

### 2011 MOST COMMONLY BILLED CODES

- 54400** Insertion penile prosthesis; non-inflatable (semi-rigid)
- 54415** Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
- 54416** Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
- 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

	Physician			ASC	Device	Global
	CPT	RVU	Payment*	Payment	Payment	Days
<b>Ambulatory Surgery Center</b>	54400	16.17	\$549	\$5,853	Payment for device included in global ASC payment	90
	54415	16.07	\$546	\$1,393		90
	54416	21.61	\$734	\$10,175		90
	54417	N/A — INPATIENT ONLY				

\* Medicare physician reimbursement rate is calculated using the 2011 conversion factor of \$33.9764.

	Physician			Outpatient Hospital		Device
	CPT	RVU	Payment	APC	Payment	HCPCS Payment
<b>Hospital Outpatient</b>	54400	16.17	\$549	385	\$7,056	C2622 C2622 Prosthesis, penile, non-inflatable Payment for device included in global APC payment
	54415	16.07	\$546	181	\$2,476	N/A
	54416	21.61	\$734	386	\$11,625	C2622
	54417	N/A — INPATIENT ONLY				

	Physician			Inpatient Hospital		Device	
	CPT	RVU	Payment	Possible MS-DRG for all CPT codes*	Payment**	Payment	
<b>Hospital Inpatient</b>	54400	16.17	\$549	673	Other Kidney and Urinary Tract Procedures w/MCC	\$16,339	Payment for device included in global MS-DRG payment
	54415	16.07	\$546	674	Other Kidney and Urinary Tract Procedures w/CC	\$11,690	
	54416	21.61	\$734	675	Other Kidney and Urinary Tract Procedures w/o CC/MCC	\$7,471	
	54417	27.36	\$930	709	Penis Procedures w/ CC/MCC	\$10,403	
				710	Penis Procedures w/o CC/MCC	\$7,099	

\*Complications and Comorbidities: CMS developed a standard list of diagnoses that are recognized as CCs for MS-DRGs. When a CC is present as a secondary diagnosis, it may affect the MS-DRG assignment.  
 \*\*These averages are calculated by multiplying the current relative weight of the MS-DRG by the national average hospital Medicare base rate and this includes the capital rate.

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### 2011 MOST COMMONLY BILLED CODES

ICD-9-CM Diagnostic Coding Options	
<b>250.6X*</b>	Diabetes with neurological manifestations (use additional code to identify manifestations)
<b>250.7X*</b>	Diabetes with peripheral circulatory disorders (use additional code to identify manifestations)
<b>250.8X*</b>	Diabetes with other specified manifestations (use additional code to identify manifestations)
<b>253.1</b>	Other and unspecified anterior pituitary hyperfunction
<b>257.2</b>	Other testicular hypofunction (testosterone deficiency)
<b>607.82</b>	Vascular disorder of the penis
<b>607.84</b>	Impotence of organic origin (Tip per AHA, code 997.99 if impotence is a result of previous radical prostatectomy)
<b>607.85</b>	Peyronie's disease
<b>607.89</b>	Other specified disorders of the penis
<b>907.2</b>	Late effect of spinal cord injury
<b>995.2</b>	Unspecified adverse effect of drug, medicinal and biological substance (anti-hypertensive)
<b>996.39</b>	Mechanical complication of genitourinary device, implant and graft, other
<b>996.65</b>	Infection and inflammatory reaction due to other genitourinary device, implant, and graft
<b>996.76</b>	Other complications due to genitourinary device, implant, and graft
<b>V10.46</b>	Personal history of malignant neoplasm of prostate

\* Use the fifth digit sub-classification with category 250.

ICD-9-CM Procedural Coding Options	
<b>64.95</b>	Insertion or replacement of non-inflatable penile prosthesis
<b>64.96</b>	Removal of internal prosthesis of penis (removal without replacement of non-inflatable or inflatable penile prosthesis)

**Disclaimer:** While reasonable efforts have been made to ensure the accuracy of the information set forth, AMS, Inc. cannot guarantee reimbursement for any procedure or product. It is the responsibility of the medical provider to contact payers for specific coverage and billing/coding policies as well as update the information described herein. Reimbursement rates quoted are 2011 Medicare national averages.

#### Coding Resources:

1. CPT 2011. Current Procedural Terminology. Professional Edition. CPT is a trademark of the American Medical Association
2. ICD-9-CM for Hospitals—Vol. 1, 2, 3 Expert 2011. Ingenix, Inc. Salt Lake City, UT
3. HCPCS Level II Expert 2011. Ingenix, Inc. Salt Lake City, UT
4. DRG Expert 2011. Ingenix, Inc. Salt Lake City, UT
5. MarketScan<sup>®</sup> Research Data © 2010 Thomson Reuters
6. Federal Register, Vol. 75, No. 226, Nov. 24, 2010
7. Federal Register, Vol. 75, No. 157, Aug. 16, 2010
8. Federal Register, Vol. 75, No. 228, Nov. 29, 2010
9. Federal Register, Vol. 76, No. 7, Jan. 11, 2011
10. CMS, and DHHS. "Pub. 100-20 One-Time Notification." Transmittal 828. Change Request 7300. Jan. 13, 2010