Urological Procedure Coding

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Objectives

• Understand anatomy and CPT® procedural terminology related to urological procedures
• Recognize and code surgical approaches:
  – Transurethral Procedures
  – Percutaneous procedures
  – Open Procedures
• Determine which procedures may be unbundled with the appropriate application of modifier 59
• Enhance coding skills using real-world examples
MALE URINARY SYSTEM

MALE REPRODUCTIVE SYSTEM
Diagnostic Ultrasound

• All diagnostic ultrasound procedures should be summarized in a separate, written report
• The results must be documented in the patient's chart with any permanently recorded images with measurements (when clinically indicated)
• Individual carriers may have their own requirements as to whether the report should be documented on a separate piece of paper in the patient's chart, or commented on separately in the office notes or operative notes

Ultrasound Guidance

• When ultrasonic guidance is performed with another urological procedure (e.g., sonographically-guided needle biopsy of the prostate), the final written report for the ultrasound may be included within the report of the urological procedure
• The physician needs to differentiate between diagnostic and guidance
Surgical Approaches

• Transurethral: A cystoscope is inserted through the urethra into the bladder
  – Ureteroscope may also be used and can reach the lower pole of the kidney
• Percutaneous: through a small incision using endoscopes and/or radiological imaging and manipulation
  – Many are done in the Interventional Radiology Suite by interventional radiologists

Surgical Approaches

• Open: through an incision that is deepened to the kidney or other part of the urinary system
  – The surgical field is “open” to the surgeon
  – Usually done in a “big” operating room
• Laparoscopic: Tiny incisions are made in the abdomen and a scope and trocar are inserted
  – Surgical procedures are done through the laparoscope
  – Specimens are also removed through the scope
Transurethral Prostate Procedures

• **TURP:** Transurethral resection of the prostate. Surgical procedure where a lighted tube with an attached electrical loop is inserted through the urethra into the prostate
  – Serves as a diagnostic and therapeutic role in the treatment of prostate cancer or BPH

Transurethral Prostate Procedures

• **Microwave thermotherapy:** Use of controlled heat for treatment
• **Microwave (Targis):** A catheter is placed within the bladder and positioned within the prostate, then the antenna emits microwaves
  – This procedure increases the passageway allowing for easier urination
Transurethral Prostate Procedures

- Transurethral Microwave Thermotherapy (TUMT): Destroys excess prostate tissue interfering with the exit of urine from the body by using a probe in the urethra to deliver microwaves
  - Treatment for BPH
- Transurethral Needle Ablation (TUNA): Destroys excess prostate tissue with electromagnetically generated heat by using a needle-like device in the urethra
  - Treatment for BPH

Transurethral Prostate Procedures

- Prostatic stent: A wire device that expands after surgical placement thus pushing prostate tissue away allowing for easier urination
TUNA

A patient presents with benign prostatic hypertrophy (BPH) with urinary frequency and bladder neck obstruction.

He is admitted for a TUNA procedure and dilation of the bladder neck.

Bundling of Endoscopic Procedures

• “Endoscopic procedures include all minor related functions performed at the same encounter. Although CPT codes may exist to describe these functions, they should not be reported separately.’
• “For example, transurethral resection of the prostate includes meatotomy, urethral calibration and/or dilation, urethroscopy, and cystoscopy. Codes for the included procedures should not be reported separately.”
Example

A patient is scheduled to undergo a calculus removal from the ureter but a severe stricture from the urethra is encountered and had to be dilated first

After, the scope was passed and the ureteral stone was removed

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Example

A 67 male patient is scheduled to undergo Greenlight PVP laser procedure under general anesthesia

After the vaporization of only 60% of the prostate, the procedure was terminated due to equipment malfunction
Example

- Patient presented with flank pain and hematuria
- Diagnostic Ultrasound was positive for ureteral calculus with mild hydronephrosis

The patient underwent retrograde pyelogram, transurethral ureteroscopic lithotripsy using ultrasound, and insertion of an indwelling ureteral stent

CCI - Ureteral Stents

- “CPT code 52332 (Cystourethroscopy, with insertion of indwelling ureteral stent) describes insertion of a self-retaining indwelling stent during cystourethroscopy with ureteroscopy and/or pyeloscopy and should not be reported to describe insertion and removal of a temporary ureteral stent during diagnostic or therapeutic cystourethroscopy with ureteroscopy and/or pyeloscopy (CPT codes 52320-52330, 52334-52355).
- The insertion and removal of a temporary ureteral catheter (stent) during these procedures is not separately reportable and should not be reported with CPT codes 52005 or 52007.”
Open Prostatectomy Procedures

• **Radical Retropubic Prostatectomy**: Removal of prostate through an abdominal incision
  — The prostate is completely removed
  — The advantage is that the lymph nodes can be sampled at the time of the operation and the nerve-sparing procedure is easier to do via this operation
  — Done for prostate cancer

• **Perineal Prostatectomy**: A perineal incision is utilized
  — The advantages are: less blood loss, easier visualization of the bladder/urethral anastomosis and decreased recovery time because the incision does not involve muscle or any other vital tissue

Open Prostatectomy Procedures

• **Suprapubic / Retropubic Prostatectomy**: This involves the removal of obstructing prostatic tissue through a supra-pubic incision (a cut below the belly button)
  — The prostate is not wholly removed

• **Suprapubic Prostatectomy** requires incising the bladder to remove the obstructing tissue

• **Retropubic** approach involves incising the Prostatic capsule to remove the obstructing tissue
  — Both approaches utilize an abdominal incision.
Combined Approaches
CCI Concerns

