

## **Surgery: Male Genital System**

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This section contains information to assist providers in billing for surgical procedures related to the male genital system.

### **Frenulotomy of Penis**

Claims for CPT® code 54164 (frenulotomy of penis) require prior authorization and are not reimbursable when billed in conjunction with circumcision codes 54150 thru 54163. If code 54164 is billed in addition to any code in range 54150 thru 54163 by the same provider, for the same recipient and date of service, reimbursement will not exceed the allowed amount of the highest paid code. Reimbursement for code 54164 is limited to once in a lifetime.

### **Erectile Dysfunction: Diagnostic Evaluation**

The diagnostic evaluation of Erectile Dysfunction (ED) for males age 21 years and older is reimbursable using CPT codes 54230 and 54250. Prior authorization is required for the diagnostic evaluation of ED. Providers may also bill for Non-Invasive Vascular Diagnostic Studies (NVDS) using CPT codes 93980 and 93981 (refer to *Medicine: Non-Invasive Vascular Diagnostic Studies*). Only one CPT code for the diagnostic evaluation of ED is reimbursable when billed by the same provider, for the same recipient and date of service.

**Table of CPT codes for Reimbursable Procedures**

<b>Code</b>	<b>Description</b>
54230	Injection procedure for corpora cavernosography (For radiological supervision and interpretation, see 74445)
54250	Nocturnal penile tumescence and/or rigidity test

### **Laparoscopy**

**Table of CPT codes for Reimbursable Procedures**

<b>Code</b>	<b>Description</b>
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed
<<55868	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with lymph node biopsy(ies) (limited pelvic lymphadenectomy)>>
<<55869	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes>>

## **Penile Prosthesis: Semi-Rigid and Inflatable**

Claims for penile prostheses (CPT codes 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416 and 54417) require authorization but should not be billed “By Report.”

The insertion, removal or replacement of non-inflatable (semi-rigid) penile prostheses (CPT codes 54400, 54415, 54416 or 54417) or inflatable prosthesis (CPT codes 55401, 54405, 54406, 54408, 54410, 54411, and 54415 thru 54417) is reimbursable as reconstructive surgery to improve function when medically necessary, which includes but is not limited to:

- Disturbance of urinary, erectile, or other function(s) of the penis resulting from disease (for example, retention of an external catheter for drainage in patients with urinary incontinence), congenital defects, developmental abnormalities, trauma, infection, tumors, or disease.

**Note:** The insertion, removal, or replacement of penile prostheses for exclusively cosmetic reasons are not covered.

Documentation of medical necessity should be maintained in the recipient’s medical record.

## **Prostate Ablation**

**Table of CPT codes for Reimbursable Procedures**

<b>Code</b>	<b>Description</b>
55877	Ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous

## **Prostate Biopsy**

**Table of CPT codes for Reimbursable Procedures**

<b>Code</b>	<b>Description</b>
55707	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])
55708	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion
55709	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])»

**«Table of CPT codes for Reimbursable Procedures (continued)**

<b>Code</b>	<b>Description</b>
55710	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion
55711	Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion
55712	Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion
55713	Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion
55714	Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion
55715	Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided targeted lesion»

## **Gender Override**

Instructions for overriding gender differences for procedures are in the *Gender Affirming Care Services* section in the appropriate Part 2 provider manual.

## **Legend**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.