

## Outpatient Facility Coding Alert

### You Be the Coder: Decipher This ESWL Code

**Question:** In the ASC, the surgeon performed a diagnostic bilateral ureteroscopy, then a left ESWL. Fluoroscopic evaluation confirmed a stone in the left lower pole. After these studies, the urologist opted to perform an ESWL on the left side. Is the diagnostic ureteroscopy included in the charge for the ESWL or should I bill for the ureteroscopy with modifier 59?

South Carolina Subscriber

**Answer:** If the ureteroscopy, an endoscopic procedure, was truly a diagnostic procedure and led to the decision to perform extracorporeal shock wave lithotripsy (ESWL), you can bill both procedures.

First, report 50590 (Lithotripsy, extracorporeal shock wave) for the ESWL procedure. Then, report 52351 (Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic) for the ureteroscopy. Append modifier 58 (Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period) to 52351. This indicates that this procedure was in fact diagnostic and responsible for the choice of future therapy, ESWL.

**Caution:** If the ureteroscopy was only confirmatory for the presence of the renal calculi initially diagnosed by sonography and did not lead to the treatment choice, just bill 50590 and not for the "scout ureteroscopy," which was really just an examination/review of the operative field.