

Bush Ureteral Illuminating Catheter

2018 CODING AND REIMBURSEMENT GUIDE

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

52005 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

Payment

2018 Medicare Reimbursement for Ureteral Catheterization

CPT Code	Procedure Description	Ambulatory Surgery Center		Outpatient Hospital		Physician Services	
		Facility Payment (National Medicare Avg ¹)	APC	Facility Payment (National Medicare Avg ²)	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg ³)	Fee When Procedure Is Performed in Office (National Medicare Avg ³)	
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, installation, or ureteropyelography, exclusive of radiologic service	\$779.71	5373	\$1,695.57	\$138.96	\$276.12	

¹ 2018 Medicare Ambulatory Surgery Center Fee Schedule

² 2018 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule

³ 2018 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.