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2024 Billing and Coding Guide

Urology surgery

This guide is intended to aid providers in appropriate CPT®[1] code selection for urology surgery procedures. The document reflects applicable and commonly billed procedure codes as well as the unadjusted national Medicare average rates assigned to the CPT®[1] code. This document is not all-inclusive, nor does it replace advice from your coding and compliance departments and/or CPT®[1] coding manuals.

HCPCS[2] II Codes

Level II HCPCS[2] codes are primarily used to report supplies, drugs and implants that are not reported by a CPT®[1] code. HCPCS codes are reported by the physician, hospital or DME provider that purchased the item, device, or supply. Different payers have different payment methods for these items.

HCPCS II S-codes cannot be reported to Medicare. They are used only by non-Medicare payers, which cover and price them according to their own policies and provider contracts.

Medicare provides C-codes, a type of HCPCS II code, for hospital use in billing Medicare for some medical devices and supplies in the hospital outpatient setting. Medtronic has a tool specifically designed to access applicable commonly used C-codes as it relates to Medtronic products. The C-code finder can be accessed at www.medtronic.com/c-code or by clicking the C-code finder button.

C-code Finder

HCPCS[2] code	Description
A4649	Surgical supply; miscellaneous
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)

Procedure reimbursement

		Physician[3]				Hospital outpatient[4]			Ambulatory surgery[4]	
CPT®[1] code	Description	Global days	Work RVU	Office rate	Facility rate	APC	SI	Rate	PI	Rate
Cystectomy										
51550	Cystectomy, partial; simple	090	17.23	NA	$941		Inpatient only			
51555	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)	090	23.18	NA	$1,228		Inpatient only			
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	090	23.68	NA	$1,254		Inpatient only			
51570	Cystectomy, complete; (separate procedure)	090	27.46	NA	$1,432		Inpatient only			
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	090	34.18	NA	$1,762		Inpatient only			
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations	090	35.37	NA	$1,841		Inpatient only			
51585	Cystecomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenetctomy including external iliac, hypogastric, and obturator nodes	090	39.64	NA	$2,046		Inpatient only			
51590	Cystectomy, complete, with ureteroilea conduit or sigmoid bladder, including intestine anastomosis	090	36.33	NA	$1,872		Inpatient only			
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lyphmadenectomy, including external iliac, hypogastric, and obturator nodes	090	41.32	NA	$2,120		Inpatient only			
51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	090	44.26	NA	$2,284		Inpatient only			

Please refer to page 4 for footnotes

Procedure reimbursement

		Physician[3]				Hospital outpatient[4]			Ambulatory surgery[4]	
CPT®[1] code	Description	Global days	Work RVU	Office rate	Facility rate	APC	SI	Rate	PI	Rate
Nephrectomy										
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection	090	18.68	NA	$1,028			Inpatient only		
50225	Nephrectomy, including partial ureterctomy, any open approach including rib resection; complicated because of previous surgery on same kidney	090	21.88	NA	$1,181			Inpatient only		
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	090	23.81	NA	$1,245			Inpatient only		
50234	Nephrectomy with total ureterectomy and bladder cuff; through same incision	090	24.05	NA	$1,266			Inpatient only		
50236	Nephrectomy with total ureterectomy and bladder cuff; through separate incision	090	26.94	NA	$1,423			Inpatient only		
50240	Nephrectomy, partial	090	24.21	NA	$1,294			Inpatient only		
50543	Laparoscopy, surgical; partial nephrectomy	090	27.41	NA	$1,450	5362	J1	$9,808†	NA	NA
50545	Laparoscopy, surgical; radial nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and renalectomy)	090	25.06	NA	$1,297			Inpatient only		
50546	Laparoscopy, surgical; nephrectomy, including partial ureterctomy	090	21.87	NA	$1,173			Inpatient only		
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy	090	25.36	NA	$1,304			Inpatient only		
Prostatectomy										
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	090	19.80	NA	$1,068			Inpatient only		
55810	Prostatectomy, perineal, radical	090	24.29	NA	$1,271			Inpatient only		
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	090	29.89	NA	$1,563			Inpatient only		

