Coding Urology (Male) Procedures

Audio Seminar/ Webinar
November 29, 2007

Practical Tools for Seminar Learning

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Faculty

Jean Jurek, MS, RHIA, CPC
Ms. Jurek has 25 years of ICD-9-CM and CPT coding experience in a variety of healthcare settings. She is currently a full-time associate professor for the HIT program at Erie Community College and President of Jean Jurek Associates Inc., a medical coding and consulting company.

Jerome Ndayishimiye, MS, RHIA, CIC
Mr. Ndayishimiye is quality coding coordinator at Kaleida Health in Buffalo, NY. Mr. Ndayishimiye conducts regular coding audits and education to ensure continuous coding quality regulatory compliance, and proper reimbursement. Previously, he consulted on hospital outpatient coding and reimbursement, and is currently serving as finance director of the New York HIMA.
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Objectives

- Demonstrate anatomy and physiology of the male urinary system
- Review common diseases of the male urinary system and treatment options
  - Overview of corresponding CPT codes
  - Review of applicable ICD-9-CM diagnosis and procedure
  - Discuss CPT and ICD-9-CM and coding guidelines
- Apply coding guidelines using case studies and examples

Anatomy and Physiology
Anatomy and Physiology – Kidney

- **Filter blood**
  - 200 quarts of blood/day
  - Urine
  - 2 quarts of waste

- **Release hormones**
  - Erythropoietin or EPO
  - Renin
  - Calcitriol

Male Urinary Tract
Common Signs and Symptoms of Urinary Disorders

- Nocturia (788.43)
- Incomplete bladder emptying (788.21)
- Straining (788.65)
- Frequency (788.41)
- Hesitancy (788.64)
- Incontinence (788.30-788.39)
- Obstruction (599.69)
- Retention (788.20)
- Urgency (788.63)
- Weak urinary stream (788.62)
- Hematuria (599.7)
- Slow stream (788.62)

Common Diseases/Disorders

- Benign Prostatic Hyperplasia
- Prostate cancer
- Urolithiasis
- Bladder tumors
- Urinary tact strictures
- Urinary Incontinence
- Interstitial cystitis
General Diagnostic Methods

- History and physical exam
- Lab tests

Urodynamics
Rigid cystoscope and semirigid ureteroscope
Intravenous pyelogram (IVP)

Transrectal ultrasound
Transrectal ultrasound and prostate biopsy
Magnetic resonance angiogram (MRA)
Digital rectal exam (DRE)
CT Scan
Urinary System General Coding

- Therapeutic cystourethroscopy always includes diagnostic cystourethroscopy (CPT 52000)
  - Do not report 52000 in addition to 52320-52343

- Therapeutic cystourethroscopy with ureteroscopy and/or pyeloscopy always includes diagnostic cystourethroscopy with ureteroscopy and/or pyeloscopy (CPT 52351)
  - Do not report 52351 in addition to 52344-52346, 52352-52355

- Diagnostic or therapeutic cystourethroscopy with ureteroscopy and/or pyeloscopy includes insertion or removal a temporary ureteral catheter.
  - Do not report 52005 in addition to 52320-52355

- Do not report 52351 in addition to 52344-52346, 52352-52355
  - OCE edit 20

Case Study - A (Outpatient)

Clinical Scenario
- A patient with RT ureter stricture was admitted for treatment. As planned cystourethroscopy with dilation of the RT ureter stricture was done; but due to patient complaints of the pain in the LT flank, diagnostic cystourethroscopy with ureteroscopy of LT ureter was carried out.
- What CPT codes should be reported?
  - A. 52341
  - B. 52341 and 52351-59

Considerations
- CPT coding instructions say not to use 52351 in addition to 52341
- 52351 is not an inherently a bilateral code
- CCI edit (facility and professional) indicates that 52351 is always part of 52341
- Trigger of OCE 20-Line item rejection
- AMA's advice (CPT Assistant, Special 2006 Page 5).
  - Both 52341 and 52351 should be reported
- Coding Clinic for HCPCS, 3Q, 2004
Urinary System General Coding

- **Urodynamics**
  - Cystometrogram
    - Simple vs. complex
  - Uroflowmetry
    - Simple vs. complex
  - Other
    - Physician billing
    - Reporting of cystourethroscopy procedures

- **Diagnostic and therapeutic approach**

**Urinary System General Coding**

- Surgical laparoscopy always includes diagnostic laparoscopy.

