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Medicare National Rates

OFFICE – SITE OF SERVICE 11

Cystourethroscopy	CPT® Code ¹	Physician Payment ^{2, 3}
Separate procedure	52000	\$170.28
With ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	52005	\$276.12
With ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	52007	\$172.80
With ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	52010	\$381.60
With biopsy	52204	\$383.04
With fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	52214	\$688.31
With fulguration (including cryosurgery or laser surgery) of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	52224	\$718.91
With fulguration (including cryosurgery or laser surgery) and/or resection of SMALL bladder tumor(s) (0.5 to 2.0 cm)	52234	\$257.40
With fulguration (including cryosurgery or laser surgery) and/or resection of MEDIUM bladder tumor(s) (0.5 to 2.0 cm)	52235	\$301.68
With fulguration (including cryosurgery or laser surgery) and/or resection of LARGE bladder tumor(s) (0.5 to 2.0 cm)	52240	\$409.68
With insertion of radioactive substance, with or without biopsy or fulguration	52250	\$250.56
With dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	52260	\$219.96
With dilation of bladder for interstitial cystitis; local anesthesia	52265	\$377.28
With internal urethrotomy; female	52270	\$369.72
With internal urethrotomy; male	52275	\$498.23
With direct vision internal urethrotomy	52276	\$276.48
With resection of external sphincter (sphincterotomy)	52277	\$338.04
With calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	52281	\$282.96
With insertion of permanent urethral stent	52282	\$352.08
With steroid injection into stricture	52283	\$287.64
For treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration	52285	\$289.80
With ureteral meatotomy, unilateral or bilateral	52290	\$255.60
With resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	52300	\$293.40
With resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	52301	\$303.48
With incision or resection of orifice of bladder diverticulum, single or multiple	52305	\$290.88
With removal of foreign body, calculus, ureteral stent from urethra or bladder (separate procedure); simple	52310	\$253.08
Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	52317	\$835.19
(Including ureteral catheterization); with fragmentation of ureteral calculus (e.g., ultrasonic or electrohydraulic technique)	52325	\$335.52
(Including ureteral catheterization); with subureteric injection of implant material	52327	\$274.32
With insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	52334	\$267.84

HOSPITAL – SITE OF SERVICE 21, 22 AND 23

Cystourethroscopy	CPT® Code	Physician Payment	APC Code	Hospital Outpatient Payment ⁴
Separate procedure	52000	\$85.68	5372	\$565.60
With ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	52005	\$138.96	5373	\$1,695.68
With ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	52007	\$172.80	5374	\$2,696.76
With ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	52010	\$173.16	5372	\$565.60
With biopsy	52204	\$146.08	5373	\$1,695.68
With fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	52214	\$183.96	5373	\$1,695.68
With fulguration (including cryosurgery or laser surgery) of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	52224	\$213.12	5373	\$1,695.68
With fulguration (including cryosurgery or laser surgery) and/or resection of SMALL bladder tumor(s) (0.5 to 2.0 cm)	52234	\$257.40	5374	\$2,696.76
With fulguration (including cryosurgery or laser surgery) and/or resection of MEDIUM bladder tumor(s) (0.5 to 2.0 cm)	52235	\$301.68	5374	\$2,696.76
With fulguration (including cryosurgery or laser surgery) and/or resection of LARGE bladder tumor(s) (0.5 to 2.0 cm)	52240	\$409.68	5374	\$2,696.76
With insertion of radioactive substance, with or without biopsy or fulguration	52250	\$250.56	5374	\$2,696.76
With dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	52260	\$219.96	5373	\$1,695.68
With dilation of bladder for interstitial cystitis; local anesthesia	52265	\$168.84	5373	\$1,695.68
With internal urethrotomy; female	52270	\$190.08	5373	\$1,695.68
With internal urethrotomy; male	52275	\$259.92	5373	\$1,695.68
With direct vision internal urethrotomy	52276	\$273.19	5373	\$1,695.68
With resection of external sphincter (sphincterotomy)	52277	\$352.08	5374	\$2,696.76
With calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	52281	\$158.76	5373	\$1,695.68
With insertion of permanent urethral stent	52282	\$352.08	5374	\$2,696.76
With steroid injection into stricture	52283	\$210.60	5373	\$1,695.68
For treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration	52285	\$204.48	5373	\$1,695.68
With ureteral meatotomy, unilateral or bilateral	52290	\$255.60	5373	\$1,695.68
With resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	52300	\$293.40	5373	\$1,695.68
With resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	52301	\$303.48	5374	\$2,696.76
With incision or resection of orifice of bladder diverticulum, single or multiple	52305	\$290.88	5375	\$3,706.03
With removal of foreign body, calculus, ureteral stent from urethra or bladder (separate procedure); simple	52310	\$158.04	5373	\$1,695.68
Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	52317	\$363.24	5374	\$2,696.76
(Including ureteral catheterization); with fragmentation of ureteral calculus (e.g., ultrasonic or electrohydraulic technique)	52325	\$335.52	5374	\$2,696.76
(Including ureteral catheterization); with subureteric injection of implant material	52327	\$274.32	5374	\$2,696.76
With insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	52334	\$267.84	5374	\$2,696.76

