

2008 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	Payment	
	52648	71.03	\$2,651	Included in physician payment	Payment for device included in payment to physician	90

* Medicare physician reimbursement rate is calculated using the 2008 conversion factor of \$38.0870 and is adjusted for budget neutrality

Ambulatory Surgery Center	Physician			ASC	Device
	CPT	RVU	Payment	Payment	Payment
	52648	18.79	\$661	\$1,472	Payment for device is included in global ASC payment

Hospital Outpatient	Physician			Outpatient Hospital		Device	
	CPT	RVU	Payment	APC	Payment	HCPCS	Payment
	52648	18.79	\$661	429	\$2,879	N/A	Payment for device is included in global APC payment

Hospital Inpatient	Physician			Inpatient Hospital			Device
	CPT	RVU	Payment	Possible MS-DRG for all CPT codes*		Payment**	Payment
	52648	18.79	\$661	665	Prostatectomy w/MCC	\$11,588	Payment for device included in global MS-DRG payment
666				Prostatectomy w/CC	\$7,958		
667				Prostatectomy w/o CC/MCC	\$5,057		
713				Transurethral Prostatectomy w/ CC/MCC	\$5,335		
714				Transurethral Prostatectomy w/o CC/MCC	\$3,635		

* 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.

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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 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

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 2008 Medicare national averages.

Coding Resources:

1. CPT 2008. 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 2008. Ingenix, Inc. Salt Lake City, UT
3. HCPCS Level II Expert 2008. Healthcare Common Procedure Coding System. American Medical Association. Ingenix, Inc. Salt Lake City, UT
4. DRG Expert 2008. Ingenix, Salt Lake City, UT
5. Federal Register, Vol. 72, No. 227, Nov. 27, 2007
6. Federal Register, Vol. 72, No. 162, Aug. 22, 2007
7. Federal Register, Vol. 73, No. 10, Jan. 15, 2008