- Infusion and injection procedures (e.g. 36000, 36140, 90760-90776) are generally regarded as part of the surgical procedures (CCI Manual).

- CPT 51701-51703 or 51700 are not separately reported when performed as part of other procedures (e.g. for postoperative drainage).

- Confirmatory endoscopy does not represent a diagnostic or surgical endoscopy.

- Do not report insertion and removal of temporary ureteral catheter (CPT 52005) in addition to 52320-52355.
Polling Question #1

A patient with post void dribbling underwent a leak point pressure test along with an examination of the bladder through a cystourethroscopy approach. At the end of the procedure the bladder was irrigated and all instruments removed.

What is the best choice?

*1 600.3, 788.35, 51772, 51701
*2 788.35, 51795, 52000, 51700
*3 788.35, 51772, 52000
*4 None of the above

General Use of Modifiers

- Modifier 59
  - CCI edit
- Modifier 22
  - Professional
- Modifier 51
  - Professional
  - Appendix E for exemption or add-on codes
- Modifier 58
  - Confused with modifier 78
- Modifier 52 vs. 73 or 74
General Use of Modifiers

Modifier 50

- Codes that read unilateral or bilateral
  - 52290
  - 52300
  - 52301
  - No modifier 50
- Inherent bilateral procedures
  - 52000
  - 52010
  - 52204-52285
  - 52305-52318
  - No modifier 50

- Unilateral procedure
  - 52005
  - 52007
  - 52320-52355
  - Modifier LT, RT
  - Modifier 50 as appropriate


- Hospital vs. ASC centers
  - Unit “1” vs. “2”

General Use of Modifiers

Modifier FB, FC (2008)

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<tr>
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<th>S1</th>
<th>Description</th>
<th>2007/ final rule</th>
<th>Device A</th>
<th>Device A Description</th>
<th>Modifier FB or FC in 2008</th>
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<td>50387 T</td>
<td>Ureteral stent exchange/remove</td>
<td>0122</td>
<td>C1875</td>
<td>Stent, coated/cov w/o del sy</td>
<td></td>
<td></td>
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<td>0122</td>
<td>C1877</td>
<td>Stent, non-cost/cov w/o del</td>
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<td>50387 T</td>
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<td>0122</td>
<td>C2617</td>
<td>Stent, non-cor, tem w/o del</td>
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</table>
Benign Prostatic Hyperplasia (BPH)

- The most prevalent benign neoplasm in American men
- Some signs and symptoms
  - a hesitant, interrupted, weak stream
  - urgency and leaking or dribbling
  - more frequent urination, especially at night
- Etiology
  - No definite known reason
  - Age may be a factor
- Common Diagnostic methods
  - Digital Rectal Examination (DRE)
  - Prostate-Specific Antigen (PSA) Blood Test
  - Rectal Ultrasound and Prostate Biopsy
  - Urine Flow Study
  - Cystoscopy
  - Other

In 2000, 4.5 millions physician office visits were primarily due to BPH
Direct cost of about $1.1 billion (NIH, 2007)

BPH prevalence estimates by age cohort (NIH, 2007)
40-49: 24%
50-59: 31%
60-79: 36%
70-up: 44%
BPH - ICD-9-CM Perspective

- The codes for Benign Prostatic Hypertrophy and Prostatic Hyperplasia (600.0, 600.2 and 600.9) include “with lower urinary tract symptoms”
  - Determine if symptoms are present
  - Assign a fifth digit of 1
  - Code those symptoms in addition to the code for the BPH or hyperplasia

Benign Prostatic Hyperplasia (BPH)

TURP (Transurethral resection of the prostate)

- Instrument with a loop
- Do not report CPT 52601 when laser is used
  - Use visual laser ablation of the prostate (VLAP)
  - see CPT codes 52647-52648
- For other approaches see CPT codes 55801-55845
  - Modifier 58 as necessary

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<th>Short Description</th>
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<td>52601</td>
<td>Prostatectomy (TURP)</td>
<td>T</td>
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</table>
Benign Prostatic Hyperplasia (BPH)

TUMT (Transurethral microwave thermotherapy)  TUNA (transurethral needle ablation)

