

US Coding and Payment Reference

This coding reference guide is intended to illustrate the common coding and payment groups for cystoscopic, ureteroscopic and percutaneous stone management procedures.

This guide is focused on coding and payment for procedures performed in the hospital outpatient setting (HOPD) and ambulatory surgery center (ASC) setting.

The rates listed below are reflective of 2022 Medicare national average reimbursement rates and will vary due to geographic adjustment and other factors. These rates are subject to change without notice. Specific payer policies, requirements, or rates may vary from CMS standards and should be reviewed prior to treatment.

2022 Procedural Coding and Payment Reference

Effective January 1, 2022

Cystoscopic and Ureteroscopic Stone Management & Ureteral Stent Placement								
CPT / HCPCS Code	Code Description	APC	Hospital Outpatient Payment	ASC Payment	Physician Payment in Facility	RVUs In Facility	Physician Payment in Office	RVUs in Office
50432	Percutaneous insertion of nephrostomy catheter with nephrostogram and ureterogram using imaging guidance with radiological supervision and interpretation	5373	\$1,829	\$817	\$205	5.91	\$969	28.01
50433	Percutaneous insertion of nephroureteral catheter with new access, with nephrostogram and ureterogram, using imaging guidance with radiological supervision and interpretation	5374	\$3,140	\$1,430	\$254	7.33	\$1,208	34.90
50605	Ureterotomy for insertion of indwelling stent	—	—	—	\$1,031	29.80	—	—
50947	Surgical laparoscopy with ureteroneocystostomy, cystoscopy and ureteral stent placement	5361	\$5,168	\$2,363	\$1,398	40.41	—	—
51045	Cystotomy with insertion of ureteral catheter	5373	\$1,829	\$817	\$517	14.95	—	—
52320	Cystourethroscopy and removal of ureteral calculus	5374	\$3,140	\$1,430	\$247	7.14	—	—
52332	Cystourethroscopy with insertion of indwelling ureteral stent	5374	\$3,140	\$1,430	\$156	4.51	\$423	12.23
52352	Cystourethroscopy with pyeloscopy and manipulation of calculus	5374	\$3,140	\$1,430	\$355	10.25	—	—
52353	Cystourethroscopy with pyeloscopy and lithotripsy	5375	\$4,506	\$2,114	\$393	11.36	—	—
52356	Cystourethroscopy with pyeloscopy and lithotripsy with insertion of indwelling stent	5375	\$4,506	\$2,114	\$417	12.04	—	—
52310	Simple cystourethroscopy with removal of calculus from bladder	5373	\$1,829	\$817	\$152	4.39	\$332	9.60
52315	Complicated cystourethroscopy with removal of calculus from bladder	5373	\$1,829	\$817	\$275	7.95	\$488	14.10

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CPT / HCPCS Code	Code Description	APC	Hospital Outpatient Payment	ASC Payment	Physician Payment in Facility	RVUs in Facility	Physician Payment in Office	RVUs in Office
50080	Percutaneous nephrostolithotomy with basket extraction, 2.0 cm or less	5376	\$8,429	\$4,157	\$878	25.36	—	—
50081	Percutaneous nephrostolithotomy with basket extraction, more than 2.0 cm	5376	\$8,429	\$4,157	\$1,291	37.30	—	—
50436	Percutaneous dilation of existing tract for endourologic procedure using imaging guidance with radiological supervision and interpretation	5374	\$3,140	\$1,430	\$151	4.36	—	—
50437	Percutaneous dilation of existing tract with new access into the renal collecting system for endourologic procedure using fluoroscopic guidance with radiological supervision and interpretation	5374	\$3,140	\$1,430	\$249	7.20	—	—
50693	Percutaneous insertion of ureteral stent with nephrostogram and ureterogram using imaging guidance by nephrostomy tract with radiological supervision and interpretation, pre-existing nephrostomy tract	5374	\$3,140	\$1,430	\$203	5.87	\$1,064	30.75
50694	Percutaneous insertion of ureteral stent with new access, with nephrostogram and ureterogram using imaging guidance with radiological supervision and interpretation	5374	\$3,140	\$1,430	\$265	7.67	\$1,190	34.40
50695	Percutaneous insertion of ureteral stent with new access, with nephrostogram and ureterogram using imaging guidance with radiological supervision and interpretation, with separate nephrostomy catheter	5374	\$3,140	\$1,868	\$342	9.88	\$1,430	41.33

The Centers for Medicare and Medicaid Services (CMS) utilizes the Medicare Severity DRG (MS-DRG) classification system (Version 35 Grouper) to differentiate severity of illness among patients. The MS-DRG system subdivides MS-DRG sets based on the presence or absence of Major Complications or Comorbid conditions (MCCs) and Complications or Comorbid conditions (CCs). Coding patients to the highest level of specificity is critical to appropriate MS-DRG assignment.

