

Ureteroscopic Stone Removal without Lithotripsy with Ureteral Stent Placement



Reimbursement Information

2009 CODING & PAYMENT QUICK REFERENCE

BACKGROUND

- Payment for secondary procedure (52332) has been reduced by 50%.
- All rates shown are 2009 Medicare national averages; Actual rates will vary geographically.

MEDICARE PHYSICIAN, HOSPITAL/OUTPATIENT & ASC PAYMENTS

CPT® Code	Code Description	Physician	Facility	
		MD In-Facility Allowed Amount ^{1,2}	Hospital Outpatient Allowed Amount ^{1,3}	ASC Allowed Amount ^{1,4}
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	\$388	\$1,690	\$824
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (e.g. Gibbons or double-J type)	\$82	\$845	\$367
Total by Site of Service		\$470	\$2,535	\$1,191

MEDICARE HOSPITAL INPATIENT PAYMENT

Effective October 1, 2007, the Center for Medicare and Medicaid Services (CMS) replaced the Diagnosis Related Groups (DRG) System with the Medicare Severity DRG (MS-DRG) classification system to recognize severity of illness among patients.

ICD-9-CM Procedure Code	ICD-9-CM Diagnosis Code	Possible MS-DRG Assignment
56.0- Transurethral removal of obstruction from ureter or renal pelvis	592.0- Calculus, kidney 592.1- Calculus, ureter	668- Transurethral procedures with major complication or comorbidity (MCC) \$12,434 ^{5,6}
	592.9- Urinary calculus, unspecified	669- Transurethral procedures with complication or comorbidity (CC) \$6,680 ^{5,6}
		670- Transurethral procedures without CC/MCC \$4,266 ⁵

¹ "Allowed Amount" is the amount Medicare determines to be the maximum allowance for any Medicare covered service. Actual payment will be based on the maximum allowance less any applicable deductibles, co-insurance, etc.

² MD rates calculated using the 2009 conversion factor of \$36.0666. Source: November 19, 2008 Federal Register.

³ Source: November 18, 2008 Federal Register.

⁴ ASC rates are from the 2009 Ambulatory Surgical Center Covered Procedures List – Addendum AA. Source: November 18, 2008 Federal Register.

⁵ 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, 552.58). Source: October 3, 2008 Federal Register.

⁶ The patient's medical record must support the existence and treatment of the complication or comorbidity.

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