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<th>APC</th>
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<tr>
<td>53850</td>
<td>Prostatic microwave thermotherapy (TUMT)</td>
<td>T</td>
<td>65</td>
</tr>
<tr>
<td>53852</td>
<td>Prostatic thermal therapy (TUNA)</td>
<td>T</td>
<td>65</td>
</tr>
<tr>
<td>53853</td>
<td>Prostatic laser therapy</td>
<td>T</td>
<td>102</td>
</tr>
</tbody>
</table>

ICD-9  Description
60.96  Transurethral destruction of prostate tissue by microwave thermotherapy
60.97  Other transurethral destruction of prostate tissue by other thermotherapy
93.36  Other heat therapy
99.85  Hyperthermia for treatment of cancer

Benign Prostatic Hyperplasia (BPH)

- Greenlight Photoselective Vaporization of the Prostate (PVP) or Greenlight Laser System (GLLS) also known as TULIP (transurethral ultrasound-guided laser-induced prostatectomy)
  - Laser used to vaporize the prostate
  - Contact vs. non-contact no longer apply as of January 1, 2006
    - C9713 - noncontact vaporization is no longer a valid code.
  - For laser vaporization use 52648
    - Reference: Coding Clinic for HCPCS, 1Q, 2006
  - For laser coagulation use 52647

- Effective January 1, 2008
  - 52649 for Laser enucleation of the prostate with morcellation

- Do not report vasectomy, meatotomy, dilation, urethrotomy, or resection of the prostate separate
**Benign Prostatic Hyperplasia (BPH)**

**Other CPT procedures codes**

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<tr>
<td>52450</td>
<td>Incision of prostate</td>
<td>T</td>
<td>162</td>
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<tr>
<td>52510</td>
<td>Dilation prostatic urethra</td>
<td>T</td>
<td>161</td>
</tr>
<tr>
<td>52601</td>
<td>Prostatectomy (TURP)</td>
<td>T</td>
<td>163</td>
</tr>
<tr>
<td>52612</td>
<td>Prostatectomy, first stage</td>
<td>T</td>
<td>163</td>
</tr>
<tr>
<td>52614</td>
<td>Prostatectomy, second stage</td>
<td>T</td>
<td>163</td>
</tr>
<tr>
<td>52620</td>
<td>Remove residual prostate</td>
<td>T</td>
<td>163</td>
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<tr>
<td>52630</td>
<td>Remove prostate regrowth</td>
<td>T</td>
<td>163</td>
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<td>52647</td>
<td>Laser surgery of prostate</td>
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<td>429</td>
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<tr>
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<td>Laser surgery of prostate</td>
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<td>53850</td>
<td>Prostatic microwave thermolysis</td>
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<td>675</td>
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<tr>
<td>53852</td>
<td>Prostatic rf thermolysis</td>
<td>T</td>
<td>675</td>
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<tr>
<td>53853</td>
<td>Prostatic water thermotherapy</td>
<td>T</td>
<td>162</td>
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<tr>
<td>55700</td>
<td>Biopsy of prostate</td>
<td>T</td>
<td>184</td>
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<tr>
<td>55705</td>
<td>Biopsy of prostate</td>
<td>T</td>
<td>184</td>
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<tr>
<td>55720</td>
<td>Drainage of prostate abscess</td>
<td>T</td>
<td>162</td>
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<tr>
<td>55725</td>
<td>Drainage of prostate abscess</td>
<td>T</td>
<td>162</td>
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<tr>
<td>55801</td>
<td>Removal of prostate</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>55810</td>
<td>Extensive prostate surgery</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>55812</td>
<td>Extensive prostate surgery</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>55815</td>
<td>Extensive prostate surgery</td>
<td>C</td>
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</tr>
<tr>
<td>55821</td>
<td>Removal of prostate</td>
<td>C</td>
<td></td>
</tr>
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<td>55830</td>
<td>Removal of prostate</td>
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<td>55840</td>
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<td>C</td>
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<td>55842</td>
<td>Extensive prostate surgery</td>
<td>C</td>
<td></td>
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<td>55845</td>
<td>Extensive prostate surgery</td>
<td>C</td>
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</tr>
<tr>
<td>55860</td>
<td>Surgical exposure, prostate</td>
<td>T</td>
<td>165</td>
</tr>
<tr>
<td>55865</td>
<td>Extensive prostate surgery</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>55866</td>
<td>Extensive prostate surgery</td>
<td>C</td>
<td></td>
</tr>
</tbody>
</table>