2022 Hospital Inpatient Payment Reference

Effective January 1, 2022

MS-DRG	Code Description	Payment Rate
659	Kidney and ureter procedures for non-neoplasm with MCC	\$17,583
660	Kidney and ureter procedures for non-neoplasm with CC	\$9,516
661	Kidney and ureter procedures for non-neoplasm without CC/MCC	\$7,014
668	Transurethral procedures with MCC	\$18,506
669	Transurethral procedures with CC	\$10,310
670	Transurethral procedures without CC/MCC	\$6,453
698	Other kidney and urinary tract diagnoses with MCC	\$10,621
699	Other kidney and urinary tract diagnoses with CC	\$6,772
700	Other kidney and urinary tract diagnoses without CC/MCC	\$4,923

ICD-10 PCS codes require 7 characters. Not all codes below contain the number of characters required and may not represent a full description. Please see ICD-10 PCS coding reference for complete codes and descriptions based on the operation performed. The list is not intended to include all possible codes but a representative list of potential codes and partial codes as examples.

Hospital Inpatient ICD-10 PCS Coding

Diagnosis Code	Code Description	Diagnosis Code	Code Description
0T9030Z	Drainage of right kidney with drainage device, percutaneous approach	0TC77ZZ	Extirpation of matter from left ureter, via natural or artificial opening
0T9040Z	Drainage of right kidney with drainage device, percutaneous endoscopic approach	0TC78ZZ	Extirpation of matter from left ureter, via natural or artificial opening endoscopic
0T9130Z	Drainage of left kidney with drainage device, percutaneous approach	0TCB7ZZ	Extirpation of matter from bladder, via natural or artificial opening
0T9140Z	Drainage of left kidney with drainage device, percutaneous endoscopic approach	0TCB8ZZ	Extirpation of matter from bladder, via natural or artificial opening endoscopic
0TC03ZZ	Extirpation of matter from right kidney, percutaneous approach	0TF33ZZ	Fragmentation in right kidney pelvis, percutaneous approach
0TC04ZZ	Extirpation of matter from right kidney, percutaneous endoscopic approach	0TF43ZZ	Fragmentation in left kidney pelvis, percutaneous approach
0TC13ZZ	Extirpation of matter from left kidney, percutaneous approach	0TF34ZZ	Fragmentation in right kidney pelvis, percutaneous endoscopic approach
0TC14ZZ	Extirpation of matter from left kidney, percutaneous endoscopic approach	0TF44ZZ	Fragmentation in left kidney pelvis, percutaneous endoscopic approach
0TC33ZZ	Extirpation of matter from right kidney pelvis, percutaneous approach	0TFB0ZZ	Fragmentation in bladder, open approach
0TC34ZZ	Extirpation of matter from right kidney pelvis, percutaneous endoscopic approach	0TFB3ZZ	Fragmentation in bladder, percutaneous approach
0TC43ZZ	Extirpation of matter from left kidney pelvis, percutaneous approach	0TFB4ZZ	Fragmentation in bladder, percutaneous endoscopic approach
0TC44ZZ	Extirpation of matter from left kidney pelvis, percutaneous endoscopic approach	0TFB7ZZ	Fragmentation in bladder, via natural or artificial opening
0TC37ZZ	Extirpation of matter from right kidney pelvis, via natural or artificial opening	0TFB8ZZ	Fragmentation in bladder, via natural or artificial opening endoscopic
0TC38ZZ	Extirpation of matter from right kidney pelvis, via natural or artificial opening endoscopic	0TFC0ZZ	Fragmentation in bladder neck, open approach
0TC47ZZ	Extirpation of matter from left kidney pelvis, via natural or artificial opening	0TFC3ZZ	Fragmentation in bladder neck, percutaneous approach
0TC48ZZ	Extirpation of matter from left kidney pelvis, via natural or artificial opening endoscopic	0TFC4ZZ	Fragmentation in bladder neck, percutaneous endoscopic approach
0TC67ZZ	Extirpation of matter from right ureter, via natural or artificial opening	0TFC7ZZ	Fragmentation in bladder neck, via natural or artificial opening
0TC68ZZ	Extirpation of matter from right ureter, via natural or artificial opening endoscopic	0TFC8ZZ	Fragmentation in bladder neck, via natural or artificial opening endoscopic

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Contact your Medicare contractor or other payer for interpretation of coverage, coding, and payment policies since reimbursement policy can vary widely and frequently changes, often without notice.

Data Sources

- 2022 Current Procedural Terminology (CPT) Copyright 2021 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.
- Physician payment rates are 2022 national averages. Source: Centers for Medicare & Medicaid Services CY2022 Physician Fee Schedule Final Rule: Addendum B.
- Medicare payment rates calculated using a conversion factor of \$34.6062 Based on CY2022 Relative Value Units (RVU) information available as of January 2022.
- 2022 ICD-10-CM.
- 2022 ICD-10-PCS.
- Centers for Medicare & Medicaid Services CY2022 Hospital OPPS Final Rule: Addendum B.
- Centers for Medicare & Medicaid Services CY2022 ASC Final Rule: Addendum AA
- FY 2022 Hospital Inpatient Prospective Payment Rates (MS-DRG) obtained from CMS August 2021 Federal Register, CMS-1752F