

2020 Coding and Payment Guide

This coding reference guide is intended to illustrate the common coding and payment groups for male prosthetic urology and related procedures. This guide is limited to coding and payment for male prosthetic urology procedures performed in the hospital outpatient site-of-service, ambulatory surgery center (ASC) site-of-service and procedures performed by physicians. The rates listed below are reflective of 2020 Medicare national average reimbursement rates and will vary due to geographic adjustment and other factors. These rates are subject to change without notice.

2020 Coding and Payment Guide

Effective January 1, 2020

Code	Description	APC	Hospital Outpatient	ASC	Physicians	Total RVUs (Facility)
Urinary Sling Procedures						
53440	Sling operation for correction of male urinary incontinence (e.g., fascia or synthetic)	5376	\$8,067.93	\$6,546.11	\$784.59	21.74
53442	Removal or revision of sling for male incontinence (e.g., fascia or synthetic)	5375	\$4,231.62	\$1,976.27	\$816.35	22.62
Penile Procedures						
54110	Excision of penile plaque (Peyronie's Disease)	5374	\$3,018.54	\$1,376.97	\$650.33	18.02
54111	Excision of penile plaque (Peyronie's Disease); with graft up to 5 cm in length	5375	\$4,231.62	\$1,976.27	\$834.03	23.11
54112	Excision of penile plaque (Peyronie's Disease); with graft > 5 cm in length	5376	\$8,067.93	\$3,995.65	\$976.95	27.07
54360	Plastic operation on penis to correct angulation	5374	\$3,018.54	\$1,376.97	\$751.39	20.82
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	5377	\$17,573.96	\$14,455.51	\$553.61	15.34
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	5377	\$17,573.96	\$14,938.53	\$843.41	23.37
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	5374	\$3,018.54	\$1,376.97	\$761.85	21.11
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	5375	\$4,231.62	\$1,976.27	\$823.93	22.83
54410	Removal and replacement of all component(s) of a multi component, inflatable penile prosthesis at the same operative session	5377	\$17,573.96	\$14,727.96	\$896.83	24.85
54411	Removal and replacement of all components of a multi-component penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	5377	\$17,573.96	N/A	\$1,072.58	29.72
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	5374	\$3,018.54	\$1,376.97	\$551.09	15.27
54416	Removal and replacement of non-inflatable (semi-rigid or inflatable (self-contained) penile prosthesis at the same operative session	5377	\$17,573.96	\$14,634.27	\$741.28	20.54
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	5377	\$17,573.96	N/A	\$936.89	25.96

Code	Description	APC	Hospital Outpatient	ASC	Physicians	Total RVUs (Facility)
Testicular Procedures						
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	5374	\$3,018.54	\$1,376.97	\$339.24	9.4
54522	Orchiectomy, partial	5374	\$3,018.54	\$1,376.97	\$613.88	17.01
54530	Orchiectomy, radical, for tumor; inguinal approach	5341	\$3,109.34	\$1,377.21	\$527.99	14.63
54660	Insertion of testicular prosthesis (separate procedure)	5375	\$4,231.62	\$2,741.94	\$371.36	10.29
54690	Laparoscopy, surgical; orchiectomy	5361	\$4,833.71	\$2,194.07	\$683.54	18.94
55175	Scrotoplasty; simple	5374	\$3,018.54	\$1,376.97	\$377.50	10.46
55180	Scrotoplasty; complicated	5375	\$4,231.62	\$1,976.27	\$721.79	20.00
HCPCS Codes						
C1762	Connective tissue, human (includes fascia lata)					
C1763	Connective tissue, non-human (includes synthetic)					
C1771	Repair device, urinary, incontinence, with sling graft					
C1813	Prosthesis, penile, inflatable					
C2622	Prosthesis, penile, non-inflatable					
C2631	Repair device, urinary, incontinence, without sling graft					
L8699	Prosthetic Implant, not otherwise specified					

Medicare reimbursement for devices are packaged with APC reimbursement. For other insurance, please follow payer claims reporting instructions.