**BPH – ICD-9-CM Procedures**

- Transurethral resection of Prostate 60.29
  - Electrovaporization (TEVAP) - 60.29
  - Laser (ablation/ vaporization) - (60.21)
  - Microwave Therapy (TUMT) - (60.96)
  - Needle Ablation (TUNA) - (60.97)
  - Radiofrequency Thermotherapy - (60.97)
  - Two stage resection - (60.29, 60.29)
  - Ultrasound guided laser induced (TULIP)-60.21
  - VLAP (visual laser assisted)- (60.21)
  - Water-induced thermotherapy - (60.97)
**BPH - ICD-9-CM Procedures**

- Code also additional procedures performed:
  - Internal Urethrotomy
  - Urethral Meatotomy
  - Urethral Calibration
  - Urethral dilation
  - Vasectomy

**BPH - Sequencing Issues**

- BPH with symptoms: BPH reported first

- Acute renal failure due to BPH and urinary obstruction:
  - Sequence acute renal failure first
    - *Coding Clinic, 3Q 2002, page 28*

- BPH with foci of adenocarcinoma:
  - UHDDS requires reason for admission (BPH) sequenced first, followed by code for pathologic findings documented by physician
    - *Coding Clinic 3Q 1992, page 7, and*
    - *Coding Clinic 1Q 2004, pages 20-21*
Polling Question #2

A patient presents with benign prostatic hypertrophy (BPH) with urinary frequency and bladder neck obstruction. He is admitted for a TUNA procedure and dilation of the bladder neck.

* 1  600.01, 596.0, 788.41, 60.97, 57.92
* 2  600.00, 596.0, 60.29, 57.92
* 3  600.00, 788.41, 60.29, 57.92
* 4  600.01, 596.0, 788.41, 60.97

Urinary Incontinence

- Stress (788.32)
  - Due to inadequate urethral pressure
- Urge (788.32)
  - Due to abnormal bladder contracted
- Mixed (788.32)
  - Stress + urge
- Functional (307.6)
  - May be due to medications, infection, etc.

Up to 30% of patients who have had a radical prostatectomy experience some degree of incontinence afterwards (NIH, 2007)
Urinary Incontinence

- **Artificial sphincter** (58.93)
  To treat urine leakage due to a weak sphincter

- **CPT codes**

<table>
<thead>
<tr>
<th>CPT</th>
<th>Short Description</th>
<th>SI</th>
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<tbody>
<tr>
<td>53444</td>
<td>Insert tandem cuff</td>
<td>S</td>
<td>0385</td>
</tr>
<tr>
<td>53445</td>
<td>Insert uro/ves nck sphincter</td>
<td>S</td>
<td>0386</td>
</tr>
<tr>
<td>53446</td>
<td>Remove uro sphincter</td>
<td>T</td>
<td>0168</td>
</tr>
<tr>
<td>53447</td>
<td>Remove/replace ur sphincter</td>
<td>S</td>
<td>0386</td>
</tr>
<tr>
<td>53448</td>
<td>Remove/replace uro sphinct comp</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>53449</td>
<td>Repair uro sphincter</td>
<td>T</td>
<td>0168</td>
</tr>
</tbody>
</table>

Urinary Incontinence

- **Sling procedure** (59.4)
  - A strip of material around the urethra to keep constant pressure on the urethra.

- **CPT codes**

<table>
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<tr>
<td>51992</td>
<td>Laparo sling operation</td>
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<td>0131</td>
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<tr>
<td>53440</td>
<td>Male sling procedure</td>
<td>S</td>
<td>0385</td>
</tr>
<tr>
<td>53442</td>
<td>Remove/revise male sling</td>
<td>T</td>
<td>0168</td>
</tr>
</tbody>
</table>

- **Collagen implant** (59.72)
  - Urinary incontinence due intrinsic sphincter deficiency(ISD)
  - Injected in the submucosal tissues of the urethra and/or the bladder neck
Urinary Incontinence

Sacral nerve stimulation (e.g. Interstim Therapy)

- **Test stimulation**

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<tr>
<td>64561</td>
<td>Implant neuroelectrodes (percutaneous)</td>
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<tr>
<td>64581</td>
<td>Implant neuroelectrodes (incision)</td>
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- **Revision/ removal**

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<tr>
<td>64585</td>
<td>Revise/remove neuroelectrode</td>
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<tr>
<td>64595</td>
<td>Revise/rmv pn/gastr stimul</td>
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- **Implantation phase**

