Shock Wave Lithotripsy (SWL) with Ureteral Stent Placement

2014 Coding and Payment Quick Reference Guide

Boston Scientific

GuidePoint Simplifying Reimbursement

Urology

CODING

- 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 SWL with ureteral stent placement and are referenced throughout this guide.

CPT® Code	Code Description
50590	Lithotripsy, extracorporeal shock wave
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

PHYSICIAN RELATIVE VALUE UNITS (RVUs)

- Physician Relative Value Units (RVUs) are based on the Medicare 2014 Physician Fee Schedule effective January 1, 2014.

	Facility-Based				Office-Based			
CPT® Code	Work RVU	Practice RVU	Malpractice RVU	Total RVUs	Work RVU	Practice RVU	Malpractice RVU	Total RVUs
50590	9.77	5.41	0.91	**16.09**	9.77	9.55	0.91	**20.23**
52332	2.82	1.34	0.27	**4.43**	2.82	10.49	0.27	**13.58**

See last page for important information about the uses and limitations of this document.

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PAYMENT - MEDICARE

- Payment for secondary procedure (52332) has been reduced by 50%.
- All rates shown are 2014 Medicare national averages; Actual rates will vary geographically.

PHYSICIAN, HOSPITAL OUTPATIENT & ASC MEDICARE ALLOWED AMOUNTS

	Physician[1]			Facility	
CPT® Code	MD In-Office Medicare Allowed Amount[1,2]	MD In-Facility Medicare Allowed Amount[1,2]	APC	Hospital Outpatient Medicare Allowed Amount[2,3]	ASC Medicare Allowed Amount[2,4]
50590	$725	$576	0169	$2,991	$1,652
52332	$243	$80	0162	$1,004	$555
Total	**$968**	**$656**		**$3,995**	**$2,207**

HOSPITAL INPATIENT ALLOWED AMOUNTS - MEDICARE

ICD-9-CM Procedure Code	ICD-9-CM Diagnosis Code	Possible MS-DRG Assignment
98.51 – Extracorporeal shockwave lithotripsy (ESWL) of the kidney, ureter and/or bladder	**592.0** – Calculus of kidney **592.1** – Calculus of ureter **592.9** – Urinary calculus, unspecified	**691** – Urinary stones with ESWL with complication or comorbidity (CC)/ Major complication or comorbidity (MCC) $8,963[5,6] **692** – Urinary stones with ESWL without CC/MCC $6,200[6]

ENDNOTES:

[1] Department of Health and Human Services. Center for Medicare and Medicaid Services. CMS Physician Fee Schedule – December 27, 2013 revised release, RVU14A file. http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU14A.html?DLPage=1&DLSort=0&DLSortDir=descending. The 2014 National Average Medicare physician payment rates have been calculated using a 2014 conversion factor of $35.8228 which reflects the 0.5 percent update for January 1, 2014 through March 31, 2014, as adopted by section 101 of the Pathway for SGR Reform Act of 2013. 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] The hospital outpatient payment rates are 2014 Medicare national averages. Source: November 27, 2013 Federal Register, CMS-1601-FC.

[4] The ASC payments rates are 2014 Medicare national averages. ASC rates are from the 2014 Ambulatory Surgical Center Covered Procedures List – Addendum AA. Source: November 27, 2013 Federal Register, CMS-1601-FC.

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

[6] National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts ($5,799.59). Source: August 19, 2013 Federal Register; CMS-1599-F Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System Changes and FY2014 Rates.

Sequestration

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, 2014.

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