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The Correction of Common Coding Problems in Urology

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Urological Anatomy for Coding Each Part of the Urinary Tract Is a Separate Entity

- Upper Urinary Tract
 - Kidney and adrenal
 - Pelvis and total retroperitoneal/abdominal ureter
- Lower Urinary Tract
 - Bladder, urethra, intravesical ureter, prostate
- Left and Right Urinary Tracts
- Male Genital Tract
 - Testicles, penis
 - Epididymis and vasa
- · Female Genital Tract
 - Vaginal introitis, vulva, labia
 - Uterus, ovaries and tubes

E/M Urological Coding Key Components for E/M

- History
- Physical Examination
- Medical Decision Making "MDM"

Medical Decision Making (MDM) The Third Key Component

"The Pathway to Proper E/M Coding"

Medical Decision Making MDM

- Thought Process
- Nature of the *Presenting Problem*
- Leads to H & P Medically Necessary
- Prevents Up-coding or Down-coding
- 1995 or 1997 Physical Exam. Guidelines

Marshfield Clinic, Wisconsin E/M Work Sheet & Guidelines

- Third Key Component Medical Decision Making (MDM) - Documentation
 - Unofficial widely used and accepted
 - Simplifies
 - Objective
 - Doctor friendly
 - Some modifications by carriers (Trailblazer)

E/M Urology Coding Update Medical Decision Making (MDM)

Need to address only 2 out of 3

- Type and Number of Diagnoses
- Amount of Data
- Amount of Risk

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E/M Urology Coding Update ICD-9 Diagnostic Coding

- · Guidelines:
 - Code the main reason for the visit
 - Code the primary diagnosis first
 - · Code to the fourth or fifth digits
 - Code chronic diseases when treated
 - · Code all conditions affecting your care
 - Do not code diagnoses that are possible,
 R/O, or suspected (Symptoms are acceptable)

Medical Decision Making Diagnosis: Levels of Care

Problem Categories	Level
Established Problem;	
- Improved, stable (acute)	2
- Worsening, ongoing (chronic)	3
New Problem; (to the urologist)	
- No add'l out of office workup	4
- Add'l out of office workup planned	5
(Additional Diagnoses increases diagnosis o	ne level)

E/M Urology Coding Update Medical Decision Making(MDM)

Need to address only 2 out of 3

- Type and Number of Diagnoses
- Amount of Data
- Amount of Risk

Medical Decision Making Data: Levels of Care Points

Review results of, or order, clinical lab tests	1
Review results of, or order, radiological tests	1
Review results of, or order, medical/surgical tests	1
Discuss results with performing M.D	1
Review X-ray films, tracings, or specimen	2
Obtain old records or history from others	1
Review & Summarize outside old records/history	2

Total.....

Total + 1 = Level of Care for data

Medical Decision Making Data: Levels of Care Points

Review results of, or order, clinical lab tests	1
Review results of, or order, radiological tests	(1)
Review results of, or order, medical/surgical tests	1
Discuss results with performing M.D	1
Review X-ray films, tracings, or specimen	2
Obtain old records or history from others	1
Review and Summarize old records or history	2
Total	3

Total + 1 = Level of Care for data

Medical Decision Making Data: Levels of Care Points

Review results of, or order, clinical lab tests	1
Review results of, or order, radiological tests	(1)
Review results of, or order, medical/surgical tests	1
Discuss results with performing M.D	1
Review X-ray films, tracings, or specimen	2
Obtain old records or history from others	1
Review and Summarize old records or history	2
Total	3

3 + 1 = Level 4 for data in the MDM

E/M Urology Coding Update Medical Decision Making (MDM)

Need to address only 2 out of 3

- Type and Number of Diagnoses
- Amount of Data
- Amount of Risk

Medical Decision Making (MDM) Table of Risks Handout (need only ONE)

