

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 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.

2026 Physician procedural coding and payment reference

Effective January 1, 2026

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					
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)	\$628	18.81	-	-
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)	\$1,002	29.99	-	-
50605	Ureterotomy for insertion of indwelling stent, all types	\$936	28.02	-	-
50947	Laparoscopy, surgical; with ureteroneocystostomy, with cystoscopy and ureteral stent placement	\$1,234	36.94	-	-
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	\$457	13.67	-	-
51702	Insertion of temporary indwelling bladder catheter; simple (e.g., Foley)	\$23	0.68	\$65	1.96
51703	Insertion of temporary indwelling bladder catheter; complicated (e.g., altered anatomy, fractured catheter/balloon)	\$67	2.02	\$155	4.63
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	\$120	3.58	\$281	8.40
52204	Cystourethroscopy, with biopsy(s)	\$127	3.80	\$355	10.64
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	\$152	4.55	\$728	21.80
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	\$176	5.26	\$761	22.77
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	\$217	6.49	-	-
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	\$255	7.62	-	-
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	\$344	10.30	-	-
52310	Cystourethroscopy, with removal of foreign body, calculus or ureteral stent from urethra or bladder (separate procedure); simple	\$135	4.03	\$299	8.94
52315	Cystourethroscopy, with removal of foreign body, calculus or ureteral stent from urethra or bladder (separate procedure); complicated	\$242	7.26	\$458	13.71

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					
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	\$304	9.11	\$869	26.02
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	\$414	12.40	-	-
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	\$216	6.48	-	-
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)	\$140	4.18	\$343	11.16
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	\$312	9.33	-	-
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	\$344	10.30	-	-
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling stent (eg, Gibbons or double-J type)	\$365	10.93	-	-
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)	\$528	15.82	-	-
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)	\$657	19.67	-	-

CPT is a registered trademark of the AMA (American Medical Association)

Please note important use and restrictions about this information on the final page of this coding and payment reference.

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

Coloplast Corp. provides this information for your convenience only and makes no warranties or guarantees, expressed or implied, concerning the accuracy or appropriateness for any particular use of the information provided. It is intended for informational purposes for FDA approved uses only and is not intended as a recommendation regarding clinical practice. It is always the provider's responsibility to determine coverage and submit appropriate codes, modifiers, and charges for the services that were rendered. It is neither legal advice nor advice about how to code, complete or submit any particular claim for payment or to increase or maximize reimbursement by any third-party payer. Existence of or assignment to a particular code with or without an associated payment amount does not guarantee coverage or payment.

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. CPT is a registered trademark of the American Medical Association.
- 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>