

AMS 700[®] Penile Prosthesis

AMS Ambicor[®] Penile Prosthesis



2011 MOST COMMONLY BILLED CODES

- 54405** Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders and reservoir
- 54406** Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
- 54408** Repair of components of a multi-component, inflatable penile prosthesis
- 54410** Removal and replacement of all components of a multi-component, inflatable penile prosthesis at the same operative session
- 54411** Removal and replacement of all components of a multi-component, inflatable 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
Ambulatory Surgery Center	54405	24.67	\$838	\$10,175	Payment for device included in global ASC payment	90
	54406	22.25	\$756	\$1,393		90
	54408	24.07	\$818	\$1,393		90
	54410	26.24	\$892	\$10,175		90
	54411	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
Hospital Outpatient	54405	24.67	\$838	386	\$11,625	C1813 C1813 Prosthesis, penile inflatable
	54406	22.25	\$756	181	\$2,476	N/A Payment for device included in
	54408	24.07	\$818	181	\$2,476	N/A global APC payment
	54410	26.24	\$892	386	\$11,625	C1813
	54411	N/A — INPATIENT ONLY				

	Physician			Inpatient Hospital			Device
	CPT	RVU	Payment	Possible MS-DRG for all CPT codes*		Payment**	Payment
Hospital Inpatient	54405	24.67	\$838	709	Penis Procedures w/CC/MCC	\$10,403	Payment for device included in global MS-DRG payment
	54406	22.25	\$756	710	Penis Procedures w/o CC/MCC	\$7,099	
				673	Other Kidney and Urinary Tract Procedures w/MCC	\$16,339	
	54408	24.07	\$818	674	Other Kidney and Urinary Tract Procedures w/CC	\$11,690	
	54410	26.24	\$892				
	54411	31.23	\$1,061	675	Other Kidney and Urinary Tract Procedures w/o CC/MCC	\$7,471	

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

* Use the fifth digit sub classification with category 250

ICD-9-CM Procedural Coding Options	
64.96	Removal of internal prosthesis of penis (removal without replacement of non-inflatable or inflatable penile prosthesis)
64.97	Insertion or replacement of inflatable penile prosthesis
64.99	Other operations on male genital organs

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[®] 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