

Solesta™ 2026 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/HCPSC codes that may be helpful.

For questions regarding coding services provided using Solesta Bulking Agent, please contact Teleflex Reimbursement Support at 844-516-5966.

Effective: January 1, 2026

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

PROCEDURES, SERVICES & SUPPLIES

Administration of Solesta Bulking Agent may be performed as an in-office procedure. Administration of Solesta Bulking Agent does have a Category III CPT code. The appropriate Category III CPT code is indicated below. Solesta Bulking Agent is coded with Healthcare Common Procedure Coding System (HCPSC) code L8605. Additional information may be required by insurers. Please include all appropriate documentation(s) upfront upon filing claims.

CPT	0963T	Anoscopy with directed submucosal injection of bulking agent into anal canal
HCPSC	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 HCPSC code L8605.

2026 MEDICARE UNADJUSTED ALLOWED AMOUNT

CPT 0963T Anoscopy with directed submucosal injection of bulking agent into anal canal Medicare Administrative Contractors will set carrier price for reimbursement for CPT code 0963T	L8605 injectable bulking agent (full descriptor above) Solesta Bulking Agent will be reimbursed based on Medicare DME fee schedule within range of \$788.06 - \$1,050.74 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 additional guidance and 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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