COOK® MEDICAL

2024 Urology Laser Procedures

***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.*

The reimbursement rates provided are national Medicare averages published by CMS at the time this guide was created. Reimbursement rates may change due to addendum updates Medicare publishes throughout the year and may not be reflected on the guide.

If you have any questions, please contact our reimbursement team
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INTRODUCTION

Coverage, coding and payment for medical procedures and devices can be complicated and confusing. This guide was developed to assist with Medicare reporting and reimbursement when performing laser urological procedures in which Cook products and devices may be used.

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 carrier's medical director http://www.cms.hhs.gov/apps/contacts/ or commercial insurers to determine if a procedure is covered.

CODING

In the following pages, Cook Medical has suggested codes to be reported by physicians and facilities when reporting services in which our devices are used. It is ultimately up to the billing entity to decide the most appropriate code(s) to report for their services.

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Urology Laser Procedures

2024 Coding and Reimbursement Guide

		Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
CPT® Code	Description	Facility Payment (National Medicare Avg[2])	APC	Facility Payment (National Medicare Avg[3])	Fee When Service Is Performed in the Hospital or ASC (National Medicare Avg[4])	Fee When Service Is Performed in the Office (National Medicare Avg4)
Bladder Stones						
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	$1,626.15	5374	$3,325.03	$333.99	$865.43
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	$1,626.15	5374	$3,325.03	$456.45	N/A*
Ureteral or Renal Stone and Stricture Management						
52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	$2,471.23	5375	$4,935.21	$308.45	N/A*
52341	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	$1,626.15	5374	$3,325.03	$274.40	N/A*
52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	$1,626.15	5374	$3,325.03	$298.63	N/A*

		Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
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Ureteral or Renal Stone and Stricture Management (Cont.)						
52343	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	$1,626.15	5374	$3,325.03	$331.70	N/A*
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	$1,626.15	5374	$3,325.03	$356.58	N/A*
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	$1,626.15	5374	$3,325.03	$380.49	N/A*
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	$2,471.23	5375	$4,935.21	$430.26	N/A*
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	$2,471.23	5375	$4,935.21	$377.87	N/A*
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	$2,471.23	5375	$4,935.21	$400.79	N/A*

		Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
CPT® Code	Description	Facility Payment (National Medicare Avg[2])	APC	Facility Payment (National Medicare Avg[3])	Fee When Service Is Performed in the Hospital or ASC (National Medicare Avg[4])	Fee When Service Is Performed in the Office (National Medicare Avg4)
Prostate Laser Procedure						
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	$2,471.23	5375	$4,935.21	$636.87	$1,530.79
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	$2,471.23	5375	$4,935.21	$678.46	$1,578.60
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	$2,471.23	5375	$4,935.21	$806.82	N/A*
Percutaneous Nephrolithotomy (PCNL)						
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	$4,545.63	5376	$8,786.54	$680.75	N/A*
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	$4,545.63	5376	$8,786.54	$1,094.97	N/A*

		Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
CPT® Code	Description	Facility Payment (National Medicare Avg[2])	APC	Facility Payment (National Medicare Avg[3])	Fee When Service Is Performed in the Hospital or ASC (National Medicare Avg[4])	Fee When Service Is Performed in the Office (National Medicare Avg4)
Ureteral Tumor Procedures						
50957	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	$2,471.23	5375	$4,935.21	$341.52	$422.40
50976	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	$2,471.23	5375	$4,935.21	$449.58	N/A*
Bladder Tumor Procedures						
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	$1,626.15	5374	$3,325.03	$168.63	$730.52
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	$1,626.15	5374	$3,325.03	$195.16	$763.27
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	$1,626.15	5374	$3,325.03	$237.40	N/A*
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	$1,626.15	5374	$3,325.03	$278.65	N/A*
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	$2,471.23	5374	$4,935.21	$378.20	N/A*

References

1. 2024 Medicare Ambulatory Surgery Center Fee Schedule
2. 2024 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule
3. 2024 Medicare Physician Fee Schedule

*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.

2024 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