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Managed Options Selected
Minimal 2	One self-limited or minor problem (eg, cold, insect bite, tinea corports)	Laboratory tests requiring venipuncture Chest x-rays EKSTEG Urinalysis Ultrasound (eg, echocardiography) KOH prop	Rest Gargies Elastic bandages Superficial dressings
Low 3	Two or more self-limited or minor problems One stable chronic illness (eg, well controlled hyperfension or non-insulin dependent diabetes, catanact, BPH) Acute uncomplicated illness or injury (eg, cystilis, allergic rhinitis, simple sprain)	Physiologic tests not under stress (eg. pulmonary function tests) Non-cardiovascular imaging studies with contrast (eg. barium enema) Superficial needle biopoies Clinical laboratory tests requiring arterial puncture Skin biopoies	Over-the-counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives
Moderate ゲ	One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment. Including the stable chronic illnesses. Lindisgnosed new problem with uncertain prognose (e.g. lump in bread). Acute illness with systemic symploms (eg. pyelonephrits, preumonifise, collisi). Acute complicated injury (eg. head injury with brief loss of consciousness.	 Physiologic tests under stress (eg, cardian stress test, fetal contraction stress test) Diagnostic ordiscopers with not benefited Deep needle or incisional biopsy Cardiovascatier imaging studies with continust and no identified risk factors (eg, arteriogam, cardiac cartheticitation) Ottesin fluid from body cawly (eg, furnbar puncture, floracentresis, culdoorelissis) 	Minor surgery with Identified risk factors Elective major surgery (copen, percutamenus or endoscopic) with no identified risk factors - Prescription outgramangement - Therapeutic nuclear medicine - Vf flusts with additives - Closed treatment of fracture or dislocation without manipulation
High 3	Once or more obtacks: Restates with severe exacefulation, progression, or side effects of treatment. Acute or chronic diseases or siquies that pose a threat to life or bodyly function (eg. multiples, severe respiration) efforts; progressive soeven theramided arthritis, progressive soeven theramided arthritis or soft or others, prefrontis, and/or result failure). An about charge in resuccipies status (oi).	Candiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiological tests Diagnostic endoscopies with identified risk factors Discography	Elective major surgery (open, perculianeous or endoccops) with identified risk factors. Emergency major surgery (open, Emergency major surgery (open, open, o

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Managed Options Selected	
Minimal 2	One self-limited or minor problem (eg, cold, insect bite, tinea corports)	Laboratory tests requiring venipuncture Chest x-rays EKSTEG Urinalysis Ultrasound (eg, echocardiography) KOH prep	Rest Gargles Elastic bandages Superficial dressings	
Low 3	Two or more self-limited or minor problems One stable chronic illness (eg. well controlled hyperfension or non-insulin dependent diabetes, cataract, BPH) Acute uncomplicated illness or injury (eg. cystitis, allergic rhinitis, simple sprain)	Physiologic tests not under stress (eg, pulmonary function tests) Non-cardiovascular maging studies with contrast (eg, barium enema) Superficial needle biopoies Clinical laboratory tests requiring arterial puncture Skin biopoies	Over-the counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives Follow up	
Moderate 4	One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment Two or more stable chronic illnesses Undiagnosed new problem with uncertain prognosis (eg, lump in breast) Acute illness with systemic symptoms (eg, pyelonephrilis, preumoritis, collis) Acute complicated injury (eg, head rijury with brief loss of consciousness)	Physiologic tests under stress (eg, cardiac stress test, fetal contraction stress test) Diagnostic endoscopies with no identified risk factors Deep needle or incisional biopsy Cardiovascular imaging studies with contrast and no identified risk factors (eg, arteriogram, cardiac catheterization) Obtain fluid from body cavity (eg, lumbar puncture, throacentesis, culdiocontesis)	Minor surgery with identified risk factors out of the control of	
High 5	One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment: Acute or chronic illnesses or niquires that pose a threat to life or bodily function (eg. multiple trauma, acute Mt, pulmonary embolus, severe respiratory distress, progressive severe merunation adminits, psychiatric illness with potential threat to self or others, perfornisis, acute renal failure. An abrupt change in neurologic status (eg. seizurs TLA, weakness, or sensory loss)	Cardiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiological tests Diagnostic endoscopies with identified risk factors Discography	Elective major surgery (open, percutaneous or endoscopic) with identified risk factors. Emergency major surgery (open, percutaneous or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for troiciby Decision not to resuscitate or to de-escalate care because of poor prognosis	

