

## Outpatient Facility Coding Alert

### Coding Update: Navigate Cystourethroscopy and Prostate Surgery Coding With These Tips

**Don't miss these guideline adjustments to 52601 and 55700.**

Every coder knows that the descriptors aren't the only things that keep you on track with reporting. Guidelines, tips, and other notes the AMA shares help ensure that you're submitting the correct codes for each encounter – which is why you should always pay close attention to them.

The following constitute previously reported "Coding Tips" and two new tips which could affect how you submit claims this year.

**Coding tip example 1:** Code 52005 (Cystourethroscopy with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service) has the following Coding Tip, Restrictions for Reporting Temporary Catheter Insertion and Removal with Cystourethroscopy. The guideline states, "The insertion and removal of a temporary ureteral catheter (52005) during diagnostic or therapeutic cystourethroscopy with ureteroscopy and/or pyeloscopy is included in 52320-52356 and should not be reported separately."

**Coding tip example 2:** Codes 52310 (Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder [separate procedure]; simple) and 52315 (... complicated) also follow a special Coding Tip, Instructions for Reporting Stent Removal. The guideline states, "To report cystourethroscopic removal of a self-retaining, indwelling ureteral stent, see 52310, 52315, and append modifier 58, if appropriate." When the stent removal procedure □ 52310 for simple or 52315 for complicated □ is within the 90-day global of an initial stone removal procedure during which the stent was first placed such after an ESWL (50590, Lithotripsy, extracorporeal shock wave) or PCNL (50080, Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm, or 50081, ... over 2 cm), including modifier 58 (Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period) indicates the removal of the stent as a staged procedure to complete the care of a urinary stone and ensures payment for the stent removal.

"Remember to include in the first operative report a note that the stent will be removed in the office at a later date," advises **Michael A. Ferragamo, MD, FACS**, clinical assistant professor at the State University of New York at Stony Brook. "This emphasizes that the removal of the stent was indeed part of a staged procedure and treatment of the urinary calculus."

**Coding tip example 3:** Code 52320 (Cystourethroscopy [including ureteral catheterization]; with removal of ureteral calculus) will include the tip, "The insertion and removal of a temporary ureteral catheter (52005) during diagnostic or therapeutic cystourethroscopy with ureteroscopy and/or pyeloscopy is included in 52320-52356 and should not be reported separately."

**Guideline example 1:** Codes 52601 (Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete [vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included]) and 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]) will add the guideline, "For transurethral waterjet ablation of prostate, use 0421T."

Remember, however, that 0421T (Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete [vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed]) is not an ASC approved procedure.

"This category III code does not have assigned relative value units, RVUs, or a scheduled fee assignment," Ferragamo says.

**Guideline example 2:** Code 55700 (Biopsy, prostate; needle or punch, single or multiple, any approach) will have two guideline changes. The first is the deletion of the guideline, "If imaging guidance is performed, use 76942." The second is the addition of the guideline, "If imaging guidance is performed, see 76942, 77002, 77012, 77021."

These types of guideline changes will apply to common procedures such as:

- Removal and replacement of ureteral stent or nephroureteral catheter
- Injections for antegrade nephrostogram and/or ureterogram
- Nephrostomy catheter placement or conversion of a nephrostomy catheter to a nephroureteral catheter
- Ureter or renal pelvis biopsy, including percutaneous renal biopsy
- Percutaneous ureteral stent placement
- Ureteral embolization or occlusion
- Balloon dilation of a ureteral stricture.