

# Endourology

## US Coding and Payment Reference for Hospital Outpatient and Ambulatory Surgery Center

This coding reference guide is intended to provide common coding and reimbursement information for cystoscopic, ureteroscopic and percutaneous stone management procedures.

The Medicare rates listed below are reflective of 2023 Medicare national average reimbursement rates (rounded up or down to nearest dollar) 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.

CMS expects, for Medicare billing, that the suggested C-Code should always be reported as well as the associated device costs. These are tracking codes that inform future APC payment rates. These do not trigger additional payment and only apply to Medicare hospital outpatient claims.

### 2023 Procedural Coding and Payment Reference

Effective January 1, 2023

CPT Code	Code Description	Hospital Outpatient Payment	ASC Payment
<b>Cystoscopic and Ureteroscopic Stone Management &amp; Ureteral Stent Placement</b>			
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	\$1,855	\$848
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	\$3,205	\$1,496
50605	Ureterotomy for insertion of indwelling stent, all types		
50947	Laparoscopy, surgical; with ureteroneocystostomy, with cystoscopy and ureteral stent placement	\$5,212	\$2,498
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	\$1,855	\$848
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	\$116	*
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	\$145	\$76
52310	Cystourethroscopy, with removal of foreign body, calculus or ureteral stent from urethra or bladder (separate procedure); simple	\$1,855	\$848
52315	Cystourethroscopy, with removal of foreign body, calculus or ureteral stent from urethra or bladder (separate procedure); complicated	\$1,855	\$848
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	\$3,205	\$1,496
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	\$3,205	\$1,496
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	\$3,205	\$1,496
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	\$4,702	\$2,263
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling stent (eg, Gibbons or double-J type)	\$4,702	\$2,263
50080	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg stone[s]) up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)	\$8,558	\$4,280

\*Packaged service/item; no separate payment made.

CPT Code	Code Description	Hospital Outpatient Payment	ASC Payment
50081	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (eg stone[s]>2cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)	\$8,558	\$4,280
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed	\$3,205	\$1,496
50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with post-procedure tube placement, when performed; including new access into the renal collecting system	\$3,205	\$1,496
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	\$3,205	\$1,496
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	\$3,205	\$1,496
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	\$3,205	\$1,496

The Centers for Medicare and Medicaid Services (CMS) utilizes the Medicare Severity DRG (MS-DRG) classification system (Version 40 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 Comorbidities (MCCs) and Complications or Comorbidities (CCs). Coding patients to the highest level of specificity is critical to appropriate MS-DRG assignment.

MS-DRG	Code Description	Payment Rate
659	Kidney and ureter procedures for non-neoplasm with MCC	\$17,676
660	Kidney and ureter procedures for non-neoplasm with CC	\$9,680
661	Kidney and ureter procedures for non-neoplasm without CC/MCC	\$7,394
668	Transurethral procedures with MCC	\$19.36
669	Transurethral procedures with CC	\$10,798
670	Transurethral procedures without CC/MCC	\$6,774
698	Other kidney and urinary tract diagnoses with MCC	\$10,992
699	Other kidney and urinary tract diagnoses with CC	\$6,943
700	Other kidney and urinary tract diagnoses without CC/MCC	\$5,082

**ICD-10-CM Diagnosis Codes commonly associated with endourology procedures\***

Diagnosis Codes	Code Description
N20.0-N20.9	Calculus of kidney and ureter
N21.0-N21.9	Calculus of lower urinary tract
N13.2-N13.4	Obstructive and reflux uropathy
N22	Calculus of urinary tract in diseases classified elsewhere
Q63.8-Q63.9	Other congenital malformations of kidney
Z87.442	Personal history of urinary calculi

HCPCS Codes	Code Description
C1747	Endoscope, single-use (i.e., disposable), urinary tract, imaging/illumination device (insertable)

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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.

This information is not intended to replace any advice you receive from your own internal or external insurance coverage consultants, reimbursement specialists or legal counsel.

#### Data Sources

- 2023 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 2023 national averages. Source: Centers for Medicare & Medicaid Services CY2023 Physician Fee Schedule Final Rule: Addendum B.
- Medicare payment rates calculated using a conversion factor of 33.8872 Based on CY2023 Relative Value Units (RVU) information available as of January 2023.
- 2023 ICD-10-CM.
- 2023 ICD-10-PCS.
- 2023 HCPCS Level II Expert.
- Centers for Medicare & Medicaid Services CY2023 Hospital OPPS Final Rule: Addendum A, Addendum B.
- Centers for Medicare & Medicaid Services CY2023 ASC Final Rule: Addendum AA, BB,DD1.
- FY 2023 Hospital Inpatient Prospective Payment Rates (MS-DRG) obtained from CMS August 2022 Federal Register, CMS-1771F.