Stone Management

2019 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.

The following codes are thought to be relevant to Stone Management procedures and are referenced throughout this guide.

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.

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 claims. They do not trigger additional payment to the facility today.

It is very important that hospitals report C-Codes as well as the associated device costs. This will help inform and potentially increase future outpatient hospital payment rates.

CPT® Code	Code Description
Ureteroscopic Stone Management and Stent Insertion	
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
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)

See important notes on the uses and limitations of this information on page 9.

CPT Codes (cont'd)

CPT® Code	Code Description
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
50434	Convert nephrostomy catheter to 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, via pre-existing nephrostomy tract
50435	Exchange 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
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
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
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
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)

See important notes on the uses and limitations of this information on page 9.

Physician Payment – Medicare

All rates shown are **2019 Medicare national averages**; 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.

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					
52005	Cystourethroscopy, with ureteral catheterization	$290	$138	8.05	3.84
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	$277	$158	7.68	4.38
52332	Cystourethroscopy, with insertion of indwelling ureteral stent	$488	$162	13.53	4.50
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus	N/A	$370	N/A	10.26
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy	N/A	$409	N/A	11.34
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent	N/A	$434	N/A	12.05
PCNL					
50080	PCNL or pyelostolithotomy; up to 2 cm	N/A	$906	N/A	25.15
50081	PCNL or pyelostolithotomy; over 2 cm	N/A	$1,332	N/A	36.96
50395	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous	DELETED for 2019		DELETED for 2019	
50430	Injection procedure for antegrade nephrostogram and/or ureterogram; new access	$524	$161	14.53	4.46
50431	Injection procedure for antegrade nephrostogram and/or ureterogram; existing access	$217	$68	6.03	1.90
50432	Placement of nephrostomy catheter, percutaneous	$848	$216	23.52	5.98
50433	Placement of nephroureteral catheter, percutaneous, new access	$1,126	$268	31.25	7.44
50434	Convert nephrostomy catheter to 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, via pre-existing nephrostomy tract	$889	$202	24.66	5.60
50435	Exchange 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	$527	$105	14.63	2.90
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	N/A	$157	N/A	4.37
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	N/A	$263	N/A	7.29
50561	Renal endoscopy thru established nephrostomy or pyelostomy; with removal of foreign body or calculus	$494	$411	13.72	11.41
74420-26	Urography, retrograde, with or without KUB	N/A	$26	N/A	0.73

See important notes on the uses and limitations of this information on page 9.

Physician Payment – Medicare (cont'd)

CPT® Code	Short Descriptor	MD In-Office Medicare Allowed Amount	MD In-Facility Medicare Allowed Amount	Total Office-Based RVUs	Total Facility-Based RVUs
Bladder Stones					
52317	Litholapaxy; simple or small (<2.5 cm)	$869	$362	24.11	10.05
52318	Litholapaxy; complicated or large (>2.5 cm)	N/A	$494	N/A	13.71
Select Bladder Tumor Procedures					
52204	Cystourethroscopy, with biopsy(s)	$390	$147	10.81	4.08
52214	Cystourethroscopy, with fulguration	$721	$184	20.00	5.10
52224	Cystourethroscopy, with fulguration or treatment of minor (<0.5 cm) lesion(s)	$753	$212	20.90	5.89
52234	Cystourethroscopy, with fulguration and/or resection of small bladder tumor(s) (0.5 - 2.0 cm)	N/A	$257	N/A	7.12
52235	Cystourethroscopy, with fulguration and/or resection of medium bladder tumor(s) (2.0 – 5.0 cm)	N/A	$301	N/A	8.34
52240	Cystourethroscopy, with fulguration and/or resection of large bladder tumor(s)	N/A	$409	N/A	11.34

"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 9.

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			
52005	Cystourethroscopy, with ureteral catheterization	$1,740	$785
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	$1,740	$785
52332	Cystourethroscopy, with insertion of indwelling ureteral stent	$2,927	$1,368
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus	$2,927	$1,368
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy	$4,021	$1,912
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent	$4,021	$1,912
PCNL			
50080	PCNL or pyelostolithotomy; up to 2 cm	$7,651	$3,845
50081	PCNL or pyelostolithotomy; over 2 cm	$7,651	$3,845
50395	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous	DELETED for 2019	DELETED for 2019
50430	Injection procedure for antegrade nephrostogram and/or ureterogram; new access	$562	N/A
50431	Injection procedure for antegrade nephrostogram and/or ureterogram; existing access	$562	N/A
50432	Placement of nephrostomy catheter, percutaneous	$1,740	$785
50433	Placement of nephroureteral catheter, percutaneous, new access	$1,740	$785
50434	Convert nephrostomy catheter to 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, via pre-existing nephrostomy tract	$1,740	$1,044
50435	Exchange 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	$1,740	$785
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	$1,740	$785
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	$2,927	$1,368
50561	Renal endoscopy thru established nephrostomy or pyelostomy; with removal of foreign body or calculus	$4,021	$1,912
74420-26	Urography, retrograde, with or without KUB	$386	N/A
Bladder Stones			
52317	Litholapaxy; simple or small (<2.5 cm)	$2,927	$1,368
52318	Litholapaxy; complicated or large (>2.5 cm)	$2,927	$1,368
Select Bladder Tumor Procedures			
52204	Cystourethroscopy, with biopsy(s)	$1,740	$785
52214	Cystourethroscopy, with fulguration	$1,740	$785
52224	Cystourethroscopy, with fulguration or treatment of minor (<0.5 cm) lesion(s)	$1,740	$785
52234	Cystourethroscopy, with fulguration and/or resection of small bladder tumor(s) (0.5 - 2.0 cm)	$2,927	$1,368
52235	Cystourethroscopy, with fulguration and/or resection of medium bladder tumor(s) (2.0 – 5.0 cm)	$2,927	$1,368
52240	Cystourethroscopy, with fulguration and/or resection of large bladder tumor(s)	$4,021	$1,912

"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 9.

