

**PROSTATE RESECTION PROCEDURES**

CPT <sup>®</sup> Codes	Description	Physician Allowed Amount for Hospital/ ASC	Physician Allowed Amount for Office	Hospital Outpatient Allowed Amount	ASC Allowed Amount
<b>PROSTATE RESECTION</b>					
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)	\$761	N/A	\$3,706	\$1,757
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)	\$676	\$1,849	\$3,706	\$1,757
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)	\$720	\$1,902	\$3,706	\$1,757
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)	\$859	N/A	\$3,706	\$1,757

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

Hospital outpatient/ASC payment amounts effective through 12/31/2018. Physician payment amounts based on \$35.9999 conversion factor effective through 12/31/2018. Represents National Average Medicare Fees (Without Geographic Adjustment) Updated January 2018.

**Sources:**

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Physician Fee Schedule: CMS-1676, addendum B published 2017-11-15

ASC Fee Schedule: CMS-1678-FC, addendum AA published 2017-11-13

Hospital Outpatient: CMS-1678-FC, addendum B published 2017-11-13

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