

Part B Insider (Multispecialty) Coding Alert

Reader Question: Know When Product Cost is Included in Surgery

Question: We have a patient that needs a special ureteral stent, and we had to order it ourselves. The urologist inserted the special stent cystoscopically in the hospital (52332). The hospital does not deal with the company that supplied these other stents that worked so well for this patient. The surgery will not cover the stent cost. All total the stent costs \$160.10. How do we go about having the patient pay for this stent?

New Mexico Subscriber

Answer: Since your physician performed the procedure, 52332 (Cystourethroscopy, with insertion of indwelling ureteral stent [e.g., Gibbons or double-J type]) in the hospital where the hospital furnishes the equipment, supplies, and materials necessary to perform the specific procedure, the hospital should report the cost of this stent on their supply cost report even though they did not purchase the special stent. Then, the urologist who did purchase the stent should seek compensation for his costs directly from the hospital.

If the procedure is performed in the office, the increased practice expense relative value units (PE RVUs) for office expenses increase the total RVUs and increase payment for the 52332 procedure and would, therefore, include the in-office furnishing of the special stent. 52332 pays \$501.15 in office versus \$151.87 in hospital, based on the 2011 unadjusted Medicare physician fee schedule.