

# StoneBreaker™ Pneumatic Lithotripter

## 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 for procedures using the Cook Medical StoneBreaker. If you have any questions, please contact our reimbursement team at 800.468.1379 or by e-mail at [Reimbursement@cookmedical.com](mailto: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 encouraged to contact their local carrier medical directors ([www.cms.hhs.gov/apps/contacts](http://www.cms.hhs.gov/apps/contacts)) or commercial insurers to determine if a procedure is covered.

### Coding

#### Endoscopic Lithotripsy

52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)
52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included) (Do not report 52353 in conjunction with 52332, 52356 when performed together on the same side)
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type) (Do not report 52356 in conjunction with 52332, 52353 when performed together on the same side)

#### Percutaneous Lithotripsy

50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm



*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.*

# Payment

## 2018 MEDICARE REIMBURSEMENT FOR SELECTED LITHOTRIPSY PROCEDURES

CPT Code	Procedure Description	Ambulatory Surgery Center	Outpatient Facility		Physician Services	
		Facility Payment (National Medicare Avg) <sup>1</sup>	APC	Facility Payment (National Medicare Avg) <sup>2</sup>	Fee When Service Is Performed in the Hospital or ASC (National Medicare Avg) <sup>3</sup>	Fee When Service Is Performed in the Office (National Medicare Avg) <sup>3</sup>
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	\$1,206.02	5374	\$2,696.58	\$363.24	\$835.19
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	\$1,757.24	5375	\$3,705.77	\$494.99	N/A*
52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	\$1,757.24	5375	\$3,705.77	\$335.52	N/A*
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	\$1,757.24	5375	\$3,705.77	\$409.68	N/A*
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	\$1,757.24	5375	\$3,705.77	\$434.88	N/A*
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	\$3,836.40	5376	\$7,595.73	\$907.19	N/A*
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	\$3,836.40	5376	\$7,595.73	\$1,332.35	N/A*

\*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.

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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2018 physician fees for your local area can be found at the following CMS links:

<http://www.cms.hhs.gov/PFSlookup/>

or

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>



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