

Stone Management

2017 Coding & Payment Quick Reference

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

To determine whether there are relevant C-codes for any Boston Scientific products please visit our C-code finder at <http://www.bostonscientific.com/en-US/reimbursement/ccode-finder.html>.

The following codes are thought to be relevant to stone management procedures and are referenced throughout this guide.

CPT® Code	Code Description
Ureteroscopic Stone Management and Stent Insertion	
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
PCNL	
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm
50395	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access
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
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
50561	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
74420	Urography, retrograde, with or without KUB
Bladder Stones	
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)
Select Bladder Tumor Procedures	
52204	Cystourethroscopy, with biopsy(s)
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)

Physician Payment – Medicare

All rates shown are **2017 Medicare national averages**; actual rates will vary geographically and/or by individual facility.

CPT® Code	Short Descriptor	MD In-Office Medicare Allowed Amount	MD In-Facility Medicare Allowed Amount	Total Office-Based RVUs	Total Facility-Based RVUs
Ureteroscopic Stone Management and Stent Insertion					
52332	Cystourethroscopy, with insertion of indwelling ureteral stent	\$500	\$162	13.92	4.51
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus	See Note	\$368	See Note	10.25
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy	See Note	\$407	See Note	11.35
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent	See Note	\$432	See Note	12.04
PCNL					
50080	PCNL or pyelostolithotomy; up to 2 cm	See Note	\$902	See Note	25.12
50081	PCNL or pyelostolithotomy; over 2 cm	See Note	\$1,324	See Note	36.88
50395	Introduction of guide into renal pelvis and/or ureter to establish nephrostomy tract, percutaneous	See Note	\$185	See Note	5.16
50430	Injection procedure for antegrade nephrostogram and/or ureterogram; new access	\$465	\$160	12.97	4.46
50431	Injection procedure for antegrade nephrostogram and/or ureterogram; existing access	\$166	\$69	4.63	1.92
50432	Placement of nephrostomy catheter, percutaneous	\$787	\$216	21.93	6.02
50433	Placement of nephroureteral catheter, percutaneous, new access	\$1,077	\$270	30.00	7.51
50561	Renal endoscopy thru established nephrostomy or pyelostomy; with removal of foreign body or calculus	\$491	\$409	13.67	11.41
52005	Cystourethroscopy, with ureteral catheterization	\$272	\$139	7.58	3.86
52332	Cystourethroscopy, with insertion or indwelling ureteral stent	\$500	\$162	13.92	4.51
74420-26	Urography, retrograde, with or without KUB	See Note	\$18	See Note	0.50
Bladder Stones					
52317	Litholapaxy; simple or small (<2.5 cm)	\$822	\$361	22.90	10.06
52318	Litholapaxy; complicated or large (>2.5 cm)	See Note	\$492	See Note	13.71
Select Bladder Tumor Procedures					
52204	Cystourethroscopy, with biopsy(s)	\$377	\$147	10.50	4.10
52214	Cystourethroscopy, with fulguration	\$674	\$183	18.77	5.11
52224	Cystourethroscopy, with fulguration or treatment of minor (<0.5 cm) lesion(s)	\$706	\$212	19.66	5.91
52234	Cystourethroscopy, with fulguration and/or resection of small bladder tumor(s) (0.5 - 2.0 cm)	See Note	\$256	See Note	7.13
52235	Cystourethroscopy, with fulguration and/or resection of medium bladder tumor(s) (2.0 – 5.0 cm)	See Note	\$300	See Note	8.36
52240	Cystourethroscopy, with fulguration and/or resection of large bladder tumor(s)	See Note	\$407	See Note	11.35

Note: There are no current Medicare valuations for these codes when performed in the physician office setting.

Hospital Outpatient and ASC Payment – Medicare

CPT® Code	Short Descriptor	Hospital Outpatient Medicare Allowed Amount	ASC Medicare Allowed Amount
Ureteroscopic Stone Management and Stent Insertion			
52332	Cystourethroscopy, with insertion of indwelling ureteral stent	\$2,541	\$1,180
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus	\$3,483	\$1,739
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy	\$3,483	\$1,739
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent	\$3,483	\$1,739
PCNL			
50080	PCNL or pyelostolithotomy; up to 2 cm	\$7,450	\$4,044
50081	PCNL or pyelostolithotomy; over 2 cm	\$7,450	\$4,044
50395	Introduction of guide into renal pelvis and/or ureter to establish nephrostomy tract, percutaneous	\$2,541	\$1,180
50430	Injection procedure for antegrade nephrostogram and/or ureterogram; new access	\$549	N/A
50431	Injection procedure for antegrade nephrostogram and/or ureterogram; existing access	\$549	N/A
50432	Placement of nephrostomy catheter, percutaneous	\$1,644	\$792
50433	Placement of nephroureteral catheter, percutaneous, new access	\$1,644	\$792
50561	Renal endoscopy thru established nephrostomy or pyelostomy; with removal of foreign body or calculus	\$3,483	\$1,739
52005	Cystourethroscopy, with ureteral catheterization	\$1,644	\$792
52332	Cystourethroscopy, with insertion or indwelling ureteral stent	\$2,541	\$1,180
74420-26	Urography, retrograde, with or without KUB	\$450	N/A
Bladder Stones			
52317	Litholapaxy; simple or small (<2.5 cm)	\$2,541	\$1,180
52318	Litholapaxy; complicated or large (>2.5 cm)	\$3,483	\$1,739
Select Bladder Tumor Procedures			
52204	Cystourethroscopy, with biopsy(s)	\$1,644	\$792
52214	Cystourethroscopy, with fulguration	\$1,644	\$792
52224	Cystourethroscopy, with fulguration or treatment of minor (<0.5 cm) lesion(s)	\$1,644	\$792
52234	Cystourethroscopy, with fulguration and/or resection of small bladder tumor(s) (0.5 - 2.0 cm)	\$2,541	\$1,180
52235	Cystourethroscopy, with fulguration and/or resection of medium bladder tumor(s) (2.0 – 5.0 cm)	\$2,541	\$1,180
52240	Cystourethroscopy, with fulguration and/or resection of large bladder tumor(s)	\$3,483	\$1,739

Hospital Inpatient Payment – Medicare

Possible MS-DRG Assignment	Description	Reimbursement
659	Kidney and ureter procedures for non-neoplasm with major complication or comorbidity (MCC)	\$20,023
660	Kidney and ureter procedures for non-neoplasm with complication or comorbidity (CC)	\$11,250
661	Kidney and ureter procedures for non-neoplasm without CC/MCC	\$8,492
668	Transurethral procedures with MCC	\$14,632
669	Transurethral procedures with CC	\$7,790
670	Transurethral procedures without CC/MCC	\$5,756
698	Other kidney and urinary tract diagnoses with MCC	\$9,340
699	Other kidney and urinary tract diagnoses with CC	\$6,178
700	Other kidney and urinary tract diagnoses without CC/MCC	\$4,433

ICD-10 CM Diagnosis Codes

ICD-10 CM Diagnosis Code	Description
Bladder Tumors	
C67.0	Malignant neoplasm of trigone of bladder
C67.5	Malignant neoplasm of bladder neck
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified
D09.0	Carcinoma in situ of bladder
D30.3	Benign neoplasm of bladder
D41.4	Neoplasm of uncertain behavior of bladder
D49.4	Neoplasm of unspecified behavior of bladder
Bladder and Kidney Stones	
N20.0	Calculus of kidney
N20.1	Calculus of ureter
N20.9	Urinary calculus, unspecified
N21.0	Calculus in bladder

ICD-10 PCS Procedure Codes

ICD-10 CM Procedure Code	Description
Bladder Tumors	
0T5C8ZZ	Destruction of Bladder Neck, via Natural or Artificial Opening Endoscopic
0T5B8ZZ	Destruction of Bladder, via Natural or Artificial Opening Endoscopic
0TBB8ZX	Excision of Bladder, via Natural or Artificial Opening Endoscopic, Diagnostic
PCNL	
0T9030Z	Drainage of Right Kidney with Drainage Device, Percutaneous Approach
0T9040Z	Drainage of Right Kidney with Drainage Device, Percutaneous Endoscopic Approach
0T9130Z	Drainage of Left Kidney with Drainage Device, Percutaneous Approach
0T9140Z	Drainage of Left Kidney with Drainage Device, Percutaneous Endoscopic Approach
0TC03ZZ	Extirpation of Matter from Right Kidney, Percutaneous Approach
0TC04ZZ	Extirpation of Matter from Right Kidney, Percutaneous Endoscopic Approach
0TC13ZZ	Extirpation of Matter from Left Kidney, Percutaneous Approach
0TC14ZZ	Extirpation of Matter from Left Kidney, Percutaneous Endoscopic Approach
0TC43ZZ	Extirpation of Matter from Left Kidney Pelvis, Percutaneous Approach
0TC44ZZ	Extirpation of Matter from Left Kidney Pelvis, Percutaneous Endoscopic Approach
0TF33ZZ	Fragmentation in Right Kidney Pelvis, Percutaneous Approach
0TF43ZZ	Fragmentation in Left Kidney Pelvis, Percutaneous Approach
0TF44ZZ	Fragmentation in Left Kidney Pelvis, Percutaneous Endoscopic Approach
0TF34ZZ	Fragmentation in Right Kidney Pelvis, Percutaneous Endoscopic Approach
Bladder Stones	
0TCB7ZZ	Extirpation of Matter from Bladder, Via Natural or Artificial Opening
0TCB8ZZ	Extirpation of Matter from Bladder, Via Natural or Artificial Opening Endoscopic
0TFB0ZZ	Fragmentation in Bladder, Open Approach
0TFB3ZZ	Fragmentation in Bladder, Percutaneous Approach
0TFB4ZZ	Fragmentation in Bladder, Percutaneous Endoscopic Approach
0TFB7ZZ	Fragmentation in Bladder, Via Natural or Artificial Opening
0TFB8ZZ	Fragmentation in Bladder, Via Natural or Artificial Opening Endoscopic
0TFC0ZZ	Fragmentation in Bladder Neck, Open Approach
0TFC3ZZ	Fragmentation in Bladder Neck, Percutaneous Approach
0TFC4ZZ	Fragmentation in Bladder Neck, Percutaneous Endoscopic Approach
0TFC7ZZ	Fragmentation in Bladder Neck, Via Natural or Artificial Opening
0TFC8ZZ	Fragmentation in Bladder Neck, Via Natural or Artificial Opening Endoscopic
Ureteroscopy	
0TC37ZZ	Extirpation of Matter from Right Kidney Pelvis, Via Natural or Artificial Opening
0TC38ZZ	Extirpation of Matter from Right Kidney Pelvis, Via Natural or Artificial Opening Endoscopic
0TC47ZZ	Extirpation of Matter from Left Kidney Pelvis, Via Natural or Artificial Opening
0TC48ZZ	Extirpation of Matter from Left Kidney Pelvis, Via Natural or Artificial Opening Endoscopic
0TC67ZZ	Extirpation of Matter from Right Ureter, Via Natural or Artificial Opening
0TC68ZZ	Extirpation of Matter from Right Ureter, Via Natural or Artificial Opening Endoscopic
0TC77ZZ	Extirpation of Matter from Left Ureter, Via Natural or Artificial Opening
0TC78ZZ	Extirpation of Matter from Left Ureter, Via Natural or Artificial Opening Endoscopic
0TC68ZZ	Extirpation of Matter from Right Ureter, Via Natural or Artificial Opening Endoscopic
0TC77ZZ	Extirpation of Matter from Left Ureter, Via Natural or Artificial Opening
0TC78ZZ	Extirpation of Matter from Left Ureter, Via Natural or Artificial Opening Endoscopic

Please note: this coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved.

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Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

1. Department of Health and Human Services. Center for Medicare and Medicaid Services. CMS Physician Fee Schedule – January 2017 release, RVU17A file <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU17A.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending> The 2017 National Average Medicare physician payment rates have been calculated using a 2017 conversion factor of \$35.8887. Rates subject to change.
2. "Allowed Amount" is the amount Medicare determines to be the maximum allowance for any Medicare covered procedure. Actual payment will vary based on the maximum allowance less any applicable deductibles, co-insurance, etc.
3. Hospital outpatient payment rates are 2017 Medicare OPPS Addendum B national averages. Source: CMS OPPS - January 2017 release, CMS-1656-FC <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1656-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>
4. ASC payments rates are 2017 Medicare ASC national averages. ASC rates are from the 2016 Ambulatory Surgical Center Covered Procedures List - Addendum AA. Source: January 2017 release, CMS-1656-FC <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1656-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>
5. "NA" in the 2017 "MD-In-Office Medicare Allowed Amount" column means that Medicare does not provide reimbursement when the procedure is performed in-office.
6. The patient's medical record must support the existence and treatment of the complication or comorbidity.
7. National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts (\$5,962.93). Source: August 2, 2016 Federal Register; CMS-1655-F; CMS-1664-F; CMS-1632-F2; Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System Changes and FY2017 Rates.

Sequestration Disclaimer

Rates referenced in these guides do not reflect Sequestration; automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2017.

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