ICD-10-CM Diagnosis Codes commonly associated with male prosthetic urology procedures*

Diagnosis Code	Code Description	Diagnosis Code	Code Description
N39.45	Continuous leakage	N52.1	Erectile dysfunction due to diseases classified elsewhere
C61	Malignant neoplasm of prostate	N52.2	Drug-induced erectile dysfunction
C62.00-C62.92	Malignant neoplasm of other and unspecified testis	N52.3X	Post-surgical erectile dysfunction
E10.40-E10.49	Type 1 diabetes mellitus with neurological complications	N52.31	Erectile dysfunction following radical prostatectomy
E10.51-E10.59	Type 1 diabetes mellitus with circulatory complications	N52.32	Erectile dysfunction following radical cystectomy
E10.610-E10.69	Type 1 diabetes mellitus with other specified complications	N52.33	Erectile dysfunction following urethral surgery
E11.40-E11.49	Type 2 diabetes mellitus with neurological complications	N52.34	Erectile dysfunction following simple prostatectomy
E11.51-E11.59	Type 2 diabetes mellitus with circulatory complications	N52.39	Other post-surgical erectile dysfunction
E11.610-E11.69	Type 2 diabetes mellitus with other specified complications	N52.8	Other male erectile dysfunction
E13.51-E13.59	Other specified diabetes mellitus with circulatory complications	N52.9	Male erectile dysfunction, unspecified
E13.610-E13.69	Other specified diabetes mellitus with other specified complications	Q55.9	Congenital malformation of male genital organ, unspecified
E29.1	Testicular hypofunction	R32	Urinary incontinence, unspecified
I73.9	Peripheral vascular disease, unspecified	S14.0XXS	Concussion and edema of cervical spinal cord, sequela
N36.42	Intrinsic (urethral) sphincter deficiency (ISD)	S14.101S-S14.109S	Unspecified injury of cervical spinal cord
N36.43	Combined hypermobility of urethra and intrinsic sphincter deficiency	S24.0XXS	Concussion and edema of thoracic spinal cord, sequela
N39.3	Stress incontinence, (Female)(Male)	S24.101S-S24.109S	Unspecified injury of thoracic spinal cord
N44.00-N44.04	Torsion of the testis	S34.01XS	Concussion and edema of lumbar spinal cord, sequela
N48.6	Induration penis plastica (Peyronie's Disease)	S34.02XS	Concussion and edema of sacral spinal cord, sequela
N48.81-N48.9	Other specified disorders of the penis	S34.101S-S34.139S	Other and unspecified injury of lumbar and sacral spinal cord
N50.1	Vascular disorders of male genital organs	T36-T50	Poisoning by, adverse effects of and underdosing of drugs, medicaments and biological substances
N50.81-N50.89	Other specified disorder of male genital organs	T83.010-T83.29XS	Breakdown (mechanical) of urinary catheters/devices
N52.01	Erectile dysfunction due to arterial insufficiency	T83.410-T83.79X	Breakdown (mechanical) of penile/genital implanted prosthesis
		T83.81XA-T83.9XXA	Complications of genitourinary prosthetic devices, implants, and grafts
N52.02	Corporo-venous occlusive erectile dysfunction	Z85.46	Personal history of malignant neoplasm of the prostate
N52.03	Combined arterial insufficiency and corporo-venous occlusive erectile dysfunction	Z85.47	Personal history of malignant neoplasm of testis

* For a full listing of available codes, please consult an ICD-10-CM reference. Guidelines require coding to the highest level of specificity.

ICD-10 PCS codes require 7 characters. Not all codes below contain the number of characters required and may not represent a full description. Please see ICD-10 PCS coding reference for complete codes and descriptions based on the operation performed. The list is not intended to include all possible codes but a representative list of potential codes and partial codes as examples.