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<td>Inc/s/redo pn/gastr stimul</td>
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- **Analysis and programming**

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<td>95971</td>
<td>Analyze neurostim, simple</td>
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<td>Analyze neurostim, complex (first hour)</td>
<td>S</td>
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<td>Analyze neurostim, complex (+ 30 min)</td>
<td>S</td>
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Other treatment options

- **Biofeedback (94.39)**

- **Pulsed magnetic neuromodulation**

  - **CPT codes**

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<td>0029T</td>
<td>Magnetic tx for incontinence</td>
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Urethral Stricture (598.8)

- Navicularis, penile urethra, bulbar urethra, membranous urethra, prostatic urethra, or bladder neck

- Some signs and symptoms
  - irritative voiding
  - recurrent urinary tract infections,
  - urinary retention

- Etiology
  - Lichen sclerosis
  - Gonococcal infection
  - Trauma
  - Postsurgical
  - Other

CPT Coding Alert

- For temporary insertion of a temporary prostatic urethral stent
  - Do not use 52282 (Cystourethroscopy with insertion of urethral stent)
  - Use 0084T
    - Only to be used without permanent stent
  - Reference: AMA CPT Assistant, May 2005 page 11
- 52281 with 52282
  - OCE edit 20

Urethral Stricture

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>Description</th>
<th>CPT</th>
<th>Short Description</th>
<th>SI</th>
<th>APC</th>
</tr>
</thead>
<tbody>
<tr>
<td>598.00</td>
<td>Urethral stricture due to unspecified infection</td>
<td>52281</td>
<td>Cystoscopy and treatment</td>
<td>T</td>
<td>0161</td>
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<tr>
<td>598.01</td>
<td>Urethral stricture due to infective diseases classified elsewhere</td>
<td>52282</td>
<td>Cystoscopy, implant stent</td>
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<td>0163</td>
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<tr>
<td>598.1</td>
<td>Traumatic urethral stricture</td>
<td>52283</td>
<td>Cystoscopy and treatment</td>
<td>T</td>
<td>0161</td>
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<tr>
<td>598.2</td>
<td>Postoperative urethral stricture</td>
<td>52275</td>
<td>Cystoscopy &amp; revise urethra</td>
<td>T</td>
<td>0161</td>
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<tr>
<td>598.8</td>
<td>Other specified causes of urethral stricture</td>
<td>52276</td>
<td>Cystoscopy and treatment</td>
<td>T</td>
<td>0161</td>
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<tr>
<td>598.9</td>
<td>Urethral stricture, unspecified</td>
<td>53000</td>
<td>Incision of urethra</td>
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<td>0166</td>
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<tr>
<td></td>
<td></td>
<td>53010</td>
<td>Incision of urethra</td>
<td>T</td>
<td>0166</td>
</tr>
<tr>
<td></td>
<td></td>
<td>53020</td>
<td>Incision of urethra</td>
<td>T</td>
<td>0166</td>
</tr>
<tr>
<td></td>
<td></td>
<td>53025</td>
<td>Incision of urethra</td>
<td>T</td>
<td>0166</td>
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<td></td>
<td></td>
<td>53400</td>
<td>Revise urethra, stage 1</td>
<td>T</td>
<td>0168</td>
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<td></td>
<td></td>
<td>53405</td>
<td>Revise urethra, stage 2</td>
<td>T</td>
<td>0168</td>
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<tr>
<td></td>
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<td>53410</td>
<td>Reconstruction of urethra</td>
<td>T</td>
<td>0168</td>
</tr>
<tr>
<td></td>
<td></td>
<td>53415</td>
<td>Reconstruction of urethra</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>53420</td>
<td>Reconstruct urethra, stage 1</td>
<td>T</td>
<td>0168</td>
</tr>
<tr>
<td></td>
<td></td>
<td>53425</td>
<td>Reconstruct urethra, stage 2</td>
<td>T</td>
<td>0168</td>
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<tr>
<td></td>
<td></td>
<td>53431</td>
<td>Reconstruct urethra/ bladder</td>
<td>T</td>
<td>0168</td>
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<tr>
<td></td>
<td></td>
<td>53450</td>
<td>Revision of urethra</td>
<td>T</td>
<td>0168</td>
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<td>53600</td>
<td>Dilate urethra stricture</td>
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<td>53601</td>
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<td>53605</td>
<td>Dilate urethra stricture</td>
<td>T</td>
<td>0161</td>
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<td></td>
<td>53620</td>
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<td>T</td>
<td>0165</td>
</tr>
<tr>
<td></td>
<td></td>
<td>53621</td>
<td>Dilate urethra stricture</td>
<td>T</td>
<td>0164</td>
</tr>
</tbody>
</table>
Urethral Stricture Procedures

