Temporary Ureteral Stent Placement or Removal

2012 CODING AND REIMBURSEMENT GUIDE

This guide has been developed to assist with Medicare reporting and reimbursement of temporary ureteral stent placement or removal. Cook offers a number of temporary ureteral stents, allowing the physician clinical options of open, laparoscopic, percutaneous and cystourethroscopic approaches. Temporary ureteral stents are indicated for temporary internal drainage from the ureteropelvic junction of the kidney to the bladder.

Coverage

Medicare carriers may issue local coverage decisions (LCDs) listing criteria that must be met prior to coverage. Physicians are urged to review these policies (http://www.cms.hhs.gov/mcd/search.asp?) and encouraged to contact their local carrier medical directors (www.cms.hhs.gov/apps/contacts) or commercial insurers to determine if a procedure is covered.

Coding

Placement

50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous
50605	Ureterotomy for insertion of indwelling stent, all types
50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)

Removal

52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated

Physicians planning to remove a stent following ESWL are encouraged to append a -58 modifier to the stent removal code (52310 or 52315)

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Disclaimer: The information provided herein reflects Cook's understanding of the procedure(s) and/or device(s) from sources that may include, but are not limited to, the CPT, ICD-9 and MS-DRG coding systems; Medicare payment systems; commercially available coding guides; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Cook does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. When you are making coding decisions, we encourage you to seek input from the AMA, AHA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Cook does not promote the off-label use of its devices.

Imaging

74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation
77002	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)
77012	Computed tomography guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation

Outpatient Hospital

Medicare requires hospitals to report, if applicable, device(s) used in the hospital outpatient setting by using Level II HCPCS codes, or "C-codes." When reporting placement of a temporary Cook ureteral stent in an outpatient hospital setting, one of the following options will apply, depending on the device used. Definitive recommendations can be found at http://www.cookmedical.com/ccodes.do.

C2625	Stent, noncoronary, temporary, with delivery system
C2617	Stent, noncoronary, temporary, without delivery system

Inpatient Hospital

Hospitals use ICD-9-PCS codes to describe procedures performed during hospital admissions. The following is an example of a procedure code that may be pertinent for a given hospital admission.

Facilities coding for ureteral stent placement should consider:

59.8 Ureteral catheterization
Drainage of kidney by catheter
Insertion of ureteral stent
Ureterovesical orifice dilation
Code also any ureterotomy (56.2)

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Payment

2012 MEDICARE REIMBURSEMENT FOR URETERAL STENT PLACEMENT OR REMOVAL – PHYSICIAN AND OUTPATIENT FACILITY

		Ambulatory Surgery Center	*Outpatient Facility*		*Physician Services*	
CPT Code	Procedure Description	ASC Facility Fee (National Medicare Avg)[1]	APC	Facility Fee Schedule (National Medicare Avg)[2]	Fee When Services Are Provided in the Hospital or ASC (National Medicare Avg)[3]	Fee When Services Are Provided in the Office (National Medicare Avg)[3]
50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous	$1,060.62	0162	$1,838.24	$218.86	N/A*
50605	Ureterotomy for insertion of indwelling stent, all types	Procedure not permitted in outpatient setting			$977.90	N/A*
50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement	$1,937.69	0131	$3,358.35	$1,390.78	N/A*
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	$273.35	0160	$473.76	$493.55	N/A*
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	$705.97	0161	$1,223.56	$153.51	$247.79
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	$1,060.62	0162	$1,838.24	$277.07	$424.79
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)	$1,060.62	0162	$1,838.24	$157.25	$508.18
74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	Imaging is included in allowance for ureteral stent placement or removal			$26.21	$107.56
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	Imaging is included in allowance for ureteral stent placement or removal			$33.02	$206.61
77002	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)	Imaging is included in allowance for ureteral stent placement or removal			$27.23	$78.29
77012	Computed tomography guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation	Imaging is included in allowance for ureteral stent placement or removal			$55.48	$147.04

1. 2012 Medicare Ambulatory Surgery Center Fee Schedule
2. 2012 Medicare Hospital Outpatient Prospective Payment System Fee Schedule
3. 2012 Medicare Physician Fee Schedule

*Medicare has not developed a rate for the in-office setting because these procedures are typically performed in a hospital setting. Physicians should contact the Medicare contractor to determine if the service can be performed in-office. If the contractor determines the service or procedure may be performed in-office, the physician will receive Medicare's physician fee schedule amount for procedures performed in the hospital/ASC.

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2012 physician fees for your local area can be found at the following CMS links:

http://www.cms.hhs.gov/PFSlookup/02_PFSSearch.asp

or

http://www.cms.hhs.gov/PhysicianFeeSched/PFSNPAF/

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