

# 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 2026 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.

### 2026 Procedural coding and payment reference

Effective January 1, 2026

CPT code	Code description	Hospital outpatient payment	ASC payment
<b>Cystoscopic and ureteroscopic stone management &amp; ureteral stent placement</b>			
50080	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (e.g., stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)	\$ 9,672	\$4,996
50081	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (e.g., stone[s] >2cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)	\$ 9,672	\$4,996
50605	Ureterotomy for insertion of indwelling stent, all types	Inpatient Only	
50947	Laparoscopy, surgical; with ureteroneocystostomy, with cystoscopy and ureteral stent placement	\$ 10,860	\$ 5,121
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	\$2,136	\$1,002
51702	Insertion of temporary indwelling bladder catheter; simple (e.g., Foley)	\$136	Packaged
51703	Insertion of temporary indwelling bladder catheter; complicated (e.g., altered anatomy, fractured catheter/balloon)	\$131	\$74
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	\$2,136	\$1,002
52204	Cystourethroscopy, with biopsy(s)	\$2,136	\$1,002
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or perirethral glands	\$3,601	\$1,723
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	\$3,601	\$1,723
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	\$3,601	\$1,723
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	\$3,601	\$1,723
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	\$5,478	\$2,730
52310	Cystourethroscopy, with removal of foreign body, calculus or ureteral stent from urethra or bladder (separate procedure); simple	\$2,136	\$1,002
52315	Cystourethroscopy, with removal of foreign body, calculus or ureteral stent from urethra or bladder (separate procedure); complicated	\$2,136	\$1,002

CPT code	Code description	Hospital outpatient payment	ASC payment
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	\$3,601	\$1,723
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	\$3,601	\$1,723
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	\$3,601	\$1,723
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)	\$3,601	\$1,723
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	\$3,601	\$1,723
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	\$5,478	\$2,730
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling stent (e.g., Gibbons or double-J type)	\$5,478	\$2,730
52648	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)	\$5,478	\$2,730
52649	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)	\$5,478	\$2,730

HCPCS codes	Code description
C1747	Endoscope, single-use (i.e., disposable), urinary tract, imaging/illumination device (insertable)
C9761	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable (must use a steerable ureteral catheter)

#### 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

- 2026 Current Procedural Terminology (CPT) Copyright 2025 American Medical Association. All rights reserved.  
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- Physician payment rates are 2026 national averages. Source: Centers for Medicare & Medicaid Services CY2026 Physician Fee Schedule Final Rule: Addendum B.
- Medicare payment rates calculated using a conversion factor of 33.40 based on CY2026 Relative Value Units (RVU) information available as of January 2026.
- 2026 ICD-10-CM.
- 2026 HCPCS Level II Expert.
- Centers for Medicare & Medicaid Services CY2026 Hospital OPPS Final Rule: Addendum A, Addendum B.
- Centers for Medicare & Medicaid Services CY2026 ASC Final Rule: Addendum AA, BB, DD1.
- Centers for Medicare & Medicaid Services 42 CFR Parts 410, 412, 413, 415, 416, and 419:  
<https://www.federalregister.gov/documents/2025/11/25/2025-20907/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment>