Syfonix® Suction Ureteral Access Sheath

2026 CODING AND REIMBURSEMENT GUIDE

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 using the Syfonix® Suction Ureteral Access Sheath during endoscopic urological procedures. If you have any questions, please contact our reimbursement team at 833.585.2688 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 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

Facility Coding

Effective July 1, 2026, CMS established HCPCS Level II code C8014 to specifically describe ureteroscopy procedures performed with a suction-enabled ureteral access sheath, such as the Syfonix® Suction Ureteral Access Sheath. Hospitals and ambulatory surgery centers (ASCs) should report C8014 for these procedures. C8014 is not reported on professional claims.

C8014	Cystourethroscopy with ureteroscopy and/or pyeloscopy, with lithotripsy, including use of a suction enabled ureteral access sheath, with irrigation (if performed)

Physician Coding

Physicians continue to report the appropriate CPT® code for the procedure performed.

52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included), including insertion of indwelling ureteral stent

Payment

2026 Medicare Reimbursement for Syfonix® Procedures

Facility Payment

Code	Description	***ASC Facility Payment*** *(National Medicare Avg)*[1]	***Outpatient Hospital Facility Payment*** *(National Medicare Avg)*[2]
C8014	Cystourethroscopy with ureteroscopy and/or pyeloscopy, with lithotripsy, including use of a suction enabled ureteral access sheath, with irrigation (if performed)	$3,451.70	$5,477.93

C8014 is a facility-only code; it cannot be reported on professional claims.

Physician Payment

Code	Description	***Fee When Performed In Hospital/ASC*** *(National Medicare Avg)*[3]	***Fee When Performed In Office*** *(National Medicare Avg)*[3]
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	$343.70	NA*
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included), including insertion of indwelling ureteral stent	$365.07	NA*

1 2026 Medicare Ambulatory Surgery Center Fee Schedule

2 2026 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule

3 2026 Medicare Physician Fee Schedule. The rates shown in this guide reflect the CY 2026 qualifying APM conversion factor of $33.57. For reference, the CY 2026 nonqualifying APM conversion factor is $33.40.

* Medicare has not developed a rate for the in-office setting because this procedure is typically performed in a hospital or ASC setting.

2026 physician fees for your local area can be found at the following CMS link:
https://www.cms.gov/medicare/physician-fee-schedule/search