Hospital Inpatient ICD-10 PCS Coding

Effective January 1, 2020

Procedure Code	Code Description	Procedure Code	Code Description
0TSB_ _ _ _	Reposition Bladder	0TPD87Z	Removal of Synthetic Substitute from Urethra, via Natural or Artificial Opening Endoscopic
0TSC_ _ _ _	Reposition Bladder Neck	0TPD87Z	Removal of Nonautologous Tissue Substitute from Urethra, via Natural or Artificial Opening Endoscopic
0TSD_ _ _ _	Reposition Urethra, Open Approach	0VB9_ _ _ _	Excision of Right Testis
0TQB_ _ _ _	Repair Bladder	0BB_ _ _ _	Excision of Left Testis
0TQC_ _ _ _	Repair Bladder Neck	0VBC0ZX	Excision of Bilateral Testes
0TQD_ _ _ _	Repair Urethra	0VQS_ _ _ _	Repair Penis
0TPB8JZ	Removal of Synthetic Substitute from Bladder, Via Natural or Artificial Opening Endoscopic	0VR90JZ	Replacement of Right Testis with Synthetic Substitute, Open Approach
0TPB_ _ _ _	Removal of Nonautologous Tissue Substitute from Bladder	0VRB0JZ	Replacement of Left Testis with Synthetic Substitute, Open Approach
0TPD0JZ	Removal of Synthetic Substitute from Urethra, Open Approach	0VRC0JZ	Replacement of Bilateral Testes with Synthetic Substitute, Open Approach
0TPD0KZ	Removal of Nonautologous Tissue Substitute from Urethra, Open Approach	0VT9_ _ _ _	Resection of Right Testis
0TPD37Z	Removal of Autologous Tissue Substitute from Urethra, Percutaneous Approach	0VTB_ _ _ _	Resection of Left Testis
0TPD3JZ	Removal of Synthetic Substitute from Urethra, Percutaneous Approach	0VTC_ _ _ _	Resection of Bilateral Testes
0TPD3KZ	Removal of Nonautologous Tissue Substitute from Urethra, Percutaneous Approach	0VU90JZ	Supplement Right Testis with Synthetic Substitute, Open Approach
0TPD47Z	Removal of Autologous Tissue Substitute from Urethra, Percutaneous Endoscopic Approach	0VUB0JZ	Supplement Left Testis with Synthetic Substitute, Open Approach
0TPD4JZ	Removal of Synthetic Substitute from Urethra, Percutaneous Endoscopic Approach	0VUC0JZ	Supplement Bilateral Testes with Synthetic Substitute, Open Approach
0TPD4KZ	Removal of Nonautologous Tissue Substitute from Urethra, Percutaneous Endoscopic Approach	0VUS_ _ _ _	Supplement Penis with Synthetic Substitute
0TPD77Z	Removal of Autologous Tissue Substitute from Urethra, via Natural or Artificial Opening	0VWD_ _ _ _	Revision of Synthetic Substitute in Testis
0TPD7JZ	Removal of Synthetic Substitute from Urethra, via Natural or Artificial Opening	0VWDXJZ	Revision of Synthetic Substitute in Testis, External Approach
0TPD7KZ	Removal of Nonautologous Tissue Substitute from Urethra, via Natural or Artificial Opening	0VWS_ _ _ _	Revision of Synthetic Substitute in Penis
0TPD87Z	Removal of Autologous Tissue Substitute from Urethra, via Natural or Artificial Opening Endoscopic		

The Centers for Medicare and Medicaid Services (CMS) utilizes the Medicare Severity DRG (MS-DRG) classification system (Version 35 Grouper) to differentiate severity of illness among patients. The MS-DRG system subdivides MS-DRG sets based on the presence or absence of Major Complications or Comorbid conditions (MCCs) and Complications or Comorbid conditions (CCs). Coding patients to the highest level of specificity is critical to appropriate MS-DRG assignment.

2020 Hospital Inpatient Payment

Effective January 1, 2020

MS-DRG	Code Description	*2020 Payment Rate
662	Minor bladder procedures w/MCC	\$18,344.59
663	Minor bladder procedures w/CC	\$8,830.59
664	Minor bladder procedures w/o CC/MCC	\$6,414.55
709	Penis procedures w/ CC/MCC	\$13,944.37
710	Penis procedures w/o CC/MCC	\$8,902.46
711	Testis procedures w/ CC/MCC	\$12,423.34
712	Testis procedures w/o CC/MCC	\$5,913.72

* 2020 Payment rates reflect the National Average Rates

For reimbursement and health insurance information: coloplastreimbursement@argentaadvisors.com

Hotline 844.297.2620 / Fax 844.297.2621

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Contact your Medicare contractor or other payer for interpretation of coverage, coding, and payment policies since reimbursement policy can vary widely and frequently changes, often without notice.

SOURCES

- Current Procedural Terminology (CPT) Copyright 2019 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.
- Centers for Medicare & Medicaid Services CY2020 Physician Fee Schedule Final Rule: Addendum A; National Average Medicare payment rates calculated using a conversion factor of \$36.0896 Based on CY2020 Relative Value Units (RVU) information available as of 11.15.19.
- 2020 ICD-10-CM.
- Centers for Medicare & Medicaid Services CY2020 Hospital OPPS Final Rule: Addendum B.
- Centers for Medicare & Medicaid Services CY2020 ASC Final Rule: Addendum AA.
- CY2020 Hospital Inpatient Prospective Payment Rates (MS-DRG) obtained from Find-a-code 2020 DRG Grouper calculator tool <https://www.findacode.com/tools/drg-grouper-icd10/>.

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Coloplast Corp. Minneapolis, MN 55411 / Interventional Urology Surgical Support 1-800-258-3476

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