Boston Scientific
Advancing science for life™

GUIDEPOINT
Reimbursement Resources

Radical Prostatectomy

2016 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.

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.

The following codes are thought to be relevant to radical prostatectomy procedures and are referenced throughout this guide.

CPT® Code[1]	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 2016 Physician Fee Schedule effective January 1, 2016.

	Office-Based[1]				Facility-Based[1]			
CPT® Code	Work RVU	Practice RVU	Malpractice RVU	Total RVUs	Work RVU	Practice RVU	Malpractice RVU	Total RVUs
55845	**See Note**				25.18	11.21	2.88	**39.27**
55831	**See Note**				17.19	8.04	1.94	**27.17**
55840	**See Note**				21.36	9.91	2.45	**33.72**
55842	**See Note**				21.36	9.91	2.42	**33.69**

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

See important notes on the uses and limitations of this information on page 3.

Effective: 1JAN2016
Expires: 31DEC2016
URO-374006-AA 02/2016

Payment – Medicare

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.

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 2016 Medicare national averages; actual rates will vary geographically and/or by individual facility.

	Physician[1]			Facility	
CPT® Code	MD In-Office Medicare Allowed Amount[1,2,5]	MD In-Facility Medicare Allowed Amount[2]	APC	Hospital Outpatient Medicare Allowed Amount[2,3]	ASC Medicare Allowed Amount[2,4]
55845	N/A	$1,407	N/A	Inpatient Only	Inpatient Only
55831	N/A	$973	N/A	Inpatient Only	Inpatient Only
55840	N/A	$1,208	N/A	Inpatient Only	Inpatient Only
55842	N/A	$1,207	N/A	Inpatient Only	Inpatient Only

Hospital Inpatient Allowed Amounts – Medicare

ICD-10-PCS Procedure Code	Description
0VT00ZZ	Resection of prostate, open approach
0VT04ZZ	Resection of prostate, percutaneous endoscopic approach
0VT07ZZ	Resection of prostate, via natural or artificial opening
0VT08ZZ	Resection of prostate, endoscopic
0VT00ZZ	Resection of prostate, open approach

ICD-10-CM Diagnosis Code	Description
C61	Malignant neoplasm of prostate
C79.82	Secondary malignant neoplasm of genital organs
D07.5	Carcinoma in situ of prostate
D40.0	Neoplasm of uncertain behavior of prostate
D49.5	Neoplasm of unspecified behavior of other genitourinary organs
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes

Possible MS-DRG Assignment[6]	Description	Reimbursement[7]
707	Major male pelvic procedures with complication or comorbidity (CC) / major complication or comorbidity (MCC)	$10,483
708	Major male pelvic procedures without CC/MCC	$7,762

See important notes on the uses and limitations of this information on page 3.

Effective: 1JAN2016
Expires: 31DEC2016
URO-374006-AA 02/2016

Please note: this coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved.

Health economics 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 provided 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.

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.

1. Department of Health and Human Services. Center for Medicare and Medicaid Services. CMS Physician Fee Schedule – January 2016 release, RVU16A file https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU16A.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending The 2016 National Average Medicare physician payment rates have been calculated using a 2016 conversion factor of $35.8279. 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 ($5,904.74). Source: August 17, 2015 Federal Register; CMS-1632-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.
5. "NA" in the 2016 "MD In-Office Medicare 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 ($5,904.74). Source: August 17, 2015 Federal Register; CMS-1632-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, 2016.

Boston Scientific
Advancing science for life™

Boston Scientific Corporation
300 Boston Scientific Way
Marlborough, MA 01752
www.bostonscientific.com/reimbursement

Effective: 1JAN2016
Expires: 31DEC2016
MS-DRG Rates Expire: 30SEP2016
URO-374006-AA 02/2016