

2021 BILLING AND CODING GUIDE

UROLOGY SURGERY



2021 Medicare Physician, Hospital Outpatient, ASC Coding and Payment

Rates listed in this guide are based on their respective site of care: physician office, ambulatory surgical center, or hospital outpatient department. All rates provided are for the Medicare National Average rounded to the nearest whole number for 2021 and do not represent adjustment specific to the provider's location or facility. Commercial rates are based on individual contracts. Providers are encouraged to review contracts to verify their specific contracted allowables.

Medtronic products used associated with wound closure procedures addressed within this guide do not have dedicated HCPCS² level II coding assignment. Providers may choose to report A4649 Surgical supply miscellaneous for purposes of cost tracking. Medicare considers the use of surgical supplies to be included in the payment for the associated CPT and no additional payment is allowed.

CPT [®] CODE ¹	CODE DESCRIPTION	PHYSICIAN ²	AMBULATORY SURGICAL CENTER (ASC) ³	HOSPITAL OUTPATIENT ⁴
CYSTECTOMY				
51550	Cystectomy, partial; simple	Facility Only: \$979	Inpatient only, not reimbursed for hospital outpatient or ASC	
51555	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)	Facility Only: \$1,284	Inpatient only, not reimbursed for hospital outpatient or ASC	
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	Facility Only: \$1,309	Inpatient only, not reimbursed for hospital outpatient or ASC	
51570	Cystectomy, complete (separate procedure)	Facility Only: \$1,492	Inpatient only, not reimbursed for hospital outpatient or ASC	
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	Facility Only: \$1,847	Inpatient only, not reimbursed for hospital outpatient or ASC	
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations	Facility Only: \$1,925	Inpatient only, not reimbursed for hospital outpatient or ASC	
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations, with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	Facility Only: \$2,141	Inpatient only, not reimbursed for hospital outpatient or ASC	
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis	Facility Only: \$1,962	Inpatient only, not reimbursed for hospital outpatient or ASC	
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	Facility Only: \$2,219	Inpatient only, not reimbursed for hospital outpatient or ASC	
51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	Facility Only: \$2,390	Inpatient only, not reimbursed for hospital outpatient or ASC	

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Part - Study Guide for Kinn's the Medical Assistant Deborah B. Proctor,2013-08-19 **PART Study Guide for Kinn s The Medical Assistant** Newman's Billing and Coding Specialist Study Guide Xaiver Newman,Xaiver R S Newman Nrcs,2012-01-01 Medical coding professionals provide a key step in the medical billing process Every time a patient receives professional health care in a physician s office hospital outpatient facility or ambulatory surgical center ASC the provider must document the services provided The medical coder will abstract the information from the documentation assign the appropriate codes and create a claim to be paid whether by a commercial payer the patient or CMS While the medical coder and medical biller may be the same person or may work closely together to make sure all invoices are paid properly the medical coder is primarily responsible for abstracting and assigning the appropriate coding on the claims In order to accomplish this the coder checks a variety of sources within the patient s medical record i e the transcription of the doctor s notes ordered laboratory tests requested imaging studies and other sources to verify the work that was done Then the coder must assign CPT codes ICD 9 codes and HCPCS codes to both report the procedures that were performed and to provide the medical biller with the information necessary to process a claim for reimbursement by the appropriate insurance agency This text is intended to dispel any ambiguity prior to taking your national certification This text contains over 400 preparatory examination questions covering ICD 9 ICD 10 Revenue cycle Medical report extrapolation assignments HCPCS UB04 and CPT Insurance Handbook for the Medical Office Marilyn Takahashi Fordney,2002 **INSURANCE HANDBOOK FOR THE MEDICAL OFFICE** is a key text for medical administrative assisting medical front office programs or those who

wish to become insurance billing specialists claims assistance professionals or electronic claims processors for physicians practices and hospital outpatient clinics Those already practicing in this area will also find this text beneficial as will health claims examiner programs The goal of this extremely up to date text is to increase efficiency and streamline administrative procedures for the most exasperating aspect of the doctor s office routine insurance billing This text offers guidance for all aspects of submitting tracing appealing and transmitting claims for today s full range of health plans Important coverage of diagnostic coding procedural coding office and insurance collection strategies Medicare Managed Care and more is presented Additionally a free CD ROM featuring the HCFA 1500 claim form is included with the book The CD ROM contains 10 scored patient case studies with related insurance information so that the student can practice completing the HCFA 1500 claim form in a fun interactive format

The Modifier Clinic Lolita M. Jones,2005 Surgeons as Educators Tobias S. Köhler,Bradley Schwartz,2017-11-11 This book is designed to provide the reader with comprehension of the principles of contemporary surgical education and skills to design and implement effective curricula that include learning theory needs assessments curriculum development effective teaching methods valid and reliable assessment of learners and comprehensive program evaluation This text will provide a comprehensive state of the art review of this field and will serve as a valuable resource for anyone wishing to become a better educator regardless of the level of the trainee The book will review how people learn and how to vary teaching methods accordingly It will cover curriculum planning measurement and performance assessment teaching residents to teach coaching promoting professionalism teaching surgeons to lead and burnout It will aid in identifying differences in generations and how to select students and residents who will thrive in your program Specifics on teaching in the operating room use of new technologies and honing of feedback skills will be addressed The effect of duty hours and due process for struggling learners will also be addressed as well as preparing residents for beyond residency Specifics on how to set up simulation centers and utilize this technology will also be discussed These are a few of the topics which will prepare the reader to excel in education and thus be able to positively influence patient care well beyond that of any one individual

Office-Based Procedures, An issue of Urologic Clinics J. Stephen Jones,2013-11-28 This issue of the Urologic Clinics covers office based procedures in urology There are a wealth of urologic procedures that can be done in the office setting offering reduced risks to the patient less stress and better recovery time as well as a more favourable reimbursement for the physician Articles include more common issues such as stone management ultrasound prostate biopsy and vasectomy as well as infusion therapy biofeedback and office anesthesia

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Pfenninger and Fowler's Procedures for Primary Care E-Book John L. Pfenninger, Grant C. Fowler, 2010-09-23

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The essential guide for medical billing professionals updated for ICD-11 standards. Medical Billing Coding For Dummies will set you up for success in getting started as a medical biller and coder. To ensure data accuracy and efficient data processing, medical offices need professionally trained coders to handle records. This book provides prospective allied health professionals with everything they need to know to get started in medical billing and coding as a career. In addition to an introduction to the basics of medical coding, you'll get information on how to find a training course, meet certification requirements, and deal with government agencies and insurance companies. Learn about the standard practices in the medical billing industry and get up to speed on the ethical and legal issues you're likely to face on the job. This accessible guide is a great entry point and a great refresher for anyone interested in the medical billing and coding profession. Get a primer on your career options in the field of medical billing. Learn coding practices for telehealth, viral outbreaks, and other

emerging issues Update your knowledge of the changes between ICD 10 and ICD 11 coding systems Find training programs and explore your options for certification This Dummies guide is an accessible entry point for prospective professionals looking get a jump on their new career and current professionals intent on staying up to date in this flexible and growing field

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