Hospital Inpatient Payment – Medicare

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.

Possible MS-DRG Assignment	Description	Reimbursement
659	Kidney and ureter procedures for non-neoplasm with major complication or comorbidity (MCC)	$16,661
660	Kidney and ureter procedures for non-neoplasm with complication or comorbidity (CC)	$8,844
661	Kidney and ureter procedures for non-neoplasm without CC/MCC	$6,554
668	Transurethral procedures with MCC	$17,195
669	Transurethral procedures with CC	$9,668
670	Transurethral procedures without CC/MCC	$5,886
698	Other kidney and urinary tract diagnoses with MCC	$9,867
699	Other kidney and urinary tract diagnoses with CC	$6,280
700	Other kidney and urinary tract diagnoses without CC/MCC	$4,641

The patient's medical record must support the existence and treatment of the complication or comorbidity.

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

See important notes on the uses and limitations of this information on page 9.

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
0T9300Z	Drainage of Right Kidney Pelvis with Drainage Device, Open Approach
0T9340Z	Drainage of Right Kidney Pelvis with Drainage Device, Percutaneous Endoscopic Approach
0T9430Z	Drainage of Left Kidney Pelvis with Drainage Device, Percutaneous Approach
0T9440Z	Drainage of Left Kidney Pelvis with Drainage Device, Percutaneous Endoscopic Approach
0TC33ZZ	Extirpation of Matter from Right Kidney Pelvis, Percutaneous Approach
0TC34ZZ	Extirpation of Matter from Right Kidney Pelvis, Percutaneous Endoscopic Approach
0T733DZ	Dilation of Right Kidney Pelvis with Intraluminal Device, Percutaneous Approach
0T734DZ	Dilation of Right Kidney Pelvis with Intraluminal Device, Percutaneous Endoscopic Approach
0T743DZ	Dilation of Left Kidney Pelvis with Intraluminal Device, Percutaneous Approach
0T744DZ	Dilation of Left Kidney Pelvis with Intraluminal Device, Percutaneous Endoscopic Approach

See important notes on the uses and limitations of this information on page 9.

ICD-10 PCS Procedure Codes (cont'd)

ICD-10 CM Procedure Code	Description
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
0T9B7ZZ	Drainage of Bladder, Via Natural or Artificial Opening
0T9B8ZZ	Drainage of Bladder, Via Natural or Artificial Opening Endoscopic
0T9C7ZZ	Drainage of Bladder Neck, Via Natural or Artificial Opening
0T9C8ZZ	Drainage of Bladder Neck, Via Natural or Artificial Opening Endoscopic
0TCC7ZZ	Extirpation of Matter from Bladder Neck, Via Natural or Artificial Opening
0TCC8ZZ	Extirpation of Matter from 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
0T768DZ	Dilation of Right Ureter with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0T778DZ	Dilation of Left Ureter with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0T788DZ	Dilation of Bilateral Ureters with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0TF38ZZ	Fragmentation in Right Kidney Pelvis, Via Natural or Artificial Opening Endoscopic
0TF48ZZ	Fragmentation in Left Kidney Pelvis, Via Natural or Artificial Opening Endoscopic
0TF68ZZ	Fragmentation in Right Ureter, Via Natural or Artificial Opening Endoscopic
0TF78ZZ	Fragmentation in Left Ureter, Via Natural or Artificial Opening Endoscopic

See important notes on the uses and limitations of this information on page 9.

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.

Physician payment rates are 2019 Medicare national averages. Source: Centers for Medicare and Medicaid Services. CMS Physician Fee Schedule – November 2018 release, CMS-1693-F file. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1693-F.html.

The 2019 National Average Medicare physician payment rates have been calculated using a 2019 conversion factor of $36.0391. Rates subject to change.

Hospital outpatient payment rates are 2019 Medicare OPPS Addendum B national averages. Source: Centers for Medicare and Medicaid Services. CMS OPPS – January 2019 release, CMS-1695-FC file. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1695-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending.

ASC payment rates are 2019 Medicare ASC Addendum AA national averages. ASC rates are from the 2018 Ambulatory Surgical Center Covered Procedures List. Source: Centers for Medicare and Medicaid Services. CMS ASC – January 2019 release, CMS-1695-FC file. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1695-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending.

National average (wage index greater than one and hospital submitted quality data and is a meaningful HER user) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor, and capital amounts ($6,109.24). Source: August 2, 2018 Federal Register, CMS-1694-FR. FY 2019 rates.

ICD-10 MS-DRG definitions from the CMS ICD-10-CM/PCS MS-DRG v36.0 Definitions Manual. Source: https://www.cms.gov/ICD10Manual/version36-fullcode-cms/fullcode_cms/P0001.html

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, 2019.

CPT® Disclaimer

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