

## Part B Insider (Multispecialty) Coding Alert

### Urology: Stop Reporting 52332 With 52353 Starting In January, Thanks to CPT® 2014

**A new code will change your cystourethroscopy + lithotripsy + stent coding.**

Because there is a hold on diagnosis code changes until next year's ICD-10 implementation, you escaped ICD-9 code changes this year. But you won't be able to avoid updating your coding entirely. CPT® 2014, which takes effect on Jan. 1, 2014, will bring changes you'll need to implement in your practice.

**Good news:** Unlike some other specialties, urology coders won't have a slew of changes to learn. There are seven code changes that pertain to urology. You'll have five new codes to learn and two deleted code to cross off your code lists. There are no revised codes that will affect your urology practices. Our experts have scoured the code changes and honed in on the ones that you'll need to know.

Get to Know 52356

CPT® 2014 adds one code that experts say will have a significant impact on urology practices. You find new code 52356 (Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent [eg, Gibbons or double-J type]) in your 2014 manual.

**Old way:** Currently when you bill for ureteroscopic fragmentation of a renal pelvic or ureteral stone followed by a double J stent insertion, you report 52353 (Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy [ureteral catheterization is included]) and 52332 (Cystourethroscopy, with insertion of indwelling ureteral stent [eg, Gibbons or double-J type]). These two codes are separately billable and payable.

**New way:** As of January 1, for the same procedures, you'll only be able to bill 52356. This change was originally slated to take effect in mid-2013, but will now be implemented in the new year.

"These are very common procedure for urologists to perform at the same operative session," says **Michael A. Ferragamo, MD, FACS**, clinical assistant professor of urology at the State University of New York at Stony Brook. "Most times when a urologist ureteroscopically fragments a stone, he places a stent to ensure passage of fragments without causing obstruction," he explains.

**Note:** If your urologist performs the cystourethroscopy with lithotripsy but does not place a stent, you'll still report just 52353.

"Since this is a common code combination, it appears they are trying to combine the 52353 and 52332 procedures as they've done with other procedures in the past," explains **Becky Boone, CPC, CUC**, urology surgery coder for The Coding Network and cardiology coder for the University of Missouri Internal Medicine Department in Columbia.

"This new code is another example of Medicare looking at two procedures performed together very frequently and creating a compound code," Ferragamo agrees.

"I am not sure if the reimbursement will make up for the now adding the stent into the procedure," says **Chandra L. Hines**, practice supervisor of Wake Specialty Physicians in Raleigh, NC. "I can't say that I did not expect this to happen soon."

"We don't know the payment yet, but it will likely pay less than the combination of 52353 and 52332," Ferragamo says. "So, practices are going to see a significant impact on their reimbursement."

"I like that this is the only real change for urology this coming year with all of the ICD-10 changes we will see starting 2014," Boone adds.

### 3 Codes Replace 50021, 58823

CPT® 2014 also deletes 50021 (Drainage of perirenal or renal abscess; percutaneous) and 58823 (Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous ([eg, ovarian, pericolic])). But CPT® adds the following three new codes, which seem to replace the two deleted codes:

- 49405 (Image-guided fluid collection drainage by catheter [eg, abscess, hematoma, seroma, lymphocele, cyst]; visceral [eg, kidney, liver, spleen, lung/mediastinum], percutaneous)
- 49406 (... peritoneal or retroperitoneal, percutaneous)
- 49407 (... peritoneal or retroperitoneal, transvaginal or transrectal).

These codes may be used in urology and urogynecology, Ferragamo says.