

2009 CODING & PAYMENT QUICK REFERENCE

CODE SELECTION VARIES WHEN MULTIPLE LESIONS ARE TREATED

- For Medicare cases, the physician should bill the code that accurately reflects the largest lesion treated.
- For Private Payers, the physician should sum up the size of all lesions treated, and bill the code that most closely describes the aggregate lesion size.
- All rates shown are 2009 Medicare national averages; Actual rates will vary geographically.

MEDICARE PHYSICIAN, HOSPITAL OUTPATIENT & ASC PAYMENTS

CPT® Code	Code Description	Physician ¹		Facility	
		MD In-Office Allowed Amount ²	MD In-Facility Allowed Amount ²	Hospital Outpatient Allowed Amount ^{2,3}	ASC Allowed Amount ^{2,4}
52204	Cystourethroscopy, with biopsy	\$454	\$147	\$1,241	\$597
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	\$597	\$228	\$1,690	\$734
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	\$850	\$178	\$1,690	\$734
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	NA ⁵	\$259	\$1,690	\$734
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	NA ⁵	\$304	\$1,690	\$765
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	NA ⁵	\$532	\$1,690	\$765

¹ MD rates calculated using the 2009 conversion factor of \$36.0666. Source: November 19, 2008 Federal Register.

² "Allowed Amount" is the amount Medicare determines to be maximum allowance for any Medicare covered service. Actual payment will be based on the maximum allowance less any applicable deductibles, co-insurance, etc.

³ Source: November 18, 2008 Federal Register.

⁴ ASC rates are from the 2009 Ambulatory Surgical Center Covered Procedures List. – Addendum AA. Source: November 18, 2008 Federal Register.

⁵ "NA" in the 2009 "MD In-Office Allowed Amount" column means that there is no in-office differential.

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