

Urology Coding Alert

Procedure Focus: Code Correctly for Undescended Testis Exploration, Orchiopexy

Tip: Watch for chances to submit additional codes.

When you code for exploration of undescended testicles, pay close attention to the operative report to ensure you don't miss important details that can affect the claim. Read on to learn what you need to know about pinpointing the surgical approach and how to report follow-up procedures such as orchiopexy.

Watch Approach to Determine the Starting-Point Code

The urologist has three options for how to approach the exploration: inguinal, scrotal, or abdominal.

For an inguinal or scrotal exploration and approach, report 54550 (Exploration for undescended testis [inguinal or scrotal area]), which is worth 14.32 total RVUs in a facility setting.

Remember: With an inguinal approach, the surgeon enters the groin through the area between the abdomen and upper thigh. A scrotal approach enters directly through the scrotum.

If the procedure also includes an abdominal exploration, report 54560 (Exploration for undescended testis with abdominal exploration) instead of 54550. Code 54560 is worth 20.75 total RVUs, garnering you 6.43 more than with the inguinal or scrotal approach.

"Bill these latter two codes if only explorations were performed with no other surgical procedures performed," says **Michael A. Ferragamo, MD, FACS**, assistant clinical professor of urology with the State University of New York, University Hospital and Medical School at Stony Brook. "The abdominal exploration usually also includes an inguinal exploration as well."

Know Your Orchiopexy Options, Too

After the urologist completes an exploratory examination, he or she often will choose to perform an orchiopexy to bring the undescended testicle down into the scrotum. You have two code choices for the procedure, which are once again based on the surgical approach. They are:

- 54640 □ Orchiopexy, inguinal approach, with or without hernia repair
- 54650 □ Orchiopexy, abdominal approach, for intra-abdominal testis (e.g., Fowler-Stephens).

Take note: Code 54640 when the urologist performs an orchiopexy, regardless of whether he or she also performs □ or does not perform □ a hernia repair. However, if the surgeon also performs an inguinal hernia repair with the orchiopexy, per CPT® guidelines you should also report the most appropriate inguinal hernia repair code from 49495-49525.

Remember scrotal, inguinal, or abdominal explorations are included in the orchiopexy codes and are not separately billed or paid, Ferragamo adds.

Don't Miss Opportunities for Other Codes

Although the urologist might begin a procedure expecting to complete a simple exploration or orchiopexy, circumstances might become more complicated □ and merit additional coding.

Example 1: Orchiopexy codes 54640 and 54650 are both unilateral codes. In the case of a bilateral procedure, append

modifier 50 (Bilateral procedure) to the surgical code.

Example 2: The urologist might biopsy the testicle during the orchiopexy. In this case, also bill 54500 (Biopsy of testis, needle [separate procedure]) or 54505 (Biopsy of testis, incisional [separate procedure]). The latter two codes will require modifier 59 (Distinct procedural service) for payment when billed with the orchiopexy codes.

Example 3: Sometimes the urologist might discover and remove a small atrophic testicle during inguinal or abdominal surgery. In these cases, submit code 54520 (Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach) and remember append modifier 51 (Multiple procedures) if billed with another surgical code.

Example 4: As a less invasive procedure, urologists often use a laparoscopic approach for an undescended testicle located within the abdominal cavity. In this situation you should report 54692 (Laparoscopy, surgical; orchiopexy for intraabdominal testis). Your standard orchiopexy code 54640 is inappropriate because it describes an open approach.