

BPH Treatments



2015 Most Commonly Billed Codes

- 52601 Transurethral electroresection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
- 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)
- 53850 Transurethral destruction of prostate tissue by; microwave thermotherapy

Physician

	CPT Code	RVU	Payment*	Global Days
Professional Fee	52601	24.21	\$867	90
	52648	19.77	\$708	90
	52649	23.56	\$843	90
	53850	17.38	\$622	90

* Medicare physician reimbursement rate is calculated using the 2015 conversion factor of \$35.8013.

	CPT Code	RVU	Payment*	Global Days
Office	52648	51.73	\$1,852	90
	53850	58.48	\$2,094	90

* Medicare physician reimbursement rate is calculated using the 2015 conversion factor of \$35.8013. Payment for device included in global payment to office.

Facility

	CPT Code	Payment*
Ambulatory Surgery Center	52601	\$1,707
	52648	\$1,707
	52649	\$1,707
	53850	\$673

* Payment for device included in global payment to ASC

	CPT Code	APC	Payment*	HCPCS
Hospital Outpatient	52601	163	\$3,113	N/A
	52648	163	\$3,113	N/A
	52649	163	\$3,113	N/A
	53850	161	\$1,226	N/A

* Payment for device included in global APC payment

BPH Treatments



2015 Most Commonly Billed Codes

Hospital Inpatient	Possible MS-DRGs for all CPT Codes*		Payment**
	665	Prostatectomy w/ MCC	\$18,549
	666	Prostatectomy w/ CC	\$10,284
	667	Prostatectomy w/o CC/MCC	\$5,691
	713	Transurethral Prostatectomy w/ CC/MCC	\$8,708
	714	Transurethral Prostatectomy w/o CC/MCC	\$4,659

* Complications and Comorbidities: CMS developed a standard list of diagnoses that are recognized as CCs for MS-DRGs. When a CC is present as a secondary diagnosis, it may affect the MS-DRG assignment.

** Payments are calculated by multiplying the current relative weight of the MS-DRG by the national average hospital Medicare base rate. The capital rate and payment for device are included in this calculation.

ICD-9-CM Diagnostic Coding Options	
600.00	Hypertrophy (benign) of prostate w/o urinary obstruction and other lower urinary tract symptoms (LUTS)
600.01	Hypertrophy (benign) of prostate w/urinary obstruction and other lower urinary tract symptoms (LUTS)
600.10	Nodular prostate w/o urinary obstruction
600.11	Nodular prostate w/urinary obstruction
600.20	Benign localized hyperplasia of prostate w/o urinary obstruction and other lower urinary tract symptoms (LUTS)
600.21	Benign localized hyperplasia of prostate w/urinary obstruction and other lower urinary tract symptoms (LUTS)
600.90	Hyperplasia of prostate, unspecified, w/o urinary obstruction and other lower urinary tract symptoms (LUTS)
600.91	Hyperplasia of prostate, unspecified, w/urinary obstruction and other lower urinary tract symptoms (LUTS)

ICD-9-CM Procedural Coding Options	
60.21	Transurethral (ultrasound) guided laser induced prostatectomy (TULIP)
60.29	Other transurethral prostatectomy
60.97	Transurethral destruction of prostate tissue by microwave thermotherapy

Disclaimer: While AMS has made reasonable efforts to ensure the accuracy of the information set forth herein, AMS does not guarantee reimbursement coverage or amounts for any product or procedure nor does AMS recommend any particular product or procedure for any individual patient. The information described herein is provided solely as a guide for AMS products and is based on publicly available information from CMS. It is the responsibility of the provider to report codes that accurately describe the products, procedures, and individual patient's medical condition(s). Providers should contact the appropriate payers directly if they have questions or need specific information. AMS does not promote the use of its products outside of the uses or indications as described in the applicable labeling.

Coding Resources:

1. American Medical Systems. CPT 2015 Current Procedural Terminology. Professional Edition. CPT is a trademark of the AMA
2. OptumInsights. ICD-9-CM for Hospitals and Payers - Vol. 1, 2, 3 2015 Expert. OptumInsights. Salt Lake City, UT
3. OptumInsights. HCPCS Level II Expert 2015. Optum. Salt Lake City, UT
4. OptumInsights. DRG Expert 2015. Optum. Salt Lake City, UT
5. Truven Health Analytics. MarketScan® Research. 2014 Truven Health Analytics INC
6. OptumInsights. EncoderPro.com. OptumInsight, Inc. 2014
7. CMS. Final Rule with Comment Period and CY2015 Payment Rates (Outpatient). CMS-1613-FC. www.cms.gov
8. CMS. IPPS Annual Proposed and Final Rules, and Relevant Correction Notices: Fiscal Year 2015 (Inpatient). CMS-1607. www.cms.gov
9. CMS. CY 2015 Revision to Payment Policies under the Physician Fee Schedule and Other Revisions to Medicare Part B. CMS-1600-FC. www.cms.gov

