

Endourology

US Coding and Payment Reference - Physician

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.

2023 Physician Procedural Coding and Payment Reference

Effective January 1, 2023

CPT Codes	Codes Description	Physician Payment in Facility	RVUs in Facility	Physician Payment in Office	RVUs in Office
Cystoscopic and Ureteroscopic Stone Management & Ureteral Stent Placement					
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	\$203	5.98	\$930	27.44
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	\$251	7.42	\$1,159	34.19
50605	Ureterotomy for insertion of indwelling stent, all types	\$1,016	29.97	-	-
50947	Laparoscopy, surgical; with ureteroneocystostomy, with cystoscopy and ureteral stent placement	\$1,377	40.64	-	-
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	\$505	14.90	-	-
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	\$25	0.74	\$62	1.84
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	\$76	2.25	\$152	4.48
52310	Cystourethroscopy, with removal of foreign body, calculus or ureteral stent from urethra or bladder (separate procedure); simple	\$150	4.43	\$324	9.55
52315	Cystourethroscopy, with removal of foreign body, calculus or ureteral stent from urethra or bladder (separate procedure); complicated	\$272	8.03	\$476	14.05
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	\$243	7.18	-	-
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	\$154	4.55	\$408	12.05
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	\$350	10.33	-	-
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	\$387	11.43	-	-
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling stent (eg, Gibbons or double-J type)	\$410	12.11	-	-

CPT Codes	Code Description	Physician Payment in Facility	RVUs in Facility	Physician Payment in Office	RVUs in Office
Cystoscopic and Ureteroscopic Stone Management & Ureteral Stent Placement					
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)	\$696	20.55	-	-
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)	\$1,122	33.1	-	-
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	\$148	4.36	-	-
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 postprocedure tube placement, when performed; including new access into the renal collecting system	\$246	7.27	-	-
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	\$201	5.93	\$1,019	30.05
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	\$263	7.77	\$1,143	33.72
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	\$337	9.95	\$1,371	40.44

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

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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.