

GUIDEPOINT

Reimbursement Resources

Select BPH Laser Surgery Procedures 2015 Coding & Payment Quick Reference

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 BPH laser surgery procedures and are referenced throughout this guide.

CPT® Code	Code Description
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

Physician Relative Value Units (RVUs)

Physician Relative Value Units (RVUs) are based on the Medicare 2015 Physician Fee Schedule effective January 1, 2015.

Office-Based ¹				Facility-Based			
CPT® Code	Work RVU	Practice RVU	Malpractice RVU	Total RVUs	Work RVU	Practice RVU	Total RVUs
52648	12.15	38.21	1.35	51.71	12.15	6.29	19.79
52649	14.56	N/A	1.62	See Note	14.56	7.43	23.61

Note: There are no current Medicare valuations for CPT Codes 52649 performed in the physician office setting.

Payment – Medicare

All rates shown are 2015 Medicare national averages; actual rates will vary geographically.

Physician ¹			Facility		
CPT® Code	MD In-Office Medicare Allowed Amount ²	MD In-Facility Medicare Allowed Amount ²	APC	Hospital Outpatient Medicare Allowed Amount ^{2,3}	ASC Medicare Allowed Amount ^{2,4}
52648	\$1,849	\$708	0163	\$3,113	\$1,707
52649	N/A	\$844	0163	\$3,113	\$1,707

Hospital Inpatient Allowed Amounts – Medicare

ICD-9-CM Procedure Code	ICD-9-CM Diagnosis Code	Possible MS-DRG Assignment ^{7,8}	Reimbursement
60.21 – Transurethral guided laser induced prostatectomy	600.0 – 600.91 – Assorted benign prostate diagnoses	713 – Transurethral prostatectomy, with major complication or comorbidity (CC) / Major complication or comorbidity (MCC)	\$8,697
60.29 – Other transurethral prostatectomy		714 – Transurethral prostatectomy w/o CC/MCC	\$4,653
60.93 – Repair of prostate			

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes, charges, and modifiers for services that are rendered. Boston Scientific recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA-approved label.

1. Department of Health and Human Services. Center for Medicare and Medicaid Services. CMS Physician Fee Schedule – January 8, 2015 revised release, RVU15A file <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU15A.html?DLPage=1&DLSort=0&DLSortDir=descending>. The 2015 National Average Medicare physician payment rates have been calculated using a 2015 conversion factor of \$35.7547 which reflects changes for January 1, 2015 through March 31, 2015 as a result of the April 1, 2014 Protecting Access to Medicare Act of 2014 (H.R. 4302). 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. Hospital outpatient payment rates are 2015 Medicare OPPS Addendum B national averages. Source: CMS OPPS - January 2015 revised release, CMS-1613-CN-Addendum-B_REV file <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates-Items/2015-Jan-Addendum-B.html?DLPage=1&DLSort=2&DLSortDir=descending>.
4. ASC payments rates are 2015 Medicare ASC national averages. ASC rates are from the 2015 Ambulatory Surgical Center Covered Procedures List – Addendum AA. Source: January 2015 revised release, CMS-1613-CN-Addendum-AA-BB-DD1-DD2-EE- file <http://www.cms.gov/apps/ama/license.asp?file=/ascpayment/downloads/CMS-1613-CN-CY-2015-Addendum-AA-BB-DD1-DD2-EE.zip>
5. "NA" in the 2015 "MD-In-Office Medicare Allowed Amount" column means that there is no in-office differential.
6. Relevant Procedure/Product" and ICD-9-CM description may not always reflect the exact language of the coding descriptor due to spacing limitations. Use of short layman language titles and/or Boston Scientific's relevant products may be used in place of the coding descriptor.
7. The patient's medical record must support the existence and treatment of the complication or comorbidity.
8. National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts (\$5,865.48). Source: August 22, 2014 Federal Register; CMS-1607-F Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System Changes and FY2015 Rates.

Sequestration Disclaimer

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, 2015.

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