

ICD-10 CM Diagnosis Code Description

BPH Surgery

N40.0 Enlarged prostate without lower urinary tract symptoms

N40.1 Enlarged prostate with lower urinary tract symptoms

N40.2 Nodular prostate without lower urinary tract symptoms

N40.3 Nodular prostate with lower urinary tract symptoms52442

ICD-9 CM Diagnosis Code Description

600.00 BPH

600.01 BPH with other urinary symptoms

600.20 BPH with adenofibromatous

600.21 with other urinary symptoms

600.90 Hypertrophy, prostate, recurrent

600.91 obstruction / retention

601.09 Prostatitis, suppurative

BPH Surgery Procedures

52450	Transurethral incision of prostate (TUIP)
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy (TUMT)
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy (TUNA)

52601 TURP

Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete [vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included]

52620 TURP- ReOp

Transurethral resection; of residual obstructive tissue after 90 days postoperative)

52630 TURP- ReOp

Transurethral resection of regrowth of obstructive tissue longer than one year postoperative

52647 PVP

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)

52648 PVP

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)

52649 HoLEP or ThuLEP

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)

52441 Urolift

Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

+52442 Each additional permanent adjustable transprostatic implant

Facility Hospital Outpatient or Ambulatory Surgery Center (ASC)

C9739 Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants

C9740 Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants

Possible MS-DRG Assignment

707 Major male pelvic procedures with complication or comorbidity (CC) / major complication or comorbidity (MCC)

708 Major male pelvic procedures without CC/MCC

713 Transurethral prostatectomy with CC/MCC

714 Transurethral prostatectomy without CC/MCC

CPT Code for diagnostic examinations

Urodynamic study

51725 Simple cystometrogram (CMG) (eg, spinal manometer) \$193 \$79 51726 Complex cystometrogram (i.e., calibrated electronic equipment)

51727

Complex cystometrogram (i.e., calibrated electronic equipment) with urethral pressure profile studies (i.e., urethral closure pressure profile), any technique

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Complex cystometrogram (i.e., calibrated electronic equipment); with voiding pressure studies (i.e., bladder voiding pressure), any technique

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Complex cystometrogram (i.e., calibrated electronic equipment); with voiding pressure studies (i.e., bladder voiding pressure) and urethral pressure profile studies (i.e., urethral closure pressure profile), any technique

51736

Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)

51741 Complex uroflowmetry (eg, calibrated electronic equipment)

51784

Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique

+51797

Voiding pressure studies, intra-abdominal (i.e., rectal, gastric, intraperitoneal) (list separately in addition to code for primary procedure)

Cystourethroscopy

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52010

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Transrectal USG

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76942

TRUS-guided Biopsy

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55706 transperineal needle biopsy

Uroflometry

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51741

& post-void residual urine

51798

ICD-10 CM Diagnosis Code Description

Prostate cancer

C61 (185) Malignant neoplasm of prostate

C77.5 Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes

C79.82 (198.82) Secondary malignant neoplasm of genital organs

D07.5 (233.4) Carcinoma in situ of prostate

D40.0 (236.5) Neoplasm of uncertain behavior of prostate

D49.5 (239.5) Neoplasm of unspecified behavior of other genitourinary organs

Study proposal:

Introduction: Recently, the treatment modality of urinary stone has been changed. Theoretically, medical cost to treat urinary stone must increase according to the development of new devices. Therefore, Our study is designed to assess the changes of medical costs related to treat urolithiasis and trends of surgical

managements in US. We also aimed to investigate the recent trend of incidence and characteristics of urolithiasis in US.

Methods: This is a retrospective cohort study. Study period is between 2009 and 2018. Inclusion criteria is patients who were diagnosed as ureter stone. We will collect patients' information including age, sex, race, socio-economic state, region of residence, medical cost related to treat ureter stone. In medical cost, there are diagnostic exams including ultrasonography, computed tomogram (CT), magnetic resonance image (MRI) and X-ray scan. We will investigate surgical procedures to manage ureter stone including ureteroscopic removal of stone (URS), retrograde intrarenal surgery (RIRS), shock wave lithotripsy (SWL), ureterolithotomy and so on.

Expected outcomes: To our knowledge, there is no study to prove the present trends of surgical treatments and costs of ureteral stone. Our study will show newly significant information in urologic field.

BPH patients received treatment

Optum data are from 2003 - 2017

age of inclusion? Male only, right?, 50, male

What's the enrollment before BPH and follow up time after BPH?, 6 before or 1 months after the index

Need all ICD-9 and ICD-10 for diagnosis , and CPT codes for procedures

No BMI

How to count the number of diagnostic exams?, unique exams, time 6 months before and 1 month after BPH treatment

How to count the number of treatments? after BPH, two treatments must be at least 1 year apart

Number of BPH patients by (first diagnosis) year and month trend

PSA is not available for all patients, closest, but within 3 months range before