Temporary Ureteral Stent Placement or Removal

2024 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. If you have any questions, please contact our reimbursement team at 833.585.2688 or by email 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 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

50605	Ureterotomy for insertion of indwelling stent, all types
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre- existing nephrostomy tract
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter
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 (eg, Gibbons or double-J type) ***(Do not report 52332 in conjunction with 52000, 52353, 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)***

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

Note: When a separate ureteral stent and a nephrostomy catheter are placed into a ureter and its associated renal pelvis during the same session through a new percutaneous renal access, use 50695 to report the procedure.

Note: Do not report 50693, 50694, 50695 in conjunction with 50430, 50431, 50432, 50433, 50434, 50435, 50684, 74425 for the same renal collecting system and/or associated ureter.

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

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

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Payment

CPT® Code	Procedure Description	*Ambulatory Surgery Center* Facility Payment (National Medicare Avg)[1]	*Outpatient Hospital* APC	*Outpatient Hospital* Facility Payment (National Medicare Avg)[2]	*Physician Services* Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg)[3]	*Physician Services* Fee When Procedure Is Performed in Office (National Medicare Avg)[3]
50605	Ureterotomy for insertion of indwelling stent, all types	Procedure not permitted in outpatient setting			$1,005.95	NA*
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	$1,626.15	5374	$3,325.03	$197.39	$974.33
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	$1,626.15	5374	$3,325.03	$257.65	$1,092.50
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access with separate nephrostomy catheter	$1,626.15	5374	$3,325.03	$330.54	$1,312.19
50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement	$4,540.76	5362	$9,817.97	$1,368.12	NA*
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	$929.90	5373	$1,942.69	$498.65	NA*
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	$1,626.15	5374	$3,325.03	$153.12	$399.12
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	$407.44	NA*
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	$929.90	5373	$1,942.69	$149.13	$318.89
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	$929.90	5373	$1,942.69	$269.30	$468.69

[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

*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