※ Coding in ICD-9-CM
  • Meatotomy (Incision into urethral meatus) – 58.5
  • Urethroplasty
    • Fat Implant – 59.72
    • Insertion of Tandem cuff – 58.99
    • Urethral Meatoplasty – 58.47
    • Reconstruction – 58.46

Indications: Often the stricture is due to BPH (sequence BPH first).
Urolithiasis

- May be due to
  - Changes in physicochemical
  - Genetic
  - Urinary stasis
  - UTI or other causes

About 10% of males in the USA develop kidney stones (NIH, 2007)

A stone in the urinary system
- Nephrolithiasis (kidney) 592.0
- Ureterolithiasis (ureter) 592.1

Hematuria and Renal Colic - Symptoms that are integral to urolithiasis
- Coding Clinic, 3Q 1995, page 8
- Coding Clinic, 1Q 1991, page 11
**Urolithiasis**

**ICD-9 Description-Procedure**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>55.01</td>
<td>Nephrotomy</td>
</tr>
<tr>
<td>55.02</td>
<td>Nephrostomy</td>
</tr>
<tr>
<td>55.03</td>
<td>Percutaneous nephrostomy without fragmentation</td>
</tr>
<tr>
<td>55.04</td>
<td>Percutaneous nephrostomy with fragmentation</td>
</tr>
<tr>
<td>55.92</td>
<td>Percutaneous aspiration of kidney (pelvis)</td>
</tr>
<tr>
<td>56.0</td>
<td>Transurethral removal of obstruction from ureter and renal pelvis</td>
</tr>
<tr>
<td>56.2</td>
<td>Ureterotomy</td>
</tr>
<tr>
<td>59.8</td>
<td>Urethral catheterization</td>
</tr>
<tr>
<td>59.95</td>
<td>Ultrasonic fragmentation of urinary stones</td>
</tr>
<tr>
<td>98.51</td>
<td>Extracorporeal shockwave lithotripsy (ESWL) of the kidney, ureter and/or bladder</td>
</tr>
</tbody>
</table>

**ICD-9 Description-Diagnosis**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>594.0</td>
<td>Calculus in diverticulum of bladder</td>
</tr>
<tr>
<td>594.1</td>
<td>Other calculus in bladder</td>
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<tr>
<td>594.2</td>
<td>Calculus in urethra</td>
</tr>
<tr>
<td>594.8</td>
<td>Other lower urinary tract calculus</td>
</tr>
<tr>
<td>594.9</td>
<td>Calculus of lower urinary tract, unspecified</td>
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</table>

**CPT Short Description**

<table>
<thead>
<tr>
<th>CPT</th>
<th>Short Description</th>
<th>SI</th>
<th>APC</th>
</tr>
</thead>
<tbody>
<tr>
<td>50060</td>
<td>Removal of kidney stone</td>
<td>C</td>
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</tr>
<tr>
<td>50065</td>
<td>Incision of kidney</td>
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<tr>
<td>50070</td>
<td>Incision of kidney</td>
<td>C</td>
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<tr>
<td>50075</td>
<td>Removal of kidney stone</td>
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<tr>
<td>50080</td>
<td>Removal of kidney stone</td>
<td>T</td>
<td>0429</td>
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<tr>
<td>50081</td>
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<td>0429</td>
</tr>
<tr>
<td>50120</td>
<td>Exploration of kidney</td>
<td>C</td>
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</tr>
<tr>
<td>50125</td>
<td>Explore and drain kidney</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>50130</td>
<td>Removal of kidney stone</td>
<td>C</td>
<td></td>
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<tr>
<td>50590</td>
<td>Fragmenting of kidney stone</td>
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<td>0169</td>
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<tr>
<td>50610</td>
<td>Removal of ureter stone</td>
<td>C</td>
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</tr>
<tr>
<td>50620</td>
<td>Removal of ureter stone</td>
<td>C</td>
<td></td>
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<tr>
<td>50630</td>
<td>Removal of ureter stone</td>
<td>C</td>
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<tr>
<td>52320</td>
<td>Cystoscopy and treatment</td>
<td>T</td>
<td>0162</td>
</tr>
<tr>
<td>52325</td>
<td>Cystoscopy, stone removal</td>
<td>T</td>
<td>0162</td>
</tr>
<tr>
<td>52330</td>
<td>Cystoscopy and treatment</td>
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<td>0162</td>
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<td>52351</td>
<td>Cystouretero &amp; pyeloscope</td>
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<td>52352</td>
<td>Cystouretero w/ stone remove</td>
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<td>0162</td>
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<tr>
<td>52353</td>
<td>Cystouretero w/ lithotripsy</td>
<td>T</td>
<td>0163</td>
</tr>
</tbody>
</table>
• 50080 or 50081 are usually preceded with nephrostomy establishment
• For nephrostomy establishment performed during a different session report
• If the tract is established through retrograde cystourethroscopy, report 52334
• Report 50392 (if nephrostomy is left in place for therapeutic purposes) with appropriate S&I

