

Prostate Health

2021 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 Prostate Health procedures and are referenced throughout this guide.

To determine whether there are relevant C-codes for any Boston Scientific products, please visit our C-code finder at <http://www.bostonscientific.com/en-US/reimbursement/ccode-finder.html>.

C-Codes are tracking codes established by the Centers for Medicare & Medicaid Services (CMS) to assist Medicare in establishing future APC payment rates. C-Codes only apply to Medicare hospital outpatient claims. They do not trigger additional payment to the facility today.

It is very important that hospitals report C-Codes as well as the associated device costs. This will help inform and potentially increase future outpatient hospital payment rates.

CPT Code	Code Description
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)
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)
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed

Physician Payment – Medicare

All rates shown are 2021 Medicare national averages; actual rates will vary geographically and/or by individual facility. “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-insurances, etc.

CPT Code	Short Descriptor	MD In-Office Medicare Allowed Amount	MD In-Facility Medicare Allowed Amount	Total Office-Based RVUs	Total Facility-Based RVUs
52647	Laser coagulation of prostate	\$1,702	\$661	48.78	18.94
52648	Laser vaporization of prostate	\$1,755	\$704	50.3	20.17
52649	Laser enucleation of prostate	N/A	\$840	N/A	24.08
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	\$1,888	\$386	54.11	11.05
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	\$3,260	\$166	93.45	4.77

“N/A” indicates that Medicare has not deemed this procedure to be reimbursable in this setting.

Hospital Outpatient and ASC Payment – Medicare

CPT Code	Short Descriptor	Hospital Outpatient Medicare Allowed Amount	ASC Medicare Allowed Amount
52647	Laser coagulation of prostate	\$4,414	\$2,074
52648	Laser vaporization of prostate	\$4,414	\$2,074
52649	Laser enucleation of prostate	\$4,414	\$2,074
53854*	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	\$1,793	\$801
55874*	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	\$4,414	\$2,949

*C-1889 may be applicable. C-1889 is HCPCS code for implantable/insertable device, not otherwise classified.

Hospital Inpatient Payment – Medicare

MS-DRG assignment is based on a combination of diagnoses and procedure codes reported. While MS-DRGs listed in this guide represent likely assignments, Boston Scientific cannot guarantee assignment to any one specific MS-DRG.

Possible MS-DRG Assignment	Description	Reimbursement
713	Transurethral prostatectomy with CC/MCC	\$9,587
714	Transurethral prostatectomy without CC/MCC	\$5,968

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

ICD-10 CM Diagnosis Codes

ICD-10 CM Diagnosis Code	Description
N40.0	Enlarged prostate without lower urinary tract symptoms
N40.1	Enlarged prostate with lower urinary tract symptoms
N40.2	Nodular prostate without lower urinary tract symptoms
N40.3	Nodular prostate with lower urinary tract symptoms
C61	Malignant neoplasm of prostate

ICD-10 PCS Procedure Codes

ICD-10 PCS Procedure Code	Description
BPH Laser Surgery	
0V508ZZ	Destruction of Prostate, Via Natural or Artificial Opening Endoscopic

Physician payment rates are 2021 Medicare national averages. Source: Centers for Medicare and Medicaid Services. CMS Physician Fee Schedule – November 2020 release, CMS-1734-F file. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1734-f>

The 2021 National Average Medicare physician payment rates have been calculated using the latest updated 2021 conversion factor of \$34.89. Rates subject to change.

Hospital outpatient payment rates are 2021 Medicare OPPS Addendum B national averages. Source: Centers for Medicare and Medicaid Services. CMS OPPS – November 2020 release, CMS-1736-FC file. <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1736-fc>

ASC payment rates are 2021 Medicare ASC Addendum AA national averages. ASC rates are from the 2021 Ambulatory Surgical Center Covered Procedures List. Source: Centers for Medicare and Medicaid Services. CMS ASC – November 2020 release, CMS-1736-FC file. <https://www.cms.gov/medicare/medicare-fee-service-payment/asc-payment/asc-regulations-and-notices/cms-1736-fc>

National average (wage index greater than one and hospital submitted quality data and is a meaningful HER user) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor, and capital amounts (\$6,427.41). Source: September 2020 Federal Register, CMS-1735-FR. FY 2021 rates.

ICD-10 MS-DRG definitions from the CMS ICD-10-CM/PCS MS-DRG v37.0 Definitions Manual. Source: https://www.cms.gov/icd10m/version37-fullcode-cms/fullcode_cms/P0001.html

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. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

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 rendered. It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. 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. Information included herein is current as of November 2020 but is subject to change without notice. Rates for services are effective January 1, 2021.

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.

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, 2021.

CPT® Disclaimer

Current Procedural Terminology (CPT) Copyright 2020 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions apply to government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

All trademarks are the property of their respective owners.

**Boston
Scientific**
Advancing science for life™

Boston Scientific Corporation
300 Boston Scientific Way
Marlborough, MA 01752-1234
www.bostonscientific.com/reimbursement

Ordering Information 1.888.272.1001

©2021 Boston Scientific Corporation
or its affiliates. All rights reserved.

Effective: 1JAN2021
Expires: 31DEC2021
MS-DRG Rates Expire: 30SEP2021
URO-445007-AF MAR 2021