Review CPT Coding Changes Affecting Urologists

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Differences of Opinion

Due to the complexity of coding guidance and the variety of interpretation of that guidance by payers, coding experts can often have differences of opinion on certain issues.

Each billing provider should interpret varying opinions offered based on his/her own situation and code claims in his/her best judgment, realizing the inherent risk of recoupment.
Imaging Guidance

• When imaging guidance or imaging supervision and interpretation is included in a surgical procedure, guidelines for image documentation and report, included in the guidelines for Radiology (Including Nuclear Medicine and Diagnostic Ultrasound) will apply.

• A written report (eg, handwritten or electronic) signed by the interpreting individual should be considered an integral part of a radiologic procedure or interpretation.
52005/74420

• 52005 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

• 74420-26 Urography, retrograde, with or without KUB

Carrier makes payment to provider who submits claim first.
Cystourethroscopy via Conduit

Guidelines

- *Because cutaneous urinary diversions utilizing ileum or colon serve as functional replacements of a native bladder, endoscopy of such bowel segments, as well as performance of secondary procedures can be captured by using the cystourethroscopy codes. For example, endoscopy of an ileal loop with removal of ureteral calculus would be coded as cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus (52320).*
Cystourethroscopy Bladder Biopsy

52224 – Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5cm) lesion(s) with or without bx

52234 – Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0cm)

52235 - MEDIUM bladder tumor(s) (2.0 to 5.0cm)

52240 - LARGE bladder tumor(s) over 5.0cm

Do not code from pathology report
Cysto Balloon Dilation

- **52344** Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
- **52345** with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
- **52346** with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
Endoscopy

- 52353- Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)
- 52332- Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

If these procedures are not performed during the same operative session, report what procedure is performed
Endoscopy

• If ureteroscopy with lithotripsy and stent insertion is performed during the same operative session, report:

• 52356 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
Endoscopic Injection

- **51715** Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
  - L8603 Collagen/Macroplastique

- **52287** Cystourethroscopy, with injection(s) for chemodenervation of the bladder
  - J0585 Botox
Urodynamic

• A separate report and interpretation should be provided for each of the services performed as part of the urodynamic study
• Additionally, all printed components of the test should be included in the patient’s chart as supporting documentation for the technical component of the urodynamic test
• The report should include the results of the tests and the interpretation of the provider in order to bill the professional component of the CPT code
• Urodynamic Documentation
Only codes recommended to bill for Urocuff study are:

51784 EMG
51741 Complex uroflowmetry
Bladder Ultrasound

• If the urologist performs bladder US to view the anatomy, the architecture, or the morphology of the full bladder, as well as to determine PVR after voiding, use CPT code 76857.

• In the documentation of this study in the medical records the urologist should mention the bladder wall thickness, the presence of bladder diverticula, any intravesical prostatic protusion or pathology, the prostatic size as measured transabdominally, and may also report on the presence of residual urine.
Post Void Residual

• However, if the main intent of the study is to determine the PVR, then only report CPT code 51798 regardless of the technology used.

• Supervision and interpretation should be separately documented and found in patient’s chart
Transrectal Ultrasound

- July 2016 NCCI edit bundled both ultrasound codes

- 76872 – ultrasound, transrectal

- 76942 – ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device) imaging supervision and interpretation
MRI Fusion Prostate Biopsy

Currently, for the MRI/ultrasound image fusion, there is no CPT code to report this.

Urologists should not bill CPT code 77021 *Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation.*

One may try to bill 76498 *Unlisted Magnetic Resonance procedure, (e.g., diagnostic, interventional)* for the additional work of fusing the MRI and the ultrasound, but it is unlikely to be reimbursed. It may be appropriate to check with the insurance provider for their reimbursement/coverage policy.
Laparoscopic/Robotic

- 55866 - Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes **robotic assistance, when performed**

- 38571 - Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy

- 38572 - Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple

Do not submit S2900 **Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)**
Radical Nephrectomy

- 50545 *radical nephrectomy* (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)
- The Gerota’s fascia is the only tissue that must be removed (along with the kidney) in order to report 50545; it is not necessary to perform an adrenalectomy or removal of the regional lymph nodes.
Laparoscopic/Cystectomy

• AUA Coding and Reimbursement Committee (CRC) has new advice on coding for a radical cystectomy no matter the approach.
Laparoscopic/Cystectomy

- No specific code to report a laparoscopic radical cystectomy.
- Guidance was given to use CPT code 51999 Unlisted laparoscopy procedure, bladder.
- The AUA CRC reviewed the current CPT code(s) available for cystectomy (CPT 51550-51596) and determined that these codes are not approach dependent. There are no current vignettes or description of service.
PCNL

- If the patient has no access, the urologist places access, dilates and removes stone and patient leaves with no tubes in place (tubeless): 50395 and 50080/81

- If the patient has no access, the urologist places access, dilates and removes stone and patient leaves with a nephrostomy in place: 50432 and 50080/81

- If the patient has a nephrostomy already in place, the urologist dilates and removes stone and patient leaves with a nephrostomy in place: 50435 and 50080/81
Intra Operative

• No code for intra operative; but you can bill for the service.

• Append modifier 52
  – 49000 Exploratory laparotomy,
  – 49010 Exploration, retroperitoneal area
Thank you

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