

2020 Reimbursement Sheet

Prostate Resection Procedures

2020 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 Procedures					
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)	\$760	N/A	\$4,231	\$1,976
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)	\$675	\$1,673	\$4,231	\$1,976
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	\$1,726	\$4,231	\$1,976
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)	\$860	N/A	\$4,231	\$1,976

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

Hospital outpatient/ASC payment amounts effective through 12/31/2020. Physician payment amounts based on \$36.0896 conversion factor effective through 12/31/2020. Represents National Average Medicare Fees (Without Geographic Adjustment) Updated December 2019.

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- Physician Fee Schedule: CMS-1715-F, addendum B published 2019-11-15
- · ASC Fee Schedule: CMS-1717-FC, addendum AA published 2019-11-12
- Hospital Outpatient: CMS-1717-FC, addendum B published 2019-11-12

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