

CODING COMPANION

2019

Urology/ Nephrology

A comprehensive illustrated
guide to coding and reimbursement



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Getting Started with Coding Companion

Coding Companion for Urology/Nephrology is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

For ease of use, *Coding Companion* lists the CPT codes in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, medicine, and evaluation and management (E/M) codes pertinent to the specialty. Each CPT code is followed by its official CPT code description.

Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence.

CPT codes within the Optum360 *Coding Companion* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

Detailed Code Information

One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page ii. The black boxes with numbers in them correspond to the information on the page following the sample.

Appendix Codes and Descriptions

Some CPT codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included in the appendix with the official CPT code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

The codes in the appendix are presented in the following order:

- HCPCS
- Pathology and Laboratory
- Surgery
- Medicine Services
- Radiology
- Category III

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

CCI Edit Updates

The *Coding Companion* series includes the list of codes from the official Centers for Medicare and Medicaid Services' National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from version 23.3, the most current version available at press time. The CCI edits are located in a section at the back of the book. Optum360 maintains a website to accompany the Coding Companions series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is <http://www.optum360coding.com/ProductUpdates/>. The 2018 edition password is: **SPECIALTY18**. Please note that you should log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

Evaluation and Management

This resource provides documentation guidelines and tables showing evaluation and management (E/M) codes for different levels of care. The components that should be considered when selecting an E/M code are also indicated.

Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:

69501 Transmastoid antrotomy (simple mastoidectomy)
could be found in the index under the following main terms:

Antrotomy

Transmastoid, 69501

Excision

Mastoid

Simple, 69501

General Guidelines

Providers

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, it is not limited to use only by that specialty group (see paragraphs two and three under "Instructions for Use of the CPT Codebook" on page xii of the CPT Book). Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

Supplies

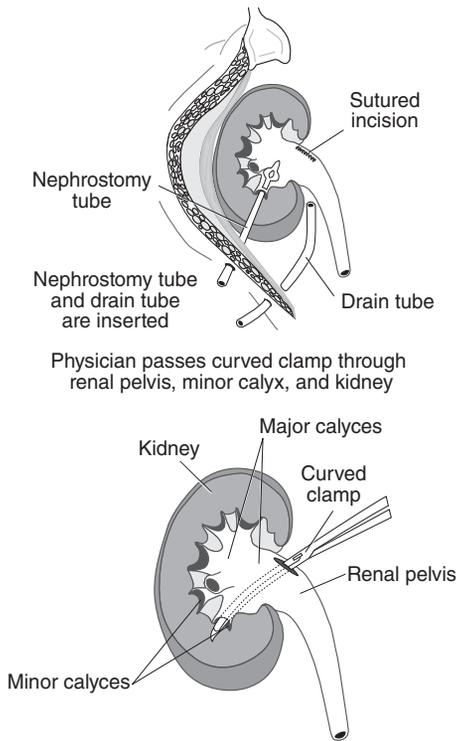
Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

Professional and Technical Component

Radiology and some pathology codes often have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

50040

50040 Nephrostomy, nephrotomy with drainage



Explanation

The physician creates an opening from the kidney to the exterior of the body by making an incision in the kidney. To access the kidney, the physician makes an incision in the skin of the flank, cuts the muscles, fat, and fibrous membranes (fascia) overlying the kidney, and sometimes removes a portion of the eleventh or twelfth rib. Using an incision to open the renal pelvis (pyelotomy), the physician passes a curved clamp into the renal pelvis, a middle or lower minor calyx, and the cortex of the kidney. The physician inserts a catheter tip through the same path as the clamp, and passes the tube through a stab incision in the skin of the flank. After suturing the incisions, the physician inserts a drain tube, bringing it out through a separate stab incision, and performs a layered closure.

Coding Tips

For guide wire introduction, with dilation, to establish nephrostomy tract, percutaneous, see 50395. Cystourethroscopy with ureteral guide wire insertion for percutaneous nephrostomy, retrograde, is reported with 52334. For pyelotomy with drainage (pyelostomy), see 50125. Introduction of intracatheter or catheter into renal pelvis for drainage/injection, percutaneous, see 50432. For change of nephrostomy or pyelostomy tube, see 50435. For renal endoscopy through the nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, see 50551–50562.

ICD-10-CM Diagnostic Codes

- N10 Acute pyelonephritis
- N11.1 Chronic obstructive pyelonephritis
- N12 Tubulo-interstitial nephritis, not specified as acute or chronic
- N13.0 Hydronephrosis with ureteropelvic junction obstruction
- N13.1 Hydronephrosis with ureteral stricture, not elsewhere classified
- N13.2 Hydronephrosis with renal and ureteral calculous obstruction

