

2021 Reimbursement Sheet

Prostate Resection Procedures

2021 National Medicare Reimbursement

CPT® Codes	CPT® Description	Physician Allowed Amount for Hospital/ ASC	Physician Allowed Amount for Office	Hospital Outpatient Allowed Amount	ASC Allowed Amount
Prostate Resection					
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	\$741	N/A	\$4,414	\$2,074
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	\$661	\$1,702	\$4,414	\$2,074
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	\$704	\$1,755	\$4,414	\$2,074
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	\$840	N/A	\$4,414	\$2,074
iTind					
C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts	N/A	N/A	\$4,414	\$2,697

N/A signifies Medicare expects that rarely if ever, will this procedure be performed in this setting.

Hospital outpatient/ASC payment amounts effective through 12/31/2021. Physician payment amounts based on \$34.8931 conversion factor effective through 12/31/2021.

Represents National Average Medicare Fees (Without Geographic Adjustment) Updated January 2021.

Sources:

- CPT & Description: Copyright 2020 American Medical Association. All rights reserved. Applicable FARS/DFARS apply to government use.
- Physician Fee Schedule: CMS-1734-F, addendum B published 2020-12-28
- ASC Fee Schedule: CMS-1736-FC, addendum AA published 2020-12-29
- Hospital Outpatient: CMS-1736-FC, addendum B published 2020-12-29

Notice to Reader:

The information presented here is for illustrative purposes only and does not constitute reimbursement or legal advice. The reimbursement information provided by Olympus America Inc. and/or its direct or indirect (through one or more intermediaries) parent companies, affiliates, or subsidiaries (collectively, the "Olympus Group") is gathered from third party sources and is subject to change without notice. Reimbursement rules vary widely by insurer so you should understand and comply with any specific rules that may be set by the patient's insurer. You must also understand and comply with Medicare's complex rules. It is the provider's sole responsibility to determine medical necessity and to in turn identify which CPT codes to report and to submit accurate claims. You should always consult with your local payers regarding reimbursement matters. Under no circumstances shall the Olympus Group or its employees, consultants, agents or representatives be liable for costs, expenses, losses, claims, liabilities or other damages (whether direct, indirect, special, incidental, consequential or otherwise) that may arise from or be incurred in connection with this information or any use thereof.

Olympus is a registered trademark of Olympus Corporation, Olympus America Inc., and/or their affiliates. | Medical devices listed may not be available for sale in all countries.