• Lithotripsy is a unilateral procedure
  • CPT Assistant, August 2001 p.10
• Do not report 76000 in addition to 50590 (lithotripsy, extracorporeal shock wave)
• See 52353 for cysto approach
  • Reference CPT Assistant August 2003 page 14.

- ESWL: Extracorporeal Shock Wave Lithotripsy: (98.51)
  • Most common treatment for kidney stones
  • Treatment consists of shock waves outside the body traveling inside to break up the stone (calculus)
Urolithiasis - ESWL


Urolithiasis - Other Procedures

- Cystourethroscopy with stone extraction (56.0)
- Stent Insertion (59.8)
- Percutaneous Nephrostomy
  - 55.04 or 55.03
  - 55.92
- Removal of calculus by incision
  - Ureterotomy 56.2
  - Nephrotoomy 55.01
  - Cystotomy 57.19
  - Urethrotomy 58.0
Dysfunction of the Bladder

Continent diversion-CPT 50825

A two-piece pouch system. The square barrier sticks to the skin. The pouch attaches to the barrier

CPT 50820
CPT 50860
Polling Question #3

A patient is scheduled to undergo a calculus removal from the ureter but a severe stricture from the urethra is encountered and had to be dilated first. After, the scope was passed and the ureteral stone was removed.

What is the appropriate choice?

*1 592.1, 598.8, 52352
*2 592.1, 598.8, 52352 and 52281
*3 592.1, 52281

MS-DRGs - Male Urinary System

• MCCs
  • Acute renal failure
  • Acute pancreatitis
  • Sepsis
  • Acute pyelonephritis with lesion of renal medullary necrosis

• CCs
  • UTI
  • Acute prostatitis
  • Hydronephrosis
  • Pyelonephritis
  • Abscess of Prostate
  • Priapism
  • Torsion of Testes
MS-DRG Categories

**TURP**
- (No CCs)
- Old CMS DRG 337
  - RW 0.5877
- (with CC)
- Old CMS DRG 336
  - RW 0.8576

**MS – DRG 713**
- TURP w CC or MCC
  - RW 0.985

**MS – DRG 714**
- TURP w/o MCC or CC
  - RW 0.6710

MS-DRG Categories

**Transurethral Procedures**
- (No CCs)
- Old CMS DRG 311
  - RW 0.6552
- (with CC)
- Old CMS DRG 310
  - RW 1.2131

**MS – DRG 668**
- Transurethral Procedures w MCC
  - RW 1.7208

**MS – DRG 669**
- Transurethral Procedures w CC
  - RW 1.2079

**MS – DRG 670**
- Heart Failure w/o MCC or CC
  - RW 0.8838
MS-DRG Categories

<table>
<thead>
<tr>
<th>Minor Bladder Proc</th>
<th>MS – DRG 662</th>
<th>Minor Bladder Proc w MCC</th>
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</thead>
<tbody>
<tr>
<td>(No CCs)</td>
<td>RW 2.0375</td>
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<tr>
<td>Old CMS DRG 309</td>
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<td>RW 0.9022</td>
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<tr>
<td>(with CC)</td>
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<tr>
<td>Old CMS DRG 308</td>
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</tr>
<tr>
<td>RW 1.4594</td>
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</tr>
</tbody>
</table>

Other Important Topics

- Interstitial cystitis
  - a chronic bladder syndrome consisting of urinary urgency, frequency, and pain in the bladder and surrounding pelvic region
  - CPT 52260-52265

