

Part B Insider (Multispecialty) Coding Alert

Urology: Tackle TURP Coding With 3 Expert Tips

Forget the 'once in a lifetime' mantra.

While transurethral resection of the prostate (TURP) procedures may be run of the mill in a urology practice, that doesn't mean the coding is always a no brainer. Strict limitations on the codes and the need for clear, detailed documentation can make your coding job a real challenge.

Ease some of the headaches by remembering these three expert TURP coding guidelines.

Focus on 52601 for First Round Procedures

The first thing you need to check when coding for a TURP procedure is whether the patient has had a previous TURP procedure. If not, you have just one code to report the initial TURP, says **Becky Boone, CPC, CUC, CPMA**, urology surgery coder for The Coding Network and coder for the University of Missouri Internal Medicine Department in Columbia: 52601 (Transurethral electroresection of prostate, including control of postoperative bleeding, complete [vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included]).

Example: If your urologist sees a patient with lower urinary tract obstructive symptoms or urinary retention who has failed conservative medical therapy, he would be a candidate for a surgical treatment such as a TURP, says **Michael A. Ferragamo, MD, FACS**, clinical assistant professor of urology, University Hospital, State University of New York, Stony Brook.

Remember: Often, a urologist will perform additional procedures, such as prophylactic vasectomy or cystourethroscopy before the TURP procedure. However, as 52601's code descriptor indicates, these procedures are included in the TURP and you cannot separately report them and payers will not separately pay you for them.

Look at 52630 for TURP for Regrowth

If your urologist's documentation of past surgical procedures indicates that the patient had a previous TURP and he now presents with recurrent obstructive symptoms due to residual or regrowth of prostatic tissue, you should not report 52601 for the second TURP procedure. Instead, you should report the repeat TURP code: 52630 (Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete [vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included]), Boone says.

Watch the global period: If the patient is still within the global period of the initial TURP procedure when your urologist performs the repeat resection, add modifier 78 (Unplanned return to the operating/procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period) to 52630. If you are beyond the initial 90-day global, just report 52630.

Beware: Be sure the urologist actually performed a second repeat TURP before you code for this repeat procedure. Only code 52630 when your urologist performs a repeat TURP procedure following a previous initial TURP. If he uses another procedure to treat residual growth □ such as a laser prostatectomy (52648, Laser vaporization of the prostate, including control of postoperative bleeding, complete [vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed or 52649, Laser

enucleation of the prostate with morcellation ...), you should use one of these codes.

Example: A patient has an initial TURP, but in the immediate postoperative procedure he is unable to void satisfactorily, and requires a second repeat TURP to remove residual obstructive prostatic adenoma. For this clinical scenario, code 52630-78, Ferragamo says. "If the second repeat TURP is performed beyond the global period (such as after a year) for recurrent prostatic growth after the initial TURP, code 52630 without a modifier," he adds.

Pointer: You need to thoroughly review your urologist's notes, including the patient's full past surgical history to be sure you don't report 52601 by mistake. Even if another urologist performed the original TURP years ago, you must still report 52630 for the repeat procedure.

"Good documentation is the key for successfully coding a TURP procedure," Boone says. "The challenge is making sure that they document if there was a previous TURP procedure and that they're clear on the type of TURP that was performed (eg, green light laser TURP 52648)."

Differentiate Staged Procedures

You should not report every second TURP with 52630. On rare occasions before performing an initial TURP, your urologist may preoperatively consider staging a TURP because of the large size of the gland. More often, while performing a TURP, the urologist may determine that the procedure cannot be completed at one sitting because of the excessive size of the prostate and operative time restraints. For this clinical scenario, the urologist may again choose to perform a staged procedure at a second sitting.

In either case he determines that another TURP will be required within the global period of the first surgery. In these scenarios, your urologist should indicate in his operative report that the patient will require a second staged TURP. This documentation would then support a future claim for a subsequent staged TURP procedure.

Report 52601 for the first procedure, as noted above. Then, for the second staged procedure, report 52601 again. However, since the second surgery is planned as a staged procedure and occurs during the global of the first procedure, you should append modifier 58 (Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period) to the second procedure, Boone says.

Avoid old ways: In the past, coders followed the rule that 52601 was a "once in a lifetime procedure," meaning you could only report a TURP once in a patient's life. This changed on Jan. 1, 2009 when CPT® updated the coding for a staged TURP.

Official guidance: CPT® states the following: "For first stage transurethral partial resection of prostate, use 52601. For second stage partial resection of prostate, use 52601 with modifier 58."

"Although, in general, one should still consider and follow this 'once in a lifetime' rule, the above clinical scenarios represent an infrequent exception to the rule." Ferragamo explains.