

# UroLume<sup>®</sup> Urethral Stent Endoprosthesis



## 2011 MOST COMMONLY BILLED CODES

- 52282** Cystourethroscopy, with the insertion of permanent urethral stent
- 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

	Physician			Office	Device	Global
	CPT	RVU	Payment*	Payment	Payment	Days
<b>Physician Office</b>	52282	10.29	\$350	No site of service differential for office	Payment for device included in global payment to Physician	0
	52310	7.47	\$254	Included in global fee to Physician		
	52315	13.08	\$444			

*\* Medicare physician reimbursement rate is calculated using the 2011 conversion factor of \$33.9764.*

	Physician			ASC	Device
	CPT	RVU	Payment	Payment	Payment
<b>Ambulatory Surgery Center</b>	52282	10.29	\$350	\$1,447	Payment for device included in global payment to ASC
	52310	4.64	\$158	\$681	
	52315	8.38	\$285	\$1,020	

	Physician			Outpatient Hospital		Device	
	CPT	RVU	Payment	APC	Payment	HCPCS	Payment
<b>Hospital Outpatient</b>	52282	10.29	\$350	163	\$2,573	C1876	C1876—Stent, non-coated/ noncovered, w/delivery system Payment for device included in global APC payment
	52310	4.64	\$158	161	\$1,210	N/A	N/A
	52315	8.38	\$285	162	\$1,814	N/A	N/A

	Physician			Inpatient Hospital			Device
	CPT	RVU	Payment	Possible MS-DRG for all CPT codes*		Payment**	Payment
<b>Hospital Inpatient</b>	52282	10.29	\$350	671	Urethral Procedures with CC/MCC	\$8,041	Payment for device included in global MS-DRG payment
	52310	4.64	\$158				
	52315	8.38	\$285	672	Urethral Procedures w/o CC/MCC	\$4,403	

*\*Complications and Comorbidities: CMS developed a standard list of diagnoses that are recognized as CCs for MS-DRGs. When a CC is present as a secondary diagnosis, it may affect the MS-DRG assignment.*

*\*\*These averages are calculated by multiplying the current relative weight of the MS-DRG by the national average hospital Medicare base rate and this includes the capital rate.*

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ICD-9-CM Diagnostic Coding Options	
<b>600.01</b>	Hypertrophy (benign) of prostate w/urinary obstruction and other lower urinary tract symptoms (LUTS)
<b>600.11</b>	Nodular prostate w/urinary obstruction
<b>600.20</b>	Benign localized hyperplasia of prostate w/o urinary obstruction and other lower urinary tract symptoms (LUTS)
<b>600.91</b>	Hyperplasia of prostate, unspecified w/urinary obstruction and other lower urinary tract symptoms (LUTS)
<b>598.00</b>	Urethral stricture due to unspecified infection
<b>598.01</b>	Urethral stricture due to infective diseases classified elsewhere
<b>598.1</b>	Traumatic urethral stricture
<b>598.2</b>	Postoperative urethral stricture
<b>598.8</b>	Other specified causes of urethral stricture
<b>598.9</b>	Urethral stricture, unspecified
ICD-9-CM Procedural Coding Options	
<b>58.5</b>	Release of urethral stricture
<b>58.99</b>	Other operations on urethra and periurethral tissue

**Disclaimer:** While reasonable efforts have been made to ensure the accuracy of the information set forth, AMS, Inc. cannot guarantee reimbursement for any procedure or product. It is the responsibility of the medical provider to contact payers for specific coverage and billing/coding policies as well as update the information described herein. Reimbursement rates quoted are 2011 Medicare national averages.

### Coding Resources:

1. CPT 2011. Current Procedural Terminology. Professional Edition. CPT is a trademark of the American Medical Association
2. ICD-9-CM for Hospitals—Vol. 1, 2, 3 Expert 2011. Ingenix, Inc. Salt Lake City, UT
3. HCPCS Level II Expert 2011. Ingenix, Inc. Salt Lake City, UT
4. DRG Expert 2011. Ingenix, Inc. Salt Lake City, UT
5. MarketScan<sup>®</sup> Research Data © 2010 Thomson Reuters
6. Federal Register, Vol. 75, No. 226, Nov. 24, 2010
7. Federal Register, Vol. 75, No. 157, Aug. 16, 2010
8. Federal Register, Vol. 75, No. 228, Nov. 29, 2010
9. Federal Register, Vol. 76, No. 7, Jan. 11, 2011
10. CMS, and DHHS. "Pub. 100-20 One-Time Notification." Transmittal 828. Change Request 7300. Jan. 13, 2010