- Bladder tumors
  - 52204 biopsy
  - 52224-52240 Tumor removal
Other Important Topics

• Prostate cancer
  • Low Dose Rate (LDR) Prostate Brachytherapy
    • 55875 and 77778 provided during the same encounter
      – Same encounter, effective January 1, 2008
    • Composite APC 8001

• Radiation treatment
  • e.g. 77401-77421

One in about six American men over the age of 50 will be diagnosed with prostate cancer in his lifetime (NIH, 2007)

<table>
<thead>
<tr>
<th>CPT</th>
<th>Short description</th>
<th>SI</th>
<th>Single APC</th>
<th>Composite APC</th>
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</thead>
<tbody>
<tr>
<td>55875</td>
<td>Transperineedle place, pros Q 163 8001</td>
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</tr>
<tr>
<td>77778</td>
<td>Apply interstitial radiat compl Q 651 8001</td>
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</tr>
</tbody>
</table>

Other Important Topics

• Radiology with urinary system coding
  • 74400-74485
  • 78730
    • Add on code; for non-imaging use 51798
    • Requires the use of radiopharmaceutical
    • NOT for regular measurement of residual urine

• Changes in status indicator in 2008
  • OPPS final rule
    • Q
      – S, V, T, X
      – T
Other Important Topics

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
<th>SI</th>
<th>APC</th>
</tr>
</thead>
<tbody>
<tr>
<td>50385</td>
<td>Change stent via transureth</td>
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<td>0161</td>
</tr>
<tr>
<td>50386</td>
<td>Remove stent via transureth</td>
<td>T</td>
<td>0160</td>
</tr>
<tr>
<td>50593</td>
<td>Perc cryo ablate renal tum</td>
<td>T</td>
<td>0423</td>
</tr>
<tr>
<td>51100</td>
<td>Drain bladder by needle</td>
<td>T</td>
<td>0164</td>
</tr>
<tr>
<td>51101</td>
<td>Drain bladder by trocar/ cath</td>
<td>T</td>
<td>0126</td>
</tr>
<tr>
<td>51102</td>
<td>Drain bl w/ cath insertion</td>
<td>T</td>
<td>0165</td>
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<tr>
<td>52649</td>
<td>Prostate laser enucleation</td>
<td>T</td>
<td>0429</td>
</tr>
</tbody>
</table>

Case Study – B (Outpatient)

A patient is scheduled to undergo cystourethroscopy with fulguration of two bladder wall tumors (sizes 1 cm and 4 cm). After the administration of general anesthesia and the insertion of the scope into the bladder the patient suddenly experienced low blood pressure and the procedure was cancelled.

What is the best choice?

*1 52234-74 and 52235-74
*2 52000
*3 52235-74 or 52234-74
*4 None of the above
Case Study - C (Outpatient)

A 67 male patient is scheduled to undergo Greenlight PVP laser procedure under general anesthesia. After the vaporization of only 60% of the prostate, the procedure was terminated due to equipment malfunction.

What is the best choice?
*1 52647
*2 52648
*3 52649-74
*4 52648-52

Case Study - D (Inpatient)

- John presented with urinary mixed urinary incontinence due to hyperplasia of the prostate. He had evidence of a UTI which was treated with Bactrim (e Coli). He underwent transurethral destruction of the prostate by microwave thermotherapy.

- Answer: 600.01, 788.33, 599.0, 041.4 60.96  DRG 713
Case Study - E (Inpatient)

John was admitted with flank pain and hematuria. Ultrasound was positive for ureteral calculus with mild hydronephrosis. The patient underwent retrograde pyelogram, transurethral ureteroscopic lithotripsy using ultrasound lithotripsy, and insertion of an indwelling ureteral stent.

Answer: 592.1, 591
- 56.0, 59.95, 59.8, 87.74 DRG 669
  (See Coding Clinic, 1Q, 1989, page 1)

Resource/Reference List

- CPT Assistant published by AMA
- Coding Clinic for HCPCS published by AHA
- Local coverage determination
- CCI Manual
- CPT Insider's View published by AMA
Audience Questions

Audio Seminar Discussion

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**CPT Update**
*Faculty: Margi Brown, RHIA, CCS, CCS-P, CPC and Karen Scott, MEd, RHIA, CCS-P, CPC*
*December 6, 2007 (rebroadcast December 7)*
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