Radical Prostatectomy
2014 Coding and Payment Quick Reference Guide

Boston Scientific

GuidePoint
Simplifying Reimbursement

Urology

CODING

- There is no separate and additional Medicare reimbursement for the Capio™ RP Device used during a radical prostatectomy. Still, hospitals should charge for the Capio RP Device using revenue center codes 272 or 279 to ensure costs are properly tracked for future rate-setting purposes.
- Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.
- The following codes are thought to be relevant to radical prostatectomy procedures and are referenced throughout this guide.

CPT® Code	Code Description
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic subtotal
55840	Prostatectomy, retropubic radical, with or without nerve sparing
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)

PHYSICIAN RELATIVE VALUE UNITS (RVUs)

- Physician Relative Value Units (RVUs) are based on the Medicare 2014 Physician Fee Schedule effective January 1, 2014.

	Facility-Based				Office-Based			
CPT® Code	Work RVU	Practice RVU	Malpractice RVU	Total RVUs	Work RVU	Practice RVU	Malpractice RVU	Total RVUs
55845	30.67	12.84	2.91	**46.42**	30.67	NA	2.91	**See Note**
55831	17.19	8.03	1.59	**26.81**	17.19	NA	1.59	**See Note**
55840	24.63	11.02	2.30	**37.95**	24.63	NA	2.30	**See Note**
55842	26.49	11.67	2.49	**40.65**	26.49	NA	2.49	**See Note**

Note: *There are no current Medicare valuations for these procedures performed in the physician office setting.*

See last page for important information about the uses and limitations of this document.

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PAYMENT - MEDICARE

- These procedures are identified by Medicare as "***Inpatient Only***" procedures and are not approved to be performed in an outpatient setting.
- All rates shown are 2014 Medicare national averages; Actual rates will vary geographically.
- Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

HOSPITAL INPATIENT ALLOWED AMOUNTS - MEDICARE

ICD-9-CM Procedure Code	ICD-9-CM Diagnosis Code	Possible MS-DRG Assignment
60.5 – Radical prostatectomy; by any approach **60.4** – Retropubic prostatectomy **60.3** – Suprapubic prostatectomy; transvesical prostatectomy **40.3** – Regional lymph node excision **40.53** – Radical excision of iliac lymph nodes **40.59** – Radical excision of other lymph nodes	**185** – Malignant neoplasm of prostate **198.82** – Secondary malignant neoplasm of genital organs **233.4** – Carcinoma in situ of prostate **236.5** – Neoplasm of uncertain behavior, prostate **239.5** – Neoplasm of unspecified nature; other genitourinary organs **600** – Hyperplasia of prostate **196.6** – Secondary and unspecified malignant neoplasm of Intrapelvic lymph nodes; hypogastric, iliac, obturator, parametrial **198.82** – Secondary malignant neoplasm of genital organs	**707** – Major male pelvic procedures with complication or comorbidity (CC) / Major complication or comorbidity (MCC) $10,593[3,4] **708** – Major male pelvic procedures without CC/MCC $7,498[4]

PHYSICIAN ALLOWED AMOUNTS - MEDICARE

Code	Description	MD In-Facility Medicare Allowed Amount[2]
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	$1,663
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic subtotal	$960
55840	Prostatectomy, retropubic radical, with or without nerve sparing	$1,359
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	$1,456

ENDNOTES:

[1] Department of Health and Human Services. Center for Medicare and Medicaid Services. CMS Physician Fee Schedule – December 27, 2013 revised release, RVU14A file. http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU14A.html?DLPage=1&DLSort=0&DLSortDir=descending. The 2014 National Average Medicare physician payment rates have been calculated using a 2014 conversion factor of $35.8228 which reflects the 0.5 percent update for January 1, 2014 through March 31, 2014, as adopted by section 101 of the Pathway for SGR Reform Act of 2013. Rates subject to change.
[2] "Allowed Amount" is the amount Medicare determines to be the maximum allowance for any Medicare covered procedure. Actual payment will vary based on the maximum allowance less any applicable deductibles, co-insurance, etc.
[3] The patient's medical record must support the existence and treatment of the complication or comorbidity.
[4] National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts ($5,799.59). Source: August 19, 2013 Federal Register; CMS-1599-F Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System Changes and FY2014 Rates

Sequestration
Rates referenced in these guides do not reflect Sequestration; automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2014.

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