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Editor: Urology Coding Alert
Eli Research, Durham, North Carolina

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”

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**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)

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**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
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

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

<table>
<thead>
<tr>
<th>Problem Categories</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Established Problem;</td>
<td></td>
</tr>
<tr>
<td>- Improved, stable (acute)</td>
<td>2</td>
</tr>
<tr>
<td>- Worsening, ongoing (chronic)</td>
<td>3</td>
</tr>
<tr>
<td>New Problem; (to the urologist)</td>
<td></td>
</tr>
<tr>
<td>- No add’l out of office workup</td>
<td>4</td>
</tr>
<tr>
<td>- Add’l out of office workup planned</td>
<td>5</td>
</tr>
</tbody>
</table>

(Additional Diagnoses increases diagnosis one 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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review results of, or order, clinical lab tests</td>
<td>1</td>
</tr>
<tr>
<td>Review results of, or order, radiological tests</td>
<td>1</td>
</tr>
<tr>
<td>Review results of, or order, medical/surgical tests</td>
<td>1</td>
</tr>
<tr>
<td>Discuss results with performing M.D</td>
<td>1</td>
</tr>
<tr>
<td>Review X-ray films, tracings, or specimen</td>
<td>2</td>
</tr>
<tr>
<td>Obtain old records or history from others</td>
<td>1</td>
</tr>
<tr>
<td>Review &amp; Summarize outside old records/history</td>
<td>2</td>
</tr>
</tbody>
</table>

Total: 3

**Total + 1 = Level of Care for data**
Medical Decision Making
Data: Levels of Care Points

<table>
<thead>
<tr>
<th>Activity</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review results of, or order, clinical lab tests</td>
<td>1</td>
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<tr>
<td>Review results of, or order, radiological tests</td>
<td>1</td>
</tr>
<tr>
<td>Review results of, or order, medical/surgical tests</td>
<td>1</td>
</tr>
<tr>
<td>Discuss results with performing M.D</td>
<td>1</td>
</tr>
<tr>
<td>Review X-ray films, tracings, or specimen</td>
<td>2</td>
</tr>
<tr>
<td>Obtain old records or history from others</td>
<td>1</td>
</tr>
<tr>
<td>Review and Summarize old records or history</td>
<td>2</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Presenting Problem(s)</th>
<th>Diagnostic Procedure(s) Ordered</th>
<th>Managed Options Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>One self-limited or minor problem (e.g., cold, minor bite, minor cough)</td>
<td>Laboratory tests requiring temperature, blood work, chest x-ray, urinalysis</td>
<td>Follow up</td>
</tr>
<tr>
<td>Low</td>
<td>One or more self-limited or minor problems</td>
<td>Physiologic tests (e.g., cholesterol, blood pressure), urinalysis, chest x-ray</td>
<td>Follow up</td>
</tr>
<tr>
<td>Moderate</td>
<td>One or more chronic illnesses with mild exacerbation, progressive, or side effects of treatment</td>
<td>Physiologic tests (e.g., blood work, chest x-ray, urinalysis), electrocardiogram (ECG)</td>
<td>Follow up</td>
</tr>
<tr>
<td>High</td>
<td>One or more chronic illnesses with severe exacerbation, progressive, or side effects of treatment</td>
<td>Cardiac catheterization, diagnostic angiograms, computed tomography (CT) scan, magnetic resonance imaging (MRI)</td>
<td>Follow up</td>
</tr>
</tbody>
</table>
E/M Urological Coding Update
Medical Decision Making
Table of Risks - need only one

- **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)
Percentage of Urological Surgical Procedures performed by Urologists during 2011

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
    52355-51  189.1
  - small and medium bladder tumors
    52355  189.1
    52234(5) -51  188.2
Ureteroscopy Coding Changes

• 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

<table>
<thead>
<tr>
<th>Code</th>
<th>ICD-9</th>
</tr>
</thead>
<tbody>
<tr>
<td>52353-LT</td>
<td>592.1</td>
</tr>
<tr>
<td>52352-59-RT</td>
<td>592.1</td>
</tr>
<tr>
<td>52332-50</td>
<td>591, V07.8</td>
</tr>
</tbody>
</table>
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®)

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Endourology Coding Update

• Procedure: **left ureteral stone** and **right renal pelvic stone**

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

<table>
<thead>
<tr>
<th>CPT®</th>
<th>ICD-9</th>
</tr>
</thead>
<tbody>
<tr>
<td>50590-RT</td>
<td>592.0</td>
</tr>
<tr>
<td>74000-26</td>
<td>592.0</td>
</tr>
<tr>
<td>52353-59-LT</td>
<td>592.1</td>
</tr>
<tr>
<td>52332-50</td>
<td>591, V07.8</td>
</tr>
</tbody>
</table>
Endoscopic Urological Coding