Please refer to page 4 for footnotes

Procedure reimbursement

		Physician[3]				Hospital outpatient[4]			Ambulatory surgery[4]	
CPT®[1] code	Description	Global days	Work RVU	Office rate	Facility rate	APC	SI	Rate	PI	Rate
Prostatectomy, continued										
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	090	32.95	NA	$1,710			Inpatient only		
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	090	15.18	NA	$819			Inpatient only		
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal	090	15.60	NA	$840			Inpatient only		
55840	Prostatectomy, retropubic radical, with or without nerve sparing	090	21.36	NA	$1,140			Inpatient only		
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	090	21.36	NA	$1,140			Inpatient only		
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	090	25.18	NA	$1,325			Inpatient only		
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	090	22.46	NA	$1,163	5362	J1	$9,808†	NA	NA
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed	090	19.53	NA	$1,022	5362	J1	$9,808†	NA	NA

Footnotes

NA Indicates that there is no established Medicare allowable in this site of care
SI Indicates Status Indicator
PI Indicates Payment Indicator
\+ Add-on codes are always listed in addition to the primary procedure code
† Comprehensive APCs (C-APCs)
¶ Device intensive
§ Packaged Payment
RVU Indicates Relative Value Unit

Hospital Inpatient coding

ICD-10-PCS[5] procedure codes are used by hospitals to report surgeries and procedures performed in the inpatient setting. Below are commonly used ICD-10-PCS procedure codes, however codes listed below are not exhaustive as other codes may apply.

ICD-10-PCS[5]	Description
Cystectomy	
0TBB0ZZ	Excision of Bladder, Open Approach
0TBB4ZZ	Excision of Bladder, Percutaneous Endoscopic Approach
0TTB0ZZ	Resection of Bladder, Open Approach
0TTB4ZZ	Resection of Bladder, Percutaneous Endoscopic Approach
Nephrectomy	
0TB00ZZ	Excision of Right Kidney, Open Approach
0TB04ZZ	Excision of Right Kidney, Percutaneous Endoscopic Approach
0TB10ZZ	Excision of Left Kidney, Open Approach
0TB14ZZ	Excision of Left Kidney, Percutaneous Endoscopic Approach
0TT00ZZ	Resection of Right Kidney, Open Approach
0TT04ZZ	Resection of Right Kidney, Percutaneous Endoscopic Approach
0TT10ZZ	Resection of Left Kidney, Open Approach
0TT14ZZ	Resection of Left Kidney, Percutaneous Endoscopic Approach
Ureterectomy	
0TT60ZZ	Resection of Right Ureter, Open Approach
0TT64ZZ	Resection of Right Ureter, Percutaneous Endoscopic Approach
0TT70ZZ	Resection of Left Ureter, Open Approach
0TT74ZZ	Resection of Left Ureter, Percutaneous Endoscopic Approach

Hospital Inpatient coding

ICD-10-PCS[5]	Description
Prostatectomy	
0VB00ZZ	Excision of Prostate, Open Approach
0VB04ZZ	Excision of Prostate, Percutaneous Endoscopic Approach
0VB07ZZ	Excision of Prostate, Via Natural Or Artificial Opening
0VB08ZZ	Excision of Prostate, Via Natural Or Artificial Opening Endoscopic Approach
0VT00ZZ	Resection of Prostate, Open Approach
0VT04ZZ	Resection of Prostate, Percutaneous Endoscopic Approach
0VT07ZZ	Resection of Prostate, Via Natural Or Artificial Opening
0VT08ZZ	Resection of Prostate, Via Natural Or Artificial Opening Endoscopic Approach
Robotic assistance	
8E0W0CZ	Robotic Assisted Procedure of Trunk Region, Open Approach
8E0W4CZ	Robotic Assisted Procedure of Trunk Region, Percutaneous Endoscopic Approach