“In general, multiple methods of performing a procedure (e.g., prostatectomy) cannot be performed at the same patient encounter. (See general policy on mutually exclusive services.) Therefore, only one method of accomplishing a given procedure may be reported. If an initial approach fails and is followed by an alternative approach, only the completed or last uncompleted approach may be reported.” CCI V 16.3 Chapter 7, #6

Incontinence Procedures

• **Periurethral Injections**: One of the surgical treatments for this condition, used in both males and females, is urethral injections of bulking agents to improve the coaptation of the urethral mucosa
  – Done under local anesthesia with the use of a cystoscope and a small needle. Bulking material is injected into the urethral submucosal layer under direct vision
• This treatment can be repeated and sometimes acceptable results are seen after multiple injections
Incontinence Procedures

• **Suburethral Sling Procedures:** The most common and most popular surgery for stress incontinence is the sling procedure.
  – Today, most of these procedures are being called by the names TVT or TOT.
  – In this operation a narrow strip of material is used – either from cadaveric tissue, autologous tissue, or soft mesh – applied under the urethra to provide a hammock of support and improve urethral closure.

Incontinence Procedures

• **Retropubic Colposuspension:**
  • Abdominal surgery where the vaginal tissues or periurethral tissues are affixed to the pubic bone
  • Generally only used when other abdominal surgeries are also required.
  • This procedure can also be performed laparoscopically; however, long term results are not as good as with the open procedure.
Combined Approaches CCI Instructions

• “When endoscopic visualization of the urinary system involves several regions (e.g., kidney, renal pelvis, calyx, and ureter), the appropriate CPT code is defined by the approach (e.g., nephrostomy, pyelostomy, ureterostomy, etc.) as indicated in the CPT descriptor.”

Combined Approaches CCI Instructions

• “When multiple endoscopic approaches at the same patient encounter are medically reasonable and necessary (e.g., renal endoscopy through a nephrostomy and cystourethroscopy) to perform different procedures, they may be separately reported appending modifier 51 to the less extensive procedure codes.”
Combined Approaches  
CCI Instructions

• “When multiple endoscopic approaches are utilized **to attempt the same procedure**, only the completed approach should be reported.”

Endoscopy Laparoscopic/Open

• If a diagnostic endoscopy leads to the performance of a laparoscopic or open procedure, the diagnostic endoscopy **may be** separately reportable

• **Modifier 58** may be reported to indicate that the diagnostic endoscopy and non-endoscopic therapeutic procedures were **staged or planned** procedures
  – The medical record must indicate the **medical necessity** for the diagnostic endoscopy

• If an endoscopic procedure is performed as an integral part of an open procedure, only the open procedure is reportable
Female Bladder Suspension

• Pubovaginal Sling: A surgical procedure in which a man-made or cadaveric piece of material is placed under the bladder neck to support and immobilize
  – This technique improves sphincter function and decreases bladder neck movement, improving continence

• Sling Procedures: Surgical methods for treating urinary incontinence involving the placement of a sling, made either of tissue obtained from the person undergoing the sling procedure or a synthetic material
  – The sling is anchored to retropubic and/or abdominal structures

Open Renal Procedures

• Open Nephrolithotomy: is the most invasive procedure for removing kidney stones
  – Because it is so traumatic, most kidneys can withstand no more than two such operations
  – Deep anesthesia is required, after which the surgeon makes a large (10-20 centimeter) incision in the patient's back or abdomen, depending upon where the stone is located
  – Either the ureter or the kidney is opened and the stone extracted
  – Most patients require prolonged hospitalization afterward, and recovery may take up to two months
Percutaneous Renal Procedures

• Percutaneous Nephrolithotomy (PCN):
  Percutaneous means "though the skin"
  – The surgeon or urologist makes a 1-centimeter incision under local anesthesia in the patient's back, through which an instrument called a nephroscope is passed directly into the kidney and, if necessary, the ureter
  – Smaller stones may be manually extracted
  – Large stones may need to be broken up with ultrasonic, electrohydraulic or laser-tipped probes before they can be extracted
  – A tube may be inserted into the kidney for drainage

Scout Endoscopy

If the endoscopy is confirmatory or is performed to assess the surgical field ("scout endoscopy"), the endoscopy **does not** represent a separate diagnostic or surgical endoscopy

The endoscopy represents exploration of the surgical field, and should not be reported separately with a diagnostic or surgical endoscopy code.
“Separate Procedure”

• “Per CMS payment policy for procedures with the “separate procedure” designation, these codes should not be reported with other cystourethroscopy CPT codes for the same patient encounter.”

About the Author

Brenda T. Griffin, MHSA, CPC, CPMA has a total of 26 years experience in inpatient, outpatient, ER and physician coding. She holds a Master’s Degree in Healthcare Administration and is a Certified Professional Coder (CPC) and a Certified Professional Medical Auditor (CPMA). Griffin was an assistant professor teaching coding at the university level. She has 14 years experience in physician compliance: auditing for coding, documentation and adherence to Medicare and Medicaid regulations including teaching rules.
Griffin Compliance provides physician compliance services in an honest, straightforward manner to make it as stress-free as possible for providers to be confident that they are submitting correct claims. Griffin Compliance understands that a physician’s job is patient care. We endeavor to assist physicians to provide patient-centered care by providing tools, education, and feedback on documentation and coding. We provide compliance support activities that enhance the physician’s communication of patient care to payers and external auditors. Griffin Compliance provides a practice with a comprehensive compliance program that includes coding, documentation, and HIPAA education and audit. Griffin Compliance also has the ability to provide expertise with billing and denial management for the benefit of clients.