

CODING REFERENCE SHEET 2026

Francis Medical developed the following coding reference sheet for physicians and facilities that utilize the Vanquish Water Vapor Ablation System. The Vanquish System is a minimally invasive procedure designed to ablate targeted prostate tissue. Listed below are relevant ICD-10 Diagnosis, CPT and other HCPCS codes, and associated Medicare national unadjusted payment rates for the Vanquish procedure.

DIAGNOSIS CODING	
ICD-10 DIAGNOSIS CODING	
C61	Malignant neoplasm of prostate

PHYSICIAN CODING ALL SITES OF SERVICE:			
CPT® Code	Description	Office Medicare National Unadjusted Allowed Amount	Facility Medical National Unadjusted allowed amount
0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle-guidance	Carrier Priced	Carrier Priced

PHYSICIAN CODING ALL SITES OF SERVICE:							
CPT® CODE	Global Period	Work RVUS	PE RVUS FAC	PE RVUS Non-FAC	Malpractice RVUS	Total RVUS FAC	Total RVUS Non-FAC
0582T	NA	NA	NA	NA	NA	NA	NA

FACILITY CODING: HOSPITAL OUTPATIENT OR AMBULATORY SURGERY CENTER (ASC)						
			HOSPITAL		ASC	
CPT® CODE	Medicare APC	Description	APC Allowed Amount	SI	Allowed Amount	SI
0582T	5377	Level 7, Urology and Related Services	\$13,479.22	J1†	\$10,892.79	J8††

DEVICE CODE HOSPITAL OUTPATIENT ONLY	
HCPCS DESCRIPTION	
C1889*	Implantable/insertable, device not otherwise classified

*Medicare designated CPT code 0582T as device intensive which requires hospital outpatient departments and ASCs to report a device HCPCS code in addition to procedure code 0582T to identify the use and cost of the device utilized during the Vanquish procedure. Additional Medicare payment is not allowed but including a separate device code will ensure claims are not rejected for being incomplete. Assigning appropriate charges to the device code, based on your unique CCR, will help to protect future APC assignment and rate setting.

† Comprehensive APC; Payment for all adjunctive services reported on the same claim is packaged into payment for the primary service.

†† Device-intensive procedure; paid at adjusted rate.

Rates referenced in this guide do not reflect sequestration adjustments which are automatic reductions in federal spending that will result in a 2% across-the-board reduction to all Medicare rates as of April 1, 2013. Quoted rates also do not reflect payment adjustments related to quality and/or meaningful use. All payment levels reflect 2026 Medicare national unadjusted payment rates; payment levels may vary geographically. Department of Health and Human Services, Centers for Medicare & Medicaid Services. CMS-1834-FC: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems – Final Rule with Comment Period and CY 2026 payment rates. With exception of “add-on” coding, multiple procedures furnished during the same operative session may be discounted.

CONTACT US

For questions about the Vanquish Reimbursement Support, please contact us at:

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