Hospital Inpatient coding

Hospital Diagnosis Related Groups (DRG)[6]

Under Medicare's MS-DRG[6] methodology for hospital inpatient payment, each inpatient stay is assigned to one of about 750 diagnosis-related groups, based on the ICD-10 codes assigned to the diagnoses and procedures. Each MS-DRG has a relative weight that is then converted to a flat payment amount. Only one MS-DRG is assigned for each inpatient stay, regardless of the number of procedures performed.

The DRGs below are typically assigned for procedures related to urology surgery.

MS-DRG[6]	Description	Rate
Cystectomy		
653	Major Bladder Procedures W MCC	$37,904
654	Major Bladder Procedures W CC	$19,167
655	Major Bladder Procedures W/O CC/MCC	$14,758
707	Major Male Pelvic Procedures W CC/MCC	$13,736
708	Major Male Pelvic Procedures W/O CC/MCC	$10,212
749	Other Female Reproductive System O.R. Procedures W CC/MCC	$17,624
750	Other Female Reproductive System O.R. Procedures W/O CC/MCC	$9,522
Nephrectomy		
656	Kidney And Ureter Procedures For Neoplasm W MCC	$21,968
657	Kidney And Ureter Procedures For Neoplasm W CC	$12,912
658	Kidney And Ureter Procedures For Neoplasm W/O CC/MCC	$10,365
659	Kidney And Ureter Procedures For Non-neoplasm W MCC	$18,126
660	Kidney And Ureter Procedures For Non-neoplasm W CC	$9,423
661	Kidney And Ureter Procedures For Non-neoplasm W/O CC/MCC	$7,340
Prostatectomy		
665	Prostatectomy W MCC	$21,629
666	Prostatectomy W CC	$12,025
667	Prostatectomy W/O CC/MCC	$7,349
707	Major Male Pelvic Procedures W CC/MCC	$13,736
708	Major Male Pelvic Procedures W/O CC/MCC	$10,212

MCC: Major Complications and/or Comorbidities **CC: Complications and/or Comorbidities**

References

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3. Centers for Medicare and Medicaid Services. Medicare Program; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Federal Register (88 Fed. Reg. No. 220 78818-80047) https://www.govinfo.gov/content/pkg/FR-2023-11-16/pdf/2023-24184.pdf. 2024 National Physician Fee Schedule Relative Value File January Release https://www.cms.gov/medicare/payment/fee-schedules/physician/pfs-relative-value-files/rvu24a. Published Jan 3, 2024.
4. Centers for Medicare and Medicaid Services. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Final Rule, Federal Register (88 Fed. Reg. No. 224 81540-82185), https://www.govinfo.gov/content/pkg/FR-2023-11-22/pdf/2023-24293.pdf. Published November 22, 2023. January 2024 ASC Approved HCPCS Code and Payment Rates. https://www.cms.gov/medicare/medicare-fee-for-service-payment/ascpayment/11_addenda_updates. Published December 27, 2023.
5. Centers for Medicare and Medicaid Services. International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS). https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-pcs. Accessed January 10, 2024
6. Centers for Medicare and Medicaid Services. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the LongTerm Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2023 Rates; Final Rule, Federal Register (88 Fed. Reg. No. 165 58640-59438), https://www.govinfo.gov/content/pkg/FR-2023-08-28/pdf/2023-16252.pdf. Published August 28, 2023.

Resources

Medtronic Reimbursement Support is available to assist you with your coding and reimbursement questions. If your coding or reimbursement questions were not answered in this guide, please check out these additional resources:

Visit our website: https://www.medtronic.com/covidien/en-us/support/reimbursement.html

Email us: rs.MedtronicMedicalSurgicalReimbursement@medtronic.com

C-code Finder

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