

Outpatient Facility Coding Alert

Reader Question: Report Initial TURP with 52601

Question: If a patient who had a laser vaporization of a portion of the prostate by an out of state surgeon and the physician chooses to do a traditional TURP of a different larger section of prostate (these were years apart), which code should we use?

Indiana Subscriber

Answer: You should use 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]) because your physician performed a formal initial TURP, and not a repeat laser.

There are no codes for a repeat laser vaporization of the prostate. If performed, you would use 52648 (Laser vaporization of 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]) for a repeat laser prostatectomy.

Remember, if your physician does the TURP in the global of an initial laser prostatectomy, 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 the 52601 for a repeat TURP in the global of an initial TURP. This would be treatment of a complication within the global period. Outside of a global, no modifier is needed.

You would only use 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]) when a formal TURP is performed/repeated after an initial TURP.