

2009 CODING & PAYMENT QUICK REFERENCE

BACKGROUND

- All rates shown are 2009 Medicare national averages; Actual rates will vary geographically.

MEDICARE PHYSICIAN, HOSPITAL OUTPATIENT & ASC PAYMENTS

CPT® Code	Code Description	Physician		Facility	
		MD In- Office Allowed Amount ^{1,2}	MD In- Facility Allowed Amount ^{1,2}	Hospital Outpatient Allowed Amount ^{1,3}	ASC Allowed Amount ^{1,4}
50590	Lithotripsy, extracorporeal shock wave	\$947	\$582	\$2,768	\$1,691
52332	Cystourethroscopy, with insertion of indwelling ureteral stent	\$494	\$164	\$1,690	\$734

MEDICARE HOSPITAL INPATIENT PAYMENT

Effective October 1, 2007, the Center for Medicare and Medicaid Services (CMS) replaced the Diagnosis Related Groups (DRG) System with the Medicare Severity DRG (MS-DRG) classification system to recognize severity of illness among patients.

ICD-9-CM Procedure Code	ICD-9-CM Diagnosis Code	Possible MS-DRG Assignment
98.51- ESWL of the kidney, ureter and/or bladder	592.0- Calculus, kidney	691- Urinary stones with ESWL with complication or comorbidity(CC) / Major complication or comorbidity (MCC) \$8,070 ^{5,6}
	592.1- Calculus, ureter	
	592.9- Urinary calculus, unspecified	692- Urinary stones with ESWL w/o CC/MCC \$6,420 ⁵

¹ "Allowed Amount" is the amount Medicare determines to be the maximum allowance for any Medicare covered service. Actual payment will be based on the maximum allowