

Solesta™ 2024 Reimbursement Guide

The following coding information is related to the placement of Solesta™ Bulking Agent, a biocompatible tissue bulking agent injected into the submucosal layer of the anal canal to treat fecal incontinence. This document serves as a guide and not intended to dictate or determine practice patterns of medical providers. All documentation for services rendered to support Solesta Bulking Agent and placement is required in the medical record by the provider. Below is a list of diagnosis/CPT/HCPCS codes that may be helpful.

For questions regarding coding services provided using Solesta injectable gel, please contact Teleflex Reimbursement Support at (844) 516-5966.

POSSIBLE INTERNATIONAL CLASSIFICATION OF DISEASES (ICD-10-CM) DIAGNOSIS CODES

The patient's diagnosis is only determined at the sole discretion and medical judgment of the treating physician.

R15.0	Incomplete defecation
R15.1	Fecal smearing
R15.2	Fecal urgency
R15.9	Full incontinence of feces

PROCEDURES, SERVICES & SUPPLIES

Administration of Solesta injectable gel may be performed as an in-office procedure. Administration of Solesta gel does not have a unique CPT code. The appropriate unlisted CPT code is indicated below. Solesta injectable gel is coded with Healthcare Common Procedure Coding System (HCPCS) code L8605. Additional information may be required by insurers.

CPT	46999	Unlisted procedure, anus
HCPCS	L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies

Note: Solesta Bulking Agent is sold and administered in quantities of four 1 ml syringes. Report the quantity based on the number of syringes injected (four). Providers do not need to be a durable medical equipment (DME) supplier to bill the Medicare Administrative Contractor (MAC) for HCPCS code L8605.

2024 MEDICARE UNADJUSTED ALLOWED AMOUNT

CPT 46999 Unlisted procedure, anus Medicare Administrative Contractors will set carrier price for reimbursement for CPT code 46999	L8605 injectable bulking agent (full descriptor above) Solesta injectable gel will be reimbursed based on Medicare DME fee schedule within range of \$754.49 - \$1005.99 depending on geographic location.
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INDICATIONS FOR USE: Solesta Bulking Agent is indicated for the treatment of fecal incontinence in patients 18 years and older who have failed conservative therapy (e.g., diet, fiber therapy, anti-motility medications).¹

Please Note: for guidance and additional information regarding billing and administration of Solesta Bulking Agent, check with appropriate health insurer.

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¹FDA Clearance document: https://www.accessdata.fda.gov/cdrh_docs/pdf10/P100014b.pdf.

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Teleflex LLC encourages providers to submit claims for services that are appropriately and accurately consistent with FDA clearance and approved labeling and does not promote the use of its products outside their FDA-cleared labeling.

Caution: Federal (USA) law restricts this device to sale by or on the order of a physician.

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