

2009 CODING & PAYMENT QUICK REFERENCE

BACKGROUND

- All rates shown are 2009 Medicare national averages; Actual rates will vary geographically.

MEDICARE PHYSICIAN, HOSPITAL OUTPATIENT & ASC PAYMENTS

CPT® Code	Code Description	Physician		Facility	
		MD In-Office Allowed Amount ^{1,2}	MD In-Facility Allowed Amount ^{1,2}	Hospital Outpatient Allowed Amount ^{1,3}	ASC Allowed Amount ^{1,4}
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (HoLAP)	\$2,269	\$710	\$3,026	\$1,577
52649	Laser enucleation of prostate with morcellation, including control of postoperative bleeding, complete (HoLEP)	NA ⁵	\$1,015	\$3,026	NA

MEDICARE HOSPITAL INPATIENT PAYMENT

- Effective October 1, 2007, the Center for Medicare and Medicaid Services (CMS) replaced the Diagnosis Related Groups (DRG) System with the Medicare Severity DRG (MS-DRG) classification system to recognize severity of illness among patients.

ICD-9-CM Procedure Code	ICD-9-CM Diagnosis Code	Possible MS-DRG Assignment
60.21- Transurethral guided laser induced prostatectomy	600.00 – 600.91 – Assorted benign prostate diagnoses	713- Transurethral prostatectomy, with complication or comorbidity (CC) / Major complication or comorbidity (MCC) \$6,209 ^{6,7}
60.29- Other transurethral prostatectomy		
60.93- Repair of prostate		714- Transurethral prostatectomy w/o CC/MCC \$3,512 ⁷

¹ "Allowed Amount" is the amount Medicare determines to be the maximum allowance for any Medicare covered service. Actual payment will be based on the maximum allowance less any applicable deductibles, co-insurance, etc.

² MD rates calculated using the 2009 conversion factor of \$36.0666. Source: November 19, 2008 Federal Register.

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.

⁶ The patient's medical record must support the existence and treatment of the complication or comorbidity.

⁷ National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts (\$5,552.58). Source: October 3, 2008 Federal Register.

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