- N13.39 Other hydronephrosis
- N13.6 Pyonephrosis
- N13.71 Vesicoureteral-reflux without reflux nephropathy
- N13.721 Vesicoureteral-reflux with reflux nephropathy without hydroureter, unilateral
- N13.722 Vesicoureteral-reflux with reflux nephropathy without hydroureter, bilateral
- N13.731 Vesicoureteral-reflux with reflux nephropathy with hydroureter, unilateral
- N13.732 Vesicoureteral-reflux with reflux nephropathy with hydroureter, bilateral
- N13.8 Other obstructive and reflux uropathy
- N15.1 Renal and perinephric abscess
- N20.0 Calculus of kidney
- N20.2 Calculus of kidney with calculus of ureter
- N25.89 Other disorders resulting from impaired renal tubular function
- N28.1 Cyst of kidney, acquired
- N28.89 Other specified disorders of kidney and ureter
- Q61.01 Congenital single renal cyst
- Q61.02 Congenital multiple renal cysts
- Q61.11 Cystic dilatation of collecting ducts
- Q61.19 Other polycystic kidney, infantile type
- Q61.2 Polycystic kidney, adult type
- Q61.4 Renal dysplasia
- Q61.5 Medullary cystic kidney
- Q61.8 Other cystic kidney diseases
- Q62.0 Congenital hydronephrosis
- Q62.11 Congenital occlusion of ureteropelvic junction
- Q62.12 Congenital occlusion of ureterovesical orifice
- Q62.39 Other obstructive defects of renal pelvis and ureter
- Q63.1 Lobulated, fused and horseshoe kidney
- Q63.8 Other specified congenital malformations of kidney
- S37.011A Minor contusion of right kidney, initial encounter
- S37.012A Minor contusion of left kidney, initial encounter
- S37.021A Major contusion of right kidney, initial encounter
- S37.022A Major contusion of left kidney, initial encounter
- T79.5XXA Traumatic anuria, initial encounter

AMA: 50040 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

Relative Value Units/Medicare Edits

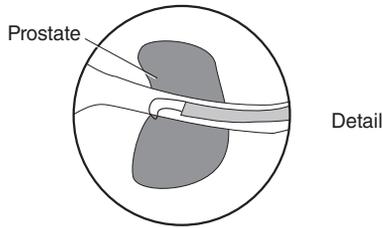
Non-Facility RVU	Work	PE	MP	Total
50040	16.68	8.28	1.82	26.78
Facility RVU	Work	PE	MP	Total
50040	16.68	8.28	1.82	26.78

	FUD	Status	MUE	Modifiers			IOM Reference	
50040	90	A	1(2)	51	50	62*	N/A	None

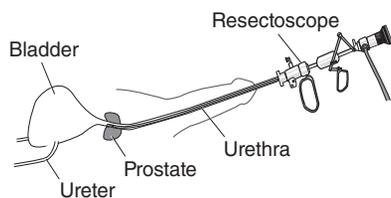
* with documentation

52630

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)



Using a scope inserted through the urethra, the physician removes residual tissues from the prostate



Explanation

The physician inserts an endoscope through the urethra to remove residual or regrowth obstructive tissue from a previous surgical procedure. After preliminary cystourethroscopy, the physician passes the resectoscope into the urethra to the prostate. Meatotomy, cutting to enlarge the external opening of the urethra, and dilatation of the urethra may be necessary to allow the passage of the resectoscope. The physician removes residual tissue of the prostate gland through a series of small cuts. The resected tissue is removed, and the area is kept clear by irrigation through the resectoscope. Bleeding is controlled by fulguration. A catheter is passed into the bladder and left in place.

Coding Tips

For removal of residual obstructive tissue within the postoperative period of a related procedure, report with modifier 78. If significant additional time and effort is documented, append modifier 22 and submit a cover letter and operative report. For transurethral resection of a postoperative bladder neck contracture, see 52640. For initial endoscopic transurethral prostate resection procedures, see 52601 and 52648. For open excisional procedures on the prostate gland, see 55801–55845. For transurethral waterjet ablation of prostate, see 0421T. Resection of residual prostate tissue performed within the postoperative period of a related procedure by the same physician, append modifier 78.

ICD-10-CM Diagnostic Codes

- C61 Malignant neoplasm of prostate
- D07.5 Carcinoma in situ of prostate
- D29.1 Benign neoplasm of prostate
- D40.0 Neoplasm of uncertain behavior of prostate
- N40.0 Benign prostatic hyperplasia without lower urinary tract symptoms
- N40.1 Benign prostatic hyperplasia with lower urinary tract symptoms
- N40.2 Nodular prostate without lower urinary tract symptoms

N40.3 Nodular prostate with lower urinary tract symptoms

AMA: 52630 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
52630	6.55	4.33	0.72	11.6
Facility RVU	Work	PE	MP	Total
52630	6.55	4.33	0.72	11.6

	FUD	Status	MUE	Modifiers			IOM Reference	
52630	90	A	1(2)	51	N/A	N/A	N/A	None

* with documentation

Terms To Know

catheter. Flexible tube inserted into an area of the body for introducing or withdrawing fluid.

fulguration. Destruction of living tissue by using sparks from a high-frequency electric current.

irrigation. To wash out or cleanse a body cavity, wound, or tissue with water or other fluid.

obstruction. Blockage that prevents normal function of the valve or structure.

resect. Cutting out or removing a portion or all of a bone, organ, or other structure.

TURP. Transurethral resection of the prostate. A TURP is performed to reduce the size of an enlarged prostate. Enlargement presses against the urethra, and causes difficulties in urination. Similar procedures include TEVAP, done with electrovaporization; TULIP, with ultrasound guided laser ablation; TUNA, with needle ablation; or TUMT, microwave thermotherapy.