  |                                                                                                                                                   |  |                                                           | <div>12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE</div> <div>DATE</div> |  |
| 14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)<br>MM DD YY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  | 15. OTHER DATE<br>QUAL. MM DD YY                                                                                                                                  |  |  | 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION<br>FROM MM DD YY TO MM DD YY                                                               |  |                                                           |                                                                           |  |
| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  | 17a. NPI                                                                                                                                                          |  |  | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES<br>FROM MM DD YY TO MM DD YY                                                                |  |                                                           |                                                                           |  |
| 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  | 20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                         |  |  | 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)<br>ICD Ind.                                                   |  |                                                           |                                                                           |  |
| A. C61                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  | B. L                                                                                                                                                              |  |  | C. L                                                                                                                                              |  |                                                           |                                                                           |  |
| D. L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  | E. L                                                                                                                                                              |  |  | F. L                                                                                                                                              |  |                                                           |                                                                           |  |
| G. L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  | H. L                                                                                                                                                              |  |  | I. L                                                                                                                                              |  |                                                           |                                                                           |  |
| J. L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  | K. L                                                                                                                                                              |  |  | L. L                                                                                                                                              |  |                                                           |                                                                           |  |
| 24. A. DATE(S) OF SERVICE<br>From MM DD YY To MM DD YY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  | B. PLACE OF SERVICE<br>EMG                                                                                                                                        |  |  | C. D. PROCEDURES, SERVICES, OR SUPPLIES<br>(Explain Unusual Circumstances)<br>CPT/HCPCS MODIFIER                                                  |  |                                                           | DIAG. POS.                                                                |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | 55882                                                                                                                                                             |  |  |                                                                                                                                                   |  |                                                           |                                                                           |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                                   |  |  |                                                                                                                                                   |  |                                                           |                                                                           |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                                   |  |  |                                                                                                                                                   |  |                                                           |                                                                           |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                                   |  |  |                                                                                                                                                   |  |                                                           |                                                                           |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                                   |  |  |                                                                                                                                                   |  |                                                           |                                                                           |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                                   |  |  |                                                                                                                                                   |  |                                                           |                                                                           |  |
| 25. FEDERAL TAX I.D. NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | 26. PATIENT'S ACCOUNT NO.                                                                                                                                         |  |  | 27. ACCEPT ASSIGNMENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                                |  |                                                           | 28. TOTAL CHARGE                                                          |  |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  | 32. SERVICE FACILITY LOCATION INFORMATION                                                                                                                         |  |  | 33. BILLING PROVIDER INFO & PH # ( )                                                                                                              |  |                                                           | 30. Rsvd for NUCC Use                                                     |  |
| SIGNED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  | DATE                                                                                                                                                              |  |  | a. NPI                                                                                                                                            |  |                                                           | b. NPI                                                                    |  |

PACIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

24B

**EXAMPLE PLACE OF SERVICE CODES**  
19 Off Campus – Outpatient Hospital  
22 On Campus – Outpatient Hospital  
24 Ambulatory Surgical Center

24D

**EXAMPLE PROCEDURE CODE for TULSA-PRO®**  
(OR 55881, 51721)

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org)

PLEASE PRINT OR TYPE

CR061653

APPROVED OMB-0938-1197 FORM 1500 (02-12)

# SAMPLE CMS-1500 CLAIM FORM (OFFICE/OBL)

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA ☐ ☐

1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA BLK LUNG ☐ OTHER ☐

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M ☐ F ☐

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self ☐ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL

15. OTHER DATE MM DD YY QUAL

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☐ NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. DATE(S) OF SERVICE From MM DD YY To MM DD YY

24. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) ☐ YES ☐ NO

28. TOTAL CHARGE \$

29. AMOUNT PAID \$

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH # ( )

SIGNED DATE

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org)

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**21** EXAMPLE DIAGNOSIS CODE  
C61 Malignant neoplasm of prostate

**24B** EXAMPLE PLACE OF SERVICE CODES  
11 Office

**24D** EXAMPLE PROCEDURE CODE for Tulsa-Pro®  
55882

# FREQUENTLY ASKED QUESTIONS

## **Q: What is a C-code?**

A: C-codes are unique temporary pricing codes established by CMS that apply only to the hospital outpatient facility and the ambulatory surgery (ASC) settings. They do not apply to physician services. Medicare requires their use on facility claims when services include a medical device, such as TULSA-PRO, even if there is no additional payment associated with the C-code. This is because Medicare incorporates the charges submitted with the C-code when it reviews rate setting.

## **Q: Is the C-code used to report physician services?**

A: No. C1889 is only for the facility's services.

## **Q: Can I bill Medicare patients for the full cost of the TULSA-PRO procedure?**

A: The patient is responsible for coinsurance and any deductible; however, the provider cannot balance bill a Medicare patient (that is, bill the patient the difference between the amount charged and the amount Medicare allows). If an ABN is in place and Medicare does not cover the TULSA-PRO procedure, the provider may bill the patient the amount specified in the ABN.

If an ABN is in place and Medicare does cover the service, the provider may only bill the patient the amount allowed by Medicare (as specified on the Remittance Advice Notice). If the provider collected payment from the patient in advance of the procedure, the provider must refund excess funds as appropriate to the patient. Providers who enter into contracts with commercial insurers typically have similar processes and policies.

## **Q: Why do facilities need to report a device code C1889 with 55882?**

A: Medicare expects facilities to submit accurate and complete charges on claims, including complying with policy that devices are reported with procedures that require use of the device. Because there currently is no specific device code for the TULSA-PRO procedure, the most appropriate device code to report with 55882 is C1889, Implantable / insertable device for device intensive procedure, not otherwise classified.

## **Q: Should physicians report a device code for TULSA-PRO services?**

A: No. Only facilities report device codes.

# REIMBURSEMENT DISCLAIMER

This information is provided for general educational purposes only and is not intended to constitute legal, billing, coding, or reimbursement advice. Coverage, coding, and payment policies vary by payer and are subject to change without notice. Providers are responsible for determining appropriate patient selection, coding, documentation, and billing practices, as well as for confirming coverage and payment with the applicable payer prior to submitting claims.

Nothing in this guide should be construed as a guarantee of coverage or reimbursement, or as influencing clinical decision-making. Clinical decisions should be based solely on the independent medical judgment of the healthcare provider and the individual needs of the patient.

The manufacturer does not recommend or encourage billing for services that are not medically necessary, appropriately documented, or consistent with applicable laws, regulations, and payer requirements. Providers should consult their own reimbursement specialists, legal counsel, or payer representatives for guidance specific to their practice.

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***To learn more about TULSA-PRO Prior Authorization Support Program, please contact:***

*[tulsaproauth@profoundmedical.com](mailto:tulsaproauth@profoundmedical.com)*

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