Coding for Prosthetic Surgery

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Disclosures

- AMS – consultant/lecturer, clinical trials
- Endo – consultant lecturer
- Procept – clinical trials, stock holder
I am not a coding or billing expert. The information presented here is for educational purposes only. Consult with your own coding or billing expert prior to using any information from this talk.

Accurate billing, not Under-Billing or Aggressive Billing
Centers for Medicare & Medicaid Services (CMS) –

The Centers for Medicare & Medicaid Services (CMS) is an agency within the US Department of Health & Human Services responsible for administration of several key federal health care programs.

CY 2015 Physician Fee Schedule –

The CY 2015 PFS final rule with comment period was placed on display at the Federal Register on October 31, 2014

Urban vs Rural

- Santa Clara County (54405) $929
- Pebble Beach (54405) $844
- Alabama (54405) $778
transition all CPT codes currently assigned a 10-day global period to a 0-day global period in 2017 (39 codes in Urology)

90-day global period would transition to a 0-day global period the following year (153 codes in Urology)

Federal Register, July 11, 2014
“The typical number and level of post-operative visits during global periods may vary greatly across Medicare practitioners and beneficiaries,” leading the agency to conclude “that continued valuation and payment of these face-to-face services as a multi-day package may skew relativity and create unwarranted payment disparities.
... payment rates for the global surgery packages are not updated regularly based on any reporting of the actual costs of patient care

... the relationship between the work RVUs for the 10- and 90-day global codes (which includes the work RVU associated with the procedure itself) and the number of included post-operative visits in the existing values is not always clear

... the 10- and 90-day global periods reflect a long-established but no longer exclusive model of post-operative care that assumes the same practitioner who furnishes the procedure typically furnishes the follow-up visits related to that procedure

Federal Register, July 11, 2014
Global Period

Only same-day, related services would be bundled into payment for any procedure, and any “medically reasonable and necessary visits ... during the pre-and post-operative periods” would be separately billable

Federal Register, July 11, 2014
The values for global services were determined by looking at the entire package, not by valuing the individual components and summing them. As such, it is not possible to simply “back out” the post-operative E&Ms from a global service to calculate the accurate value of the procedure itself.

Concern for increase in patient co-payments, administrative burden on patients and discourage follow-up care

AMA estimates 63 million additional claims annually
Coding is Painful
Be Prepared for Surgery
Pre-Operative

- Penile Ultrasound (93980) $150
- Penile Injection(54235) $108
- Prostaglandin (J0270) $0.44/1.25 mcg
- Papaverine (J2440) $0.70/60 mg
- Phentolamine (J2760) $54.57/5 mg
- Irrigation of CC for priapism (54220) $247
- Phenylephrine (J2370) $0.76/1 ml
Pre-Operative

- Cystoscopy (52000) $250
- Urodynamics (51728,51797,51741,51792) $690
Operative Period
Penile Implant Virgin Cases

- Insert Semi-Rigid Penile Implant (54400) $612
- Insert Inflatable (self-contained) (54401) $769
- Insert multi-component, IPP (54405) $930
Repair, Remove and Replace Codes

- Repair Components of IPP (54408) $911
- Remove Malleable/Self-Contained (54415) $614
- Remove/Replace Malleable/SC (54416) $823
- Remove/Replace Mall/SC Infected (54417) $1,033
- Remove all components IPP (54406) $841
- Remove/Replace IPP (54410) $991
- Remove/Replace IPP Infected (54411) $1,180
Peyronie’s and Penile Implant

- Modeling or Plication of TA (54360) $831
- Incision/Excision penile plaque (54110) $720
  - With graft <5 cm (54111) $919
  - With graft >5 cm (54112) $1,076
Plastic Surgery Codes

- CPT 15574 - Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet. $905

- CPT 14040 - Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less. $751

- CPT 15275 - Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area $110
Intra Operative Penile Injection

- Penile Injection (54235) $108/86

- Anesthesia Male Genitalia (00920) (Cannot use anesthesia codes if surgeon of record)
Ventral Phalloplasty and Penile Implant

- Ventral Phalloplasty (54360) $831
- Ventral Phalloplasty (14040) $751

Photos Courtesy of Rafael Carrion, MD
Incontinence Surgery

- Sling for male incontinence (53440) $867
- Removal of sling for male (53442) $906
Incontinence Surgery

- Insertion of AUS (53445) $871
- Tandem Cuff (53444) $912
- Removal of AUS (53446) $743
- Remove/Replace AUS (53447) $932
- Repair of AUS (53449) $707

*No CPT code difference for scrotal or perineal

*No CPT codes for Transcorporal cuff placement
- 90 day global period for all prosthetic surgeries

- Exception is for non-related surgeries with different ICD-9 code (607.84)
  - Retention (788.2) → TURP
  - Peyronie’s Disease (607.85) → PEG or TAP

- Fitting and adjustment of unspecified prosthetic device (Teaching patient how to use a prosthetic) (v52.9) for level 3-4 visit
Modifiers

- 22 - applied to surgeries that took significantly more time than usually required by the provider to complete the procedure which includes increased intensity, time, technical difficulty of procedure, severity of patient’s condition.

- 24 - allows the physician to report a service performed during a postoperative period for reason(s) unrelated to the original procedure.

- 51 - multiple procedures that are rendered at the same operative session or on the same day. (100/50/25/25....)
Thank You