

### 2009 MOST COMMONLY BILLED CODES

**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)

Physician Office	Physician			Office	Device		Global
	CPT	RVU	Payment*	Payment	HCPCS	Payment	Days
	52648	62.92	\$2,269	Included in global fee to Physician	N/A	Payment for device included in global payment to Physician	90

\*Medicare physician reimbursement rate is calculated using the 2009 conversion factor of \$36.0666 and is adjusted for budget neutrality

Ambulatory Surgery Center	Physician			ASC	Device	
	CPT	RVU	Payment	Payment	HVPCS	Payment
	52648	19.69	\$710	\$1,577	N/A	Payment for device included in global payment to ASC

Hospital Outpatient	Physician			Inpatient Hospital		Device	
	CPT	RVU	Payment	APC	Payment	HVPCS	Payment
	52648	19.69	\$710	429	\$3,026	N/A	Payment for device included in global APC payment

Hospital Inpatient	Physician			Inpatient Hospital			Device
	CPT	RVU	Payment	Possible MS-DRG for all CPT codes*		Payment**	Payment
	52648	19.69	\$710	665	Prostatectomy w/MCC		\$14,194
666				Prostatectomy w/CC		\$8,620	
667				Prostatectomy w/o CC/MCC		\$4,570	
713				Transurethral Prostatectomy w/CC/MCC		\$6,205	
714				Transurethral Prostatectomy w/o CC/MCC		\$3,509	

\*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.

\*\*These averages are calculated by multiplying the current relative weight of the MS-DRG by the national avg. hospital Medicare base rate and this includes the capital rate.

CONTINUED ON NEXT PAGE

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

ICD-9-CM Procedural Coding Options	
<b>60.21</b>	Transurethral (ultrasound) guided laser induced prostatectomy (TULIP)
<b>60.29</b>	Other transurethral prostatectomy

**Disclaimer:** While reasonable efforts have been made to ensure the accuracy of the information set forth, AMS, Inc. can not guarantee reimbursement for any procedure or product. It is the responsibility of the medical provider to contact payers for specific coverage and billing/coding policies as well as update the information described herein. Reimbursement rates quoted are 2009 Medicare national averages.

**Coding Resources:**

1. CPT 2009. Current Procedural Terminology. Professional Edition. CPT is a trademark of the American Medical Association
2. ICD-9-CM for Hospitals—Vol. 1, 2, 3 Updatable Expert 2009. Ingenix, Inc. Salt Lake City, UT
3. HCPCS Level II Expert 2009. Healthcare Common Procedure Coding System. American Medical Association, Ingenix, Inc. Salt Lake City, UT
4. DRG Expert 2009. Ingenix, Inc. Salt Lake City, UT
5. Federal Register, Vol. 73, No. 223, Nov. 19, 2008
6. Federal Register, Vol. 73, No. 161, Aug. 19, 2008
7. Federal Register, Vol. 73, No. 224, Nov. 19, 2008