AMBULATORY SURGICAL CENTER – SITE OF SERVICE 24

Cystourethroscopy	CPT® Code	Physician Payment	ASC Payment ⁵
Separate procedure	52000	\$85.68	\$294.63
With ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	52005	\$138.96	\$779.59
With ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	52007	\$172.80	\$1,205.84
With ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	52010	\$173.16	\$294.63
With biopsy	52204	\$146.08	\$779.59
With fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	52214	\$183.96	\$779.59
With fulguration (including cryosurgery or laser surgery) of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	52224	\$213.12	\$779.59
With fulguration (including cryosurgery or laser surgery) and/or resection of SMALL bladder tumor(s) (0.5 to 2.0 cm)	52234	\$257.40	\$1,205.84
With fulguration (including cryosurgery or laser surgery) and/or resection of MEDIUM bladder tumor(s) (0.5 to 2.0 cm)	52235	\$301.68	\$1,205.84
With fulguration (including cryosurgery or laser surgery) and/or resection of LARGE bladder tumor(s) (0.5 to 2.0 cm)	52240	\$409.68	\$1,756.98
With insertion of radioactive substance, with or without biopsy or fulguration	52250	\$250.56	\$1,756.98
With dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	52260	\$219.96	\$779.59
With dilation of bladder for interstitial cystitis; local anesthesia	52265	\$168.84	\$259.92
With internal urethrotomy; female	52270	\$190.08	\$779.59
With internal urethrotomy; male	52275	\$259.92	\$779.59
With direct vision internal urethrotomy	52276	\$273.19	\$779.59
With resection of external sphincter (sphincterotomy)	52277	\$352.08	\$1,205.84
With calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	52281	\$158.76	\$779.59
With insertion of permanent urethral stent	52282	\$352.08	\$1,205.84
With steroid injection into stricture	52283	\$210.60	\$779.59
For treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration	52285	\$204.48	\$779.59
With urethral meatotomy, unilateral or bilateral	52290	\$255.60	\$779.59
With resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	52300	\$293.40	\$1,205.84
With resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	52231	\$303.48	n/a
With incision or resection of orifice of bladder diverticulum, single or multiple	52305	\$290.88	\$1,756.98
With removal of foreign body, calculus, ureteral stent from urethra or bladder (separate procedure); simple	52310	\$158.04	\$779.59
Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	52317	\$363.24	\$1,205.84
(Including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electrohydraulic technique)	52325	\$335.52	\$1,756.98
(Including ureteral catheterization); with subureteric injection of implant material	52327	\$274.32	\$1,756.98
With insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	52334	\$267.84	\$1,205.84

Relative Value Units

Coding	Office Based			Facility Based		
	Physician Reimbursement			Physician Reimbursement	Facility Reimbursement	
CPT® Code	Work RVU	Practice RVU	Malpractice RVU	Work RVU	Practice RVU	Malpractice RVU
52000	1.53	3.03	0.17	1.53	0.68	0.17
52005	2.37	5.04	0.26	2.37	1.23	0.26
52007	3.02	9.44	0.33	3.02	1.45	0.33
52010	3.02	7.25	0.33	3.02	1.46	0.33
52204	2.59	7.76	0.29	2.59	1.23	0.29
52214	3.50	15.24	0.39	3.50	1.23	0.39
52224	4.05	15.47	0.45	4.05	1.42	0.45
52234	4.62	n/a	0.52	4.62	2.02	0.52
52235	5.44	n/a	0.61	5.44	2.34	0.61
52240	7.50	n/a	0.82	7.50	3.06	0.82
52250	4.49	n/a	0.50	4.49	1.97	0.50
52260	3.91	n/a	0.44	3.91	1.76	0.44
52265	2.94	7.22	0.32	2.94	1.43	0.32
52270	3.36	6.54	0.37	3.36	1.55	0.37
52275	4.69	8.64	0.51	4.69	2.02	0.51
52276	4.99	n/a	0.55	4.99	2.14	0.55
52277	6.16	n/a	0.68	6.16	2.55	0.68
52281	2.75	4.81	0.30	2.75	1.36	0.30
52282	6.39	n/a	0.74	6.39	2.65	0.74
52283	3.73	3.85	0.41	3.73	1.71	0.41
52285	3.60	4.05	0.40	3.60	1.68	0.40
52290	4.58	n/a	0.51	4.58	2.01	0.51
52300	5.30	n/a	0.59	5.30	2.26	0.59
52301	5.50	2.32	0.61	5.50	2.32	0.61
52305	5.30	n/a	0.58	5.30	2.20	0.58
52310	2.81	3.91	0.31	2.81	1.27	0.31
52317	6.71	15.75	0.74	6.71	2.64	0.74
52325	6.15	n/a	0.68	6.15	2.49	0.68
52327	5.18	n/a	0.58	5.18	1.86	0.58
52334	4.82	n/a	0.53	4.82	2.09	0.53

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² CY 2018 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Medicare Part B. CMS-1676-F. Final Rule. 2017-11-15. [CY 2018 PFS Final Rule Addenda](#). ³ "Allowed Amount" is the payment Medicare determines to be the maximum allowance for any Medicare covered service. Actual payment will vary based on the geographically adjusted maximum allowed amount less any applicable deductible, coinsurance, etc. ⁴ Hospital Outpatient Prospective Payment- Correction Notice and CY2018 Payment Rates. 2017-12-27. [CY 2018 OPPTS Addenda](#). ⁵ January 2018 ASC Approved HCPCS Code and Payment Rates (Updated 12/22/17). [CY 2018 ASC Payment Rate](#). Federal law (USA) restricts this device to sale by or on the order of a physician. For complete instructions for use, storage, warnings, indications, contraindications, precautions, adverse reactions and disclaimer of warranties, please refer to the insert accompanying each product or online at www.cogentixmedical.com. 10115D 01/18 © 2015 Cogentix Medical. All rights reserved.