2025 Coding and Payment Guide – Holmium Lasers

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

All rates shown throughout this guide are 2025 Medicare unadjusted national average; actual rates will vary geographically and/or by individual facility. "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-insurances, etc.

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. (See additional information on page 5).

CPT® codes with their respective long descriptions will be found on page 6.

Physician Payment – Medicare Unadjusted National Average

CPT® Code	Code Description	MD In-Facility Medicare Allowed Amount (NF)	Total Facility Based RVUs (NF)	MD In-Office Medicare Allowed Amount	Total Office Based RVUs
Bladder Stones					
52317	Litholapaxy; simple or small (<2.5 cm)	$333	10.28	$821	25.39
52318	Litholapaxy; complicated or large (>2.5 cm)	$453	14.02	N/A	N/A
Ureteral or Renal Stone and Stricture Management					
52325	Cystourethroscopy, (Including ureteral catheterization); with fragmentation of ureteral calculus (e.g., ultrasonic or electrohydraulic technique)	$307	9.48	N/A	N/A
52341	Cystourethroscopy; with treatment of ureteral stricture (e.g., balloon dilation, laser, electrocautery, and incision)	$272	8.42	N/A	N/A
52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture (e.g., balloon dilation, laser, electrocautery, and incision)	$297	9.17	N/A	N/A
52343	Cystourethroscopy; with treatment of intra-renal stricture (e.g., balloon dilation, laser, electrocautery, and incision)	$330	10.21	N/A	N/A
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (e.g., balloon dilation, laser, electrocautery, and incision)	$354	10.95	N/A	N/A
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (e.g., balloon dilation, laser, electrocautery, and incision)	$378	11.68	N/A	N/A
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (e.g., balloon dilation, laser, electrocautery, and incision)	$427	13.21	N/A	N/A
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy	$375	11.6	N/A	N/A
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent	$399	12.32	N/A	N/A
Prostate Laser Procedure					
52647	Laser coagulation of prostate	$635	19.62	$1,463	45.22
52648	Laser vaporization of prostate	$675	20.86	$1,511	46.71
52649	Laser enucleation of prostate	$802	24.79	N/A	N/A
Percutaneous Nephrolithotomy (PCNL)					
50080	PCNL or pyelostolithotomy; simple; up to 2 cm	$677	20.93	N/A	N/A
50081	PCNL or pyelostolithotomy; complex; over 2 cm	$1,087	33.62	N/A	N/A

"N/A" indicates that Medicare has not deemed this procedure to be reimbursable in this setting.

See important notes on the uses and limitations of this information on page 7.

Physician Payment – Medicare Unadjusted National Average, continued

CPT® Code	Code Description	MD In-Office Medicare Allowed Amount (NF)	Total Office Based RVUs (NF)	MD In-Facility Medicare Allowed Amount	Total Facility Based RVUs
Select Bladder Tumor Procedures					
52204	Cystourethroscopy, with biopsy(s)	$136	4.21	$343	10.61
52214	Cystourethroscopy, with fulguration	$168	5.2	$686	21.21
52224	Cystourethroscopy, with fulguration or treatment of minor (<0.5 cm) lesion(s)	$194	6.01	$718	22.2
52234	Cystourethroscopy, with fulguration and/or resection of small bladder tumor(s) (0.5 - 2.0 cm)	$236	7.3	N/A	N/A
52235	Cystourethroscopy, with fulguration and/or resection of medium bladder tumor(s) (2.0 – 5.0 cm)	$277	8.55	N/A	N/A
52240	Cystourethroscopy, with fulguration and/or resection of large bladder tumor(s)	$375	11.6	N/A	N/A

"N/A" indicates that Medicare has not deemed this procedure to be reimbursable in this setting.

Hospital Outpatient and ASC Payment – Medicare Unadjusted National Average

CPT® Code	Code Description	APC	Hospital Outpatient Status Indicator	Hospital Outpatient Medicare Allowed Amount	ASC Medicare Allowed Amount
Bladder Stones					
52317	Litholapaxy; simple or small (<2.5 cm)	5374	J1	$3,449	$1,655
52318	Litholapaxy; complicated or large (>2.5 cm)	5374	J1	$3,449	$1,655
Ureteral or Renal Stone and Stricture Management					
52325	Cystourethroscopy, (Including ureteral catheterization); with fragmentation of ureteral calculus (e.g., ultrasonic or electrohydraulic technique)	5375	J1	$5,084	$2,522
52341	Cystourethroscopy; with treatment of ureteral stricture (e.g., balloon dilation, laser, electrocautery, and incision)	5374	J1	$3,449	$1,655
52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture (e.g., balloon dilation, laser, electrocautery, and incision)	5374	J1	$3,449	$1,655
52343	Cystourethroscopy; with treatment of intra-renal stricture (e.g., balloon dilation, laser, electrocautery, and incision)	5374	J1	$3,449	$1,655
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (e.g., balloon dilation, laser, electrocautery, and incision)	5374	J1	$3,449	$1,655
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (e.g., balloon dilation, laser, electrocautery, and incision)	5374	J1	$3,449	$2,107
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (e.g., balloon dilation, laser, electrocautery, and incision)	5375	J1	$5,084	$2,522
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy	5375	J1	$5,084	$2,522
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent	5375	J1	$5,084	$2,522
Prostate Laser Procedure					
52647	Laser coagulation of prostate	5375	J1	$5,084	$2,522
52648	Laser vaporization of prostate	5375	J1	$5,084	$2,522
52649	Laser enucleation of prostate	5375	J1	$5,084	$2,522
Percutaneous Nephrolithotomy (PCNL)					
50080	PCNL or pyelostolithotomy; simple; up to 2 cm	5376	J1	$9,247	$4,780
50081	PCNL or pyelostolithotomy; complex; over 2 cm	5376	J1	$9,247	$4,780

"N/A" indicates that Medicare has not deemed this procedure to be reimbursable in this setting.

See important notes on the uses and limitations of this information on page 7.

Hospital Outpatient and ASC Payment – Medicare Unadjusted National Average, continued

CPT® Code	Code Description	APC	Hospital Outpatient Status Indicator	Hospital Outpatient Medicare Allowed Amount	ASC Medicare Allowed Amount
Select Bladder Tumor Procedures					
52204	Cystourethroscopy, with biopsy(s)	5373	J1	$2,049	$960
52214	Cystourethroscopy, with fulguration	5374	J1	$3,449	$1,655
52224	Cystourethroscopy, with fulguration or treatment of minor (<0.5 cm) lesion(s)	5374	J1	$3,449	$1,655
52234	Cystourethroscopy, with fulguration and/or resection of small bladder tumor(s) (0.5 - 2.0 cm)	5374	J1	$3,449	$1,655
52235	Cystourethroscopy, with fulguration and/or resection of medium bladder tumor(s) (2.0 – 5.0 cm)	5374	J1	$3,449	$1,655
52240	Cystourethroscopy, with fulguration and/or resection of large bladder tumor(s)	5375	J1	$5,084	$2,522

"N/A" indicates that Medicare has not deemed this procedure to be reimbursable in this setting.

Hospital Inpatient Payment – Medicare Unadjusted National Average

MS-DRG assignment is based on a combination of diagnoses and procedure codes reported. While MS-DRGs listed in this guide represent likely assignments, Boston Scientific cannot guarantee assignment to any one specific MS-DRG.

MS-DRG	Description	Reimbursement
659	Kidney and Ureter Procedures for Non-Neoplasm with MCC	$18,443
660	Kidney and Ureter Procedures for Non-Neoplasm with CC	$9,563
661	Kidney and Ureter Procedures for Non-Neoplasm without CC/MCC	$7,326
665	Prostatectomy with MCC	$24,504
666	Prostatectomy with CC	$11,756
667	Prostatectomy without CC/MCC	$7,335
668	Transurethral Procedures with MCC	$20,812
669	Transurethral Procedures with CC	$11,044
670	Transurethral Procedures without CC/MCC	$6,820
698	Other Kidney and Urinary Tract Diagnoses with MCC	$11,996
699	Other Kidney and Urinary Tract Diagnoses with CC	$7,279
700	Other Kidney and Urinary Tract Diagnoses without CC/MCC	$4,954
713	Transurethral Prostatectomy with CC/MCC	$10,319
714	Transurethral Prostatectomy without CC/MCC	$6,706

The patient's medical record must support the existence and treatment of the complication or co-morbidity

See important notes on the uses and limitations of this information on page 7.

ICD-10 CM Diagnosis Codes

ICD-10 CM Diagnosis Code	Description
Bladder and Kidney Stones	
N20.0	Calculus of kidney
N20,1	Calculus of ureter
N20.9	Urinary calculus, unspecified
N21.0	Calculus in bladder
Prostate Laser Procedure	
N40.0	Enlarged prostate without lower urinary tract symptoms
N40.1	Enlarged prostate with lower urinary tract symptoms
N40.2	Nodular prostate without lower urinary tract symptoms
N40.3	Nodular prostate with lower urinary tract symptoms
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

ICD-10 PCS Procedure Codes

ICD-10 PCS Procedure Code	Description
Bladder Stones	
0TCB8ZZ	Extirpation of matter from bladder, via natural or artificial opening endoscopic
Ureteral or Renal Stone and Stricture Management	
0T568ZZ	Destruction of right ureter, endoscopic
0T578ZZ	Destruction of left ureter, endoscopic
0T738DZ	Dilation of right kidney pelvis with intraluminal device, endoscopic
0T748DZ	Dilation of left kidney pelvis with intraluminal device, endoscopic
0TB38ZX	Excision of right kidney pelvis, endo, diagnostic
0TB48ZX	Excision of left kidney pelvis, endo, diagnostic
0TB68ZX	Excision of right ureter, endo, diagnostic
0TB78ZX	Excision of left ureter, endo, diagnostic
0TC38ZZ	Extirpation of matter from right kidney pelvis, endoscopic
0TC48ZZ	Extirpation of matter from left kidney pelvis, endoscopic
0TC68ZZ	Extirpation of matter from right ureter, endoscopic
0TC78ZZ	Extirpation of matter from left ureter, endoscopic
0TF38ZZ	Fragmentation in right kidney pelvis, endoscopic
0TF48ZZ	Fragmentation in left kidney pelvis, endoscopic
0TF68ZZ	Fragmentation in right ureter, endoscopic
0TF78ZZ	Fragmentation in left ureter, endoscopic

See important notes on the uses and limitations of this information on page 7.

ICD-10 PCS Procedure Codes, continued

ICD-10 PCS Procedure Code	Description
Prostate Laser Procedure	
0VT08ZZ	Resection of Prostate, Via Natural or Artificial Opening Endoscopic
0V508ZZ	Destruction of Prostate, Via Natural or Artificial Opening Endoscopic
Percutaneous Nephrolithotomy (PCNL)	
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
0TC33ZZ	Extirpation of Matter from Right Kidney Pelvis, Percutaneous Approach
0TC34ZZ	Extirpation of Matter from Right Kidney Pelvis, 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
0TF34ZZ	Fragmentation in Right Kidney Pelvis, Percutaneous Endoscopic Approach
0TF43ZZ	Fragmentation in Left Kidney Pelvis, Percutaneous Approach
0TF44ZZ	Fragmentation in Left Kidney Pelvis, Percutaneous Endoscopic Approach
Bladder Tumors	
0T5B8ZZ	Destruction of Bladder, Via Natural or Artificial Opening Endoscopic
0T5C8ZZ	Destruction of Bladder Neck, Via Natural or Artificial Opening Endoscopic
0T5D8ZZ	Destruction of Urethra, Via Natural or Artificial Opening Endoscopic
0TBB8ZX	Excision of Bladder, Via Natural or Artificial Opening Endoscopic, Diagnostic
0TBB8ZZ	Excision of Bladder, Via Natural or Artificial Opening Endoscopic

C-Code Information

For all C-Code information, please reference the C-code Finder: http://www.bostonscientific.com/en-US/reimbursement/ccode-finder.html.

Code	OPPS Status Indicator	Description
C1889	N (packaged)*	Implantable/insertable device, not otherwise classified
C1747	H (transitional pass-through) *	Endoscope, single use (i.e. disposable), urinary tract, imaging/illumination device (insertable)

*Source:https://www.cms.gov/license/ama?file=/files/zip/2025-nfrm-opps-addenda.zip

On claims for Medicare beneficiaries, hospitals should report not only the appropriate CPT® Code, but also all applicable C-Codes.

- C-Codes are tracking codes established by the Centers for Medicare & Medicaid Services (CMS) to assist Medicare in establishing future APC payment rates. C-Codes only apply to Medicare hospital outpatient and Ambulatory Surgery Center (ASC) claims. They do not trigger additional payment to the facility with the exception of designated transitional pass-through payment (TPT) devices.
- It's important that hospitals report C-Codes as well as the associated device costs as this may help inform more accurate future outpatient hospital payment rates.

Medicare follows NUBC guidelines.[1] The UB-04 Editor specifically states to use the revenue code 0278 for C1747.[2]

Suggested Revenue Code for Device Codes C1889 and/or C1747

Code	Description
0278†	Medical/surgical supplies and devices/other implants

See important notes on the uses and limitations of this information on page 7.

CPT® Codes with Long Descriptions

CPT® Code	Long Description
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)
Ureteral or Renal Stone and Stricture Management	
52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (e.g., ultrasonic or electro-hydraulic technique)
52341	Cystourethroscopy; with treatment of ureteral stricture (e.g., balloon dilation, laser, electrocautery, and incision)
52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture (e.g., balloon dilation, laser, electrocautery, and incision)
52343	Cystourethroscopy; with treatment of intra-renal stricture (e.g., balloon dilation, laser, electrocautery, and incision)
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (e.g., balloon dilation, laser, electrocautery, and incision)
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (e.g., balloon dilation, laser, electrocautery, and incision)
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (e.g., balloon dilation, laser, electrocautery, and incision)
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 (e.g., Gibbons or double-J type)
Prostate Laser Procedure	
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)
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)
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)
Percutaneous Nephrolithotomy (PCNL)	
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)
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] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)
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)

See important notes on the uses and limitations of this information on page 7.

Physician payment rates are 2025 Medicare national averages. Source: Centers for Medicare and Medicaid Services. CMS-1807-F, Physician Fee Schedule – Addendum B, Relative Value File October 2024 release, RVU24D file. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f

The 2025 National Average Medicare physician payment rates have been calculated using a 2025 conversion factor effective January 1, 2025, of $32.3465. Rates subject to change.

Hospital outpatient payment rates are 2025 Medicare OPPS Addendum B national averages. Source: Centers for Medicare and Medicaid Services. CMS OPPS – November 2024 release, CMS-1809-FC file. https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc

ASC payment rates are 2025 Medicare ASC Addendum AA national averages. ASC rates are from the 2025 Ambulatory Surgical Center Covered Procedures List. Source: Centers for Medicare and Medicaid Services. CMS ASC November 2024 release, ASC Approved HCPCS Code and Payment Rates https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1809-fc

National average (wage index greater than one and hospital submitted quality data and is a meaningful EHR user) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor, and capital amounts. Source: September 30, 2024. Federal Register, CMS-1808-IFC. FY 2025 rates. https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ipps-final-rule-home-page

ICD-10 MS-DRG definitions from the CMS ICD-10-CM/PCS MS-DRG v42.0 Definitions Manual. Source: https://www.cms.gov/icd10m/FY2025-NPRM-Version42-fullcode-cms/fullcode_cms/P0001.html

1.https://www.govinfo.gov/content/pkg/FR-2010-11-24/pdf/2010-27926.pdf Page 26. Accessed November 25, 2024.

Uniform Billing Editor

CPT/HCPCS	Revenue Code
C1734-C1747	0278

September 2023

2.

† According to Medicare, devices do not need to remain in the body to be classified as "implants."3,4

3. Preamble to the Inpatient Prospective Payment update regulation for FY 2009 (73 FR 48462).

4. Revenue Code 278 - Definition in UB-04 manual, National Uniform Billing Committee Summary, August 2009, Page 5: (a) Implantables: That which is implanted, such as a piece of tissue, a tooth, a pellet of medicine, or a tube or needle containing a radioactive substance, a graft, or an insert. Also included are liquid and solid plastic materials used to augment tissues or to fill in areas traumatically or surgically removed. An object or material partially or totally inserted or grafted into the body for prosthetic, therapeutic, diagnostic purposes. Examples of Other Implants (not all-inclusive): Stents, artificial joints, shunts, grafts, pins, plates, screws, anchors, radioactive seeds.

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. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

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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.

Sequestration Disclaimer
Rates referenced in these guides do not reflect Sequestration or other reductions that may be implemented in 2025.

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URO-2033603-AA DEC 2024