Coverage, coding and payment for medical procedures and devices can be confusing. This guide was developed to assist with Medicare reporting and reimbursement when a Bush Ureteral Illuminating Catheter is placed into the ureter(s) via a transurethral retrograde approach using a cystoscope or cystourethroscope to identify the anatomy and minimize the potential for trauma during an underlying laparoscopic procedure. If you have any questions, please contact our reimbursement team at 800.468.1379 or by e-mail at reimbursement@cookmedical.com.

**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 contact their carriers’ medical directors (www.cms.hhs.gov/apps/contacts) or commercial insurers to determine if a procedure is covered.

**Coding**

If a physician (typically a urologist) temporarily places an illuminating ureteral catheter to identify the ureter(s) during a laparoscopic or open surgical procedure, the ureteral catheterization may be coded by the physician placing the catheter. The surgeon performing the surgical procedure would then code the surgical procedure separately based on the actual surgical procedure performed.

### Ureteral Catheterization

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Procedure Description</th>
<th>Facility Payment (National Medicare Avg1)</th>
<th>APC</th>
<th>Facility Payment (National Medicare Avg2) or ASC</th>
<th>Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg2)</th>
<th>Fee When Procedure Is Performed in Office (National Medicare Avg3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>52005</td>
<td>Cystourethroscopy, with ureteral catheterization, with or without irrigation, installation, or ureteropyelography, exclusive of radiologic service</td>
<td>$791.63</td>
<td>5373</td>
<td>$1,643.96</td>
<td>$138.53</td>
<td>$272.04</td>
</tr>
</tbody>
</table>

1 2017 Medicare Ambulatory Surgery Center Fee Schedule
2 2017 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule
3 2017 Medicare Physician Fee Schedule

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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 coding system; 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, 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.