

Eclipse™ System for Bowel Control

2024 Reimbursement Guide

UROLOGY & UROGYNECOLOGY
The Eclipse System is an innovative non-surgical therapy that offers immediate results for women experiencing loss of bowel control.

Eclipse™ Insert Fitting			
Possible Coding for Physician, Hospital Outpatient and Ambulatory Sugrical Center (ASC)			
The following tables provide Current Procedural Technology (CPT) ¹ codes, Healthcare Common Procedure Coding System (HCPCS) ² code and 2024 Medicare National Average Payment.			
Evaluation and Management CPT codes (W/-25 Modifier)*			
New Patient	99201-99205	Office/outpatient visit, new patient 10-60 minutes	
Existing Patient	99211-99215	Office/outpatient visit established patient 5-40 minutes	
Eclipse™ HCPCS Code and 2024 Medicare DMEPOS Reimbursement ³			
Eclipse™ is reimbursed under Medicare Part B. Payment will vary by geographic location.			
HCPCS Code	Description	2024 Medicare State Average Payment	
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each.	AL \$1,617.77	AR \$1,617.60
		AZ \$1,570.45	CA \$1,570.45
		CO \$1,629.87	CT \$1,570.45
		DC \$1,570.45	DE \$1,570.45
		FL \$1,617.77	GA \$1,617.77
		IA \$1,601.10	ID \$1,570.45
		IL \$1,609.01	IN \$1,609.01
		KS \$1,601.10	KY \$1,617.77
		LA \$1,617.60	MA \$1,570.45
		MD \$1,570.45	ME \$1,570.45
		MI \$1,609.01	MN \$1,609.01

HCPCS Code	Description	2024 Medicare State Average Payment	
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each.	MO \$1,601.10	MS \$1,617.77
		MT \$1,629.87	NC \$1,617.77
		ND \$1,629.87	NE \$1,601.10
		NH \$1,570.45	NJ \$1,570.45
		NM \$1,617.60	NV \$1,570.45
		NY \$1,570.45	OH \$1,609.01
		OK \$1,617.60	OR \$1,570.45
		PA \$1,570.45	RI \$1,570.45
		SC \$1,617.77	SD \$1,629.87
		TN \$1,617.77	TX \$1,617.60
		UT \$1,629.87	VA \$1,570.45
		VT \$1,570.45	WA \$1,570.45
		WI \$1,609.01	WV \$1,570.45
		WY \$1,629.87	AK \$1,570.45
		HI \$1,570.45	PR \$1,727.48
		VI \$1,727.48	

NOTES:
*Review all key components listed for each E/M code and determine the most appropriate code, if any, for the visit based on the documented requirements from the AMA. The -25 modifier may be added to the E/M service to designate the fitting procedure was separate and distinct from the E/M services. A separate procedure note for the fitting is required and typically assigned to the diagnosis code describing the reason for the fitting.

REFERENCES:
¹CPT Copyright 2024 American Medical Association. All right reserved. CPT® is a registered trademark of the American Medical Association.
²Healthcare Common Procedure Coding System (HCPCS) Level II codes are maintained by the Centers for Medicare and Medicaid Services. Accessed January 1, 2024.
³Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) final rule (CMS-1738-F, CMS-1687-F, and CMS-5531-F). File DME23-A, January 2024 DME Fee schedule.

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