Percutaneous Nephrolothotomy
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
Private Carrier Coding for PCNL

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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Qty</th>
<th>Billed Amt</th>
<th>Max Amt</th>
</tr>
</thead>
<tbody>
<tr>
<td>50081</td>
<td>PERC NPHROSTOLITHOTOMY; OVER 2</td>
<td>1</td>
<td>4000.00</td>
<td>1637.92</td>
</tr>
<tr>
<td>50392-51</td>
<td>INTRO-GUIDE-RENAL PELVIS W/O ILA</td>
<td>1</td>
<td>750.00</td>
<td>146.01</td>
</tr>
<tr>
<td>52332-51</td>
<td>CYSTOURETHROSCOPY W/INSRT STENT</td>
<td>1</td>
<td>850.00</td>
<td>154.49</td>
</tr>
<tr>
<td>50392-51</td>
<td>INTRO INTRACATH-RENAL PELVIS-DR</td>
<td>1</td>
<td>1000.00</td>
<td>0.00</td>
</tr>
<tr>
<td>50394-51</td>
<td>INJ PROC</td>
<td>1</td>
<td>750.00</td>
<td>0.00</td>
</tr>
<tr>
<td>74425-26</td>
<td>UROGRAPHY ANTEGRADE RAD S&amp;I</td>
<td>1</td>
<td>250.00</td>
<td>17.19</td>
</tr>
</tbody>
</table>

Total: 7600.00

Private Carrier - Bill Fee for Service

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

<table>
<thead>
<tr>
<th>Date</th>
<th>CPT Code</th>
<th>Description</th>
<th>Qty</th>
<th>Billed Amt</th>
<th>Max Amt</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/11/06</td>
<td>50681</td>
<td>4,000.00</td>
<td>2,314.00</td>
<td>1,686.00</td>
<td></td>
</tr>
<tr>
<td>04/11/06</td>
<td>50575</td>
<td>1,400.00</td>
<td>833.50</td>
<td>564.50</td>
<td></td>
</tr>
<tr>
<td>04/11/06</td>
<td>50392</td>
<td>750.00</td>
<td>516.00</td>
<td>154.00</td>
<td></td>
</tr>
<tr>
<td>04/11/06</td>
<td>50394</td>
<td>250.00</td>
<td>729.50</td>
<td>25.50</td>
<td></td>
</tr>
<tr>
<td>04/11/06</td>
<td>74425</td>
<td>54.00</td>
<td>57.00</td>
<td>39.00</td>
<td></td>
</tr>
<tr>
<td>04/11/06</td>
<td>52005</td>
<td>300.00</td>
<td>189.00</td>
<td>111.00</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL: 7,256.00

Total: 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 **Zero** day globals
  * 2011 unadjusted Medicare fee schedule

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

• **Lesion Fulguration**: (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

<table>
<thead>
<tr>
<th>Biopsy of lesion</th>
<th>Removal of lesion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any size, normal mucosa</td>
<td>0.5cm. or less</td>
</tr>
<tr>
<td>Fulgurate bleeder from/at the biopsy site</td>
<td>Fulgurate the complete lesion/base</td>
</tr>
<tr>
<td>Not a treatment</td>
<td>Treatment of lesion</td>
</tr>
<tr>
<td>$424.37/$146.44*</td>
<td>$757.33/$175.66*</td>
</tr>
</tbody>
</table>

*2012 unadjusted Medicare fees schedule

### Percentage of Urological Surgical Procedures Performed by Urologists during 2011

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>endo/perc</td>
<td>62%</td>
</tr>
<tr>
<td>open</td>
<td>24%</td>
</tr>
<tr>
<td>robotic</td>
<td>8%</td>
</tr>
<tr>
<td>lapl</td>
<td>6%</td>
</tr>
</tbody>
</table>
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

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

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
\(\text{(nephrectomy with total ureterectomy)}\)

50548 laparoscopic surgery only

Laparoscopic Treatment of Upper Tract Tumors

Total Nephroureterectomy \(\text{(with open removal of intramural ureter and a bladder cuff)}\)

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

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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

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 with bilateral pelvic node resection

- **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)

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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

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**Laparoscopic Coding Problems**

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

- Failed lapi Nephrectomy Open
  - 50220* (secondary Dx. -V64.41)
  - 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

- **Laparoscopic Ileal Conduit**
  - 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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