

# Prolieve Thermodilatation® System

## 2010 Coding and Payment Quick Reference Guide

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**Urology**

### BACKGROUND

- In 2008, Medicare added CPT® Code 53850 to the Ambulatory Surgical Center (ASC) coverage list with an associated allowance. Therefore, the MD-office payment no longer applies to ASC-based transurethral microwave therapies.
- All rates shown are 2010 Medicare national averages; Actual rates will vary geographically.
- Although decisions about medical therapy should always be based on clinical criteria, the fact is that among urology procedures commonly performed by physicians in their office, transurethral destruction of prostate tissue by microwave thermotherapy remains the most favorably reimbursed under the Medicare physician fee schedule for 2010.
- 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.

### MEDICARE PHYSICIAN, HOSPITAL OUTPATIENT & ASC ALLOWED AMOUNTS

CPT® Code	Code Description	Physician <sup>1</sup>		Facility	
		MD In-Office Allowed Amount <sup>2</sup>	MD In-Facility <sup>2</sup> Allowed Amount <sup>2</sup>	Hospital Outpatient Allowed Amount <sup>2,3</sup>	ASC Allowed Amount <sup>2,4</sup>
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	\$2,382	\$587	\$3,147	\$1,993

<sup>1</sup> Department of Health and Human Services. Centers for Medicare and Medicaid Services. MLN Matters® Number: MM6796. <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6796.pdf>. National Average Medicare physician payment rates calculated using a 2010 conversion factor of \$36.0846. Rates subject to change and do not reflect a Sustainable Growth Rate reduction.

<sup>2</sup> "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.

<sup>3</sup> Source: November 20, 2009 Federal Register.

<sup>4</sup> ASC rates are from the 2010 Ambulatory Surgical Center Covered Procedures List – Addendum AA. Source: November 20, 2009 Federal Register.

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