E/M Urological Coding Update

Medical Decision Making
Table of **Risks** - <u>need only one</u>

Minimal - Level 2

Spermatocele

UA

Ultrasound

• Low - Level 3

Cystitis, acute

Stable Ca-prostate

Stable BPH

Biopsy of Condyloma

Moderate - Level 4

Pyelonephritis, acute

Nodule of prostate

Vasectomy

· High - Level 5

GU Sepsis + shock

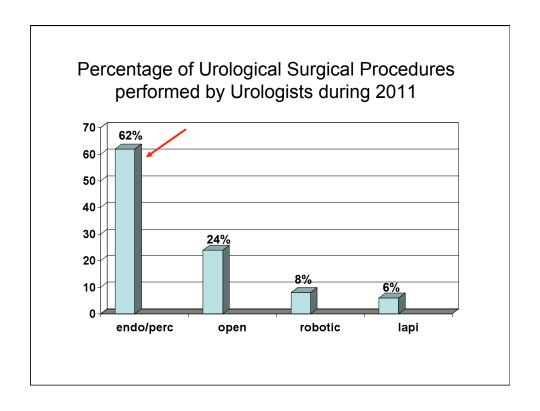
Acute Renal failure

CA-prostate +Anuria

Chemotherapy

How to Calculate the Final Level for Medical Decision Making

- 2 components (Diagnosis, Risk):
 - Choose the lower valued component
- 3 Components (Diagnosis, Data, Risk):
 - Discard lowest & highest valued components
 - Diagnosis...4
 - Data.....3
 - Risk.....5
 - Final level for MDM = level 4 (99204, 99214)



Ureteroscopy Codes (CCI ver. 18.0) 52351 through 52355

- All codes include 52005, 52341*, 52344*
- 52352 52310, 52315
- 52353 52310, 52315, 52352* 52317*, 52318*
- 52354 52234 to 52240*
- 52355 52234 to 52240
- Do not include 74420 26
- * can unbundle with modifier (i.e. 59)

Source: 2011 CPT®

Bladder and Ureteral Calculi

Ferragamo, MA., J. Endourology 17, 7, September 2003

• Procedure: "Ureteroscopic laser lithotripsy of a left ureteral stone and litholapaxy of a bladder stone"

- Large (>2.5cm.) bladder stone:

52318-59 594.1 52353-51 592.1

- Small (<2.5cm.) bladder stone

52353 592.1 52317-59-51 594.1

Urology Coding Update Ferragamo, MA., J. Endourology 17, 7, September 2003

- Resection- bladder & ureteral/pelvic tumors
- large bladder tumor

52240 188.2

189.1 52355-51

- small and medium bladder tumors

52355 189.1

52234(5) -51 188.2

Ureteroscopy Coding Changes

Medicare CCI Version 14.3: Oct. 1, 2008

• 52353 bundles 52310, 52315, 52351, **52352***

*modifier indicator changed from "0" to "1"
— can now unbundle with modifier (i.e. 59) but
only for a bilateral procedure (AUA and
CPT®)

Endourology Coding Update after October 1, 2008

• Findings: left and right ureteral stones

Procedure: "Ureteroscopic laser lithotripsy of a left ureteral stone and ureteroscopic extraction of a right ureteral stone, and bilateral JJ stents"

CPT® ICD-9

52353-LT 592.1 **52352-59-RT** 592.1

52332-50 591, V07.8

Ureteroscopy Coding Changes

Medicare CCI Version 14.2: July 1, 2008

• 50590 bundles **52351***, **52352***, **52353***

*modifier indicator changed from "0" to "1"

— can now unbundle with modifier (i.e. 59) but only for a bilateral procedure (AUA and CPT®)

Endourology Coding Update

• Procedure: <u>left ureteral stone</u> and <u>right renal</u> <u>pelvic stone</u>

"ESWL of a right renal pelvic stone, KUB evaluation, ureteroscopic lithotripsy of a left ureteral stone and bilateral JJ stents"

<u>CPT®</u>	ICD-9
50590-RT	592.0
74000-26	592.0
52353-59-LT	592.1
52332-50	591, V07.8

Endoscopic Urological Coding

Percutaneous Nephrostolithotomy

with or without dilation, endoscopy, stenting, lithotripsy, and/or basket extraction

• 50080 < 2cm. Stone

• 50081 > 2cm. Stone

May charge for:

50395 - percutaneous access*

or

50392 - placement of nephrostomy tube

50394 – nephrostogram

50577 - incision of infundibulum

*(if more than one site accessed, add 50395-59 or use 50395-22)

Source: Ferragamo, M.A., Contemporary Urology, January 2007, pages 6-13

Endoscopic Urological Coding Percutaneous Nephrostolithotomy

with or without dilation, endoscopy, stenting, lithotripsy, and/or basket extraction

50080 < 2cm. Stone

• 50081 > 2cm. Stone

May charge for:

52005 - cystoscopy and retrograde pyelogram or

52332 - cystoscopy and placement of ureteral stent

74420-26 - reading of retrograde pyelogram

74425-26 - reading of nephrostogram

Source: Ferragamo, M.A., Contemporary Urology, January 2007, pages 6-13

Private Carrier Coding for PCNL

- Percutaneous Nephrostolithotomy 50081
- Percutaneous Access 50395
- Cystoscopic insertion of JJ stent 52332
- Interpretation of nephrostogram 74425

CPT Code	Description	Qty	Billed Amt	Max Amt
0081	PERQ NEPHROSTOLITHOTOMY; OVER 2	1	4000.00	1637.92
0395-51	INTRO-GUIDE-RENAL PELVIS W/DILA	1	750.00	146.01
2332-51	CYSTOURETHROSCOPY W/INSRT	1	850.00	154.49
0392-51	INTRO INTRACATH-RENAL PELVIS-DR	1	1000.00	0.00
0394-51	INJ PROC PYELOGRAPHY-NEPHROST T	1	750.00	0.00
4425-26	UROGRAPHY ANTEGRADE RAD S&I	1	250.00	17.19
			7600.00	1955.61

Private Carrier - Bill Fee for Service

- Percutaneous Nephrostolithotomy
- Percutaneous endopyelotomy
- · Percutaneous renal access
- · Performance of nephrostogram
- Interpretation of nephrostogram
- Cystoscopy and retrograde pyelogram

```
04/11/06 500810 4,000.00 2,314.00 1,686.00 04/11/06 505750 1,400.00 833.50 566.50 04/11/06 503950 750.00 616.00 134.00 04/11/06 503940 750.00 724.50 25.50 04/11/06 744258 56.00 37.00 19.00 04/11/06 520050 300.00 189.00 111.00 SUBTOTAL 7,256.00 4,714.00 2,542.00
```

Endoscopic Urological Coding

Transurethral Resection of the Prostate Gland

- Code: **52601:** TURP/Vaportrobe/Button TURP
 - 90 day global, includes cystoscopy and urethral dilation, urethrostomy, vasectomy
 - -ICD-9-600.01, 185
 - "Once in a life time procedure"

Source: CPT® 2012

In 2009 CPT® Revised Coding for Repeat TURP

• **52630** Transurethral resection; residual or regrowth of obstructive prostatic tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or urethral dilation, and internal urethrotomy are included)

Repeat Transurethral Resection of the Prostate Gland (Jan. 1, 2009 CPT®) >Revised Coding<

- Repeat TURP in the global period
 -52630 78 (CPT®: treatment of a complication)
- Repeat TURP after the global period
 -52630

2010 CPT® Coding Professional Edition, AMA

Laser Vaporization (52648) of the Prostate Gland

- Repeat Greenlight laser in the global period
 52648 78 (CPT®: treatment of a complication)
- Repeat Greenlight laser after the global period
 52648

2011 CPT® Coding Professional Edition, AMA

Treatment of Bladder Tumors TUR of **Solitary Bladder Tumor**

- MPFSDB (Fee) is based on Tumor Size:
 - 52224 < 0.5cm. *minor* \$175.66*
 - -52234 0.5 2cm. small \$255.50
 - 52235 2 5cm. *medium* \$299.67
 - 52240 > 5cm. *large* \$523.58
- MPFSDB 52224-52240 have <u>Zero</u> day globals

Treatment of Multiple Bladder Tumors

- Medicare: (52234, 52235, and 52240)
- Code for the **Largest tumor** only
- Charge only one code per day
- Use 52224-59 for lesion < 0.5cm.
- Use 52204-59 for biopsy
- Private:
- Add all tumors & bill on total Volume
- May also code for biopsy

^{* 2011} unadjusted Medicare fee schedule

Treatment of Bladder Tumors Carcinoma in Situ 233.7, 596.7, 239.4

- <u>Lesion Fulguration</u>: (52234, 52235, 52240)
- Multiple flat lesions fulgurations:

Medicare: Code the largest lesion fulgurated

Do not code for biopsy of lesion

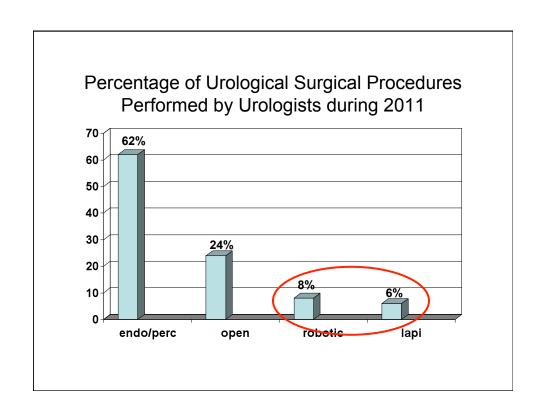
Private: Code total volume fulgurated

- Bladder Biopsy:
- Code 52204 (+/- Fulguration)

Urethral/Bladder Biopsy

- 52204 Cystourethroscopy with Biopsy(ies)
 - Report only once regardless of # biopsies taken
 - Bladder, prostatic urethra, anterior urethra
 - 52204-22 for multiple biopsies

52204 or 52224			
Biopsy of lesion	Removal of lesion		
Any size, normal mucosa	0.5cm. or less		
Fulgurate bleeder from/at the biopsy site	Fulgurate the complete lesion/base		
Not a treatment	Treatment of lesion		
\$424.37/\$146.44*	\$757.33/\$175.66*		
	*2012 unadjusted Medicare fees schedule		



Correct Coding for Laparoscopy General Coding Policy

Laparoscopic Surgery:

- Global: 90 days for Medicare and Private
- Bundled services include 49320, 44180
- Can code for laparoscopy and biopsy......49321
- Cysto/retrograde.....52005
- Retrograde reading......74420-26
- Cystoscopic stent placement.....52332
- Can use modifiers: -80, -82, -62

Laparoscopic Renal Surgery

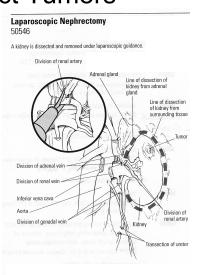
50541ablation of renal cysts
50542 ablation of renal mass lesion(s)
50543 partial nephrectomy
50544 pyeloplasty
50545radical nephrectomy
50546nephrectomy, partial ureterectomy
50547 donor nephrectomy
50548 nephrectomy, total ureterectomy
50549 unlisted laparoscopy procedure, renal

- Reference: 2011 CPT® source book

Laparoscopic Treatment of Upper Tract Tumors

 Laparoscopic, simple nephrectomy, partial ureterectomy 50546

Reference: 2011 CPT®



Laparoscopic Treatment of Upper Tract Tumors

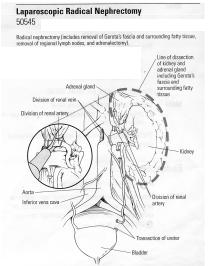
- Laparoscopic radical nephrectomy 50545
- Laparoscopic radical nephrectomy without adrenalectomy/node resection

50545 (AUA)

50545-52

50546

Extended node resection: 38589 unlisted laparoscopic, lymphatic



Laparoscopic Treatment of Upper Tract Tumors

Total Nephroureterectomy (nephrectomy with total ureterectomy)

50548 laparoscopic surgery only

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Laparoscopic Treatment of Upper Tract Tumors

Total Nephroureterectomy (with open removal of intramural ureter and a bladder cuff)

50548 laparoscopic surgery and

50650-59 open ureterectomy & bladder cuff

Laparoscopic Surgery: Medicare EOB

- Laparoscopic nephrectomy and total abdominal ureterectomy
- Open bladder cuff excision & intramural ureterectomy

		HIC	AC	NT 1	HDCR
1214 121404	21	1 50548		1536.24	1522.52
1214 121404	21	1 50650	5951	1129.82	566.70
417.84		CLAIM	TOTALS	2666.06	2089.22
TOTALS: PREV PD		0.00	INTEREST	0.0	LATE I

Laparoscopic Treatment of Upper Tract Tumors

Total Nephroureterectomy (with bladder cuff)

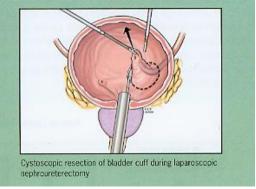
50548 laparoscopic surgery and

- 52290 cystoscopic extended meatotomy and/or,
- 52214 cystoscopic fulguration or excision, or
- 52234 TUR resection of ureteral orifice

Total Nephroureterectomy

50548 laparoscopic nephrectomy and total ureterectomy

52214 cystoscopic excision/fulguration



Permission to reprint requested from The Cleveland Clinic.

Revised CPT® Code for Jan. 1, 2011 Laparoscopic Radical Prostatectomy

55866

- Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
 - S2900 is no longer a valid billable service
 - No longer proper to add modifier -22
 - Do not use 55899, unlisted procedure, GU system
 - 51999 is no longer valid to bill for the improved bladder neck reconstruction using robotic technology

Robotic New Technology for 2011

Robotic Laparoscopic Prostatectomy <u>with</u> <u>bilateral pelvic node resection</u>

- 38571 laparoscopic bilateral pelvic node resection
 - 38571-52 laparoscopic unilateral pelvic node resection
 - 38572 laparoscopic extended pelvic node resection

Robotic New Technology for 2011

Robotic, daVinci, Laparoscopic Prostatectomy

- 55866 (-22 only for excessive adhesions)
- 38571 laparoscopic bilateral pelvic node resection
- 51999 bladder neck reconstruction, unlisted laparoscopic, bladder
- S2900 surgical techniques requiring use of robotic surgical system (add-on code)

Revised CPT® Code for Jan. 1, 2011 Laparoscopic Ablation of Renal Mass Lesions

50542

- Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed
 - 76940 is included and not billable
 - 49321 laparoscopic biopsy
 - 50200 percutaneous needle biopsy

Diagnostic Dilemma

50542 Laparoscopic ablation of renal mass

- Use ICD-9-CM 189.0 Malignant Tumor of Kidney NOT 593.9 (unspecified disorder/renal mass)
 - May not be reimbursed with 593.9
 - Clinical impression is the medical necessity for a procedure, which for coding does not require subsequent pathologic documentation (of malignancy).

Laparoscopic Surgery for the Urologist

CPT® 51999

Unlisted laparoscopy procedure, bladder

excision of bladder diverticulum (51525) cystolithotomy (51050) partial cystectomy (51550, 51555) total cystectomy (51570) excision of urachal tumor/cyst/sinus (51500) vesicovaginal fistula repair (51900) detrusor myectomy (53899)

Laparoscopic Surgery for the Urologist Spermatic Cord and Testicular Surgery

• Testis: laparoscopic

- 54690 Orchiectomy
- 54692 Orchiopexy, intra-abdominal testis; (+hernia repair, 49650)
- 54699 Unlisted procedure, testis

• Spermatic cord: laparoscopic

- 55550 Ligation of Spermatic Veins, abnormal veins
- 55559 Unlisted procedure, spermatic cord (laparoscopic vasectomy)

Laparoscopic Vasectomy

Unlisted Procedure, Spermatic Cord 55559

• **Procedure:** *laparoscopic bilateral inquinal hernia repair by the general surgeon*

• **Procedure**: laparoscopic bilateral vasectomy by the urologist

General Surgeon:

49650-50 550.92

Urologist

55559 V25.2

Laparoscopic Coding Problems

Ferragamo, MA., J. Endourology 17, 7, 2003

- Failed lapi Nephrectomy Open
 - 50220* (secondary Dx. -<u>V64.41</u>)
 - 50220 49320 (-58) (diagnostic laparoscopy)
 - 50220-22
 - 50220 (private carriers) 50546-52 (-53) -59

Laparoscopic Coding Problems

- Hand Assisted Laparoscopic Nephrectomy
 - 50546*
 - 50546 22
 - 50549 (unlisted laparoscopy, renal)
 - 50546-59 (private carriers) 50220-52 (-53)

Laparoscopic Coding Problems Coding Scenario

- Procedure: "Laparoscopic radical cystoprostatectomy and bilateral pelvic node resection, and open ileal conduit urinary diversion"
- 51999 unlisted laparoscopic procedure, bladder
- 55866-51 laparoscopic radical prostatectomy
- 38571-51 laparoscopic bilateral pelvic node resection
- 50820-50 open ileal conduit diversion

Robotic Surgery Coding for Robotic Procedures

- 55866 "includes robotic assistance when performed"
- Standard laparoscopic CPT® codes: 50545, 50544
- Unlisted laparoscopic codes: 50549, 50949, 51999
- Modifier -22: 50548-22
- Unlisted urinary/male genital system: 53899, 55899
- Node dissections: pelvic 38571(unilateral -52), 38572
- Additional open procedures: 50820-50
- S2900? Add-on physician code/charge for technology

New Laparoscopic Coding

- <u>Laparoscopic Ileal Conduit</u>
 - -44238 unlisted laparoscopic procedure, intestine
 - -50949 unlisted laparoscopic procedure, ureter
 - -44187 laparoscopic ileostomy...non tube
 - -44310 open ileostomy...non-tube

Laparoscopic Coding Problem Coding Scenario

- Procedure: "Robotic assisted laparoscopic radical cystoprostatectomy and bilateral extended pelvic node resection, and laparoscopic ileal conduit urinary diversion with an open ileostomy"
- 51999 unlisted laparoscopic procedure, bladder (51570)
- 55866-51 laparoscopic robotic radical prostatectomy
- 38572-51 laparoscopic bilateral extended pelvic node resection
- 44238 unlisted laparoscopic procedure, intestines, construction of an ileal conduit (50820)
- 50949 unlisted laparoscopic procedure, ureter, for ureteroneoenterostomy, (50800)
- 44310-51 open ileostomy or 44817 lap. Ileostomy
- S2900? for use of robotic surgical system/technique

Coding Questions?? Call Me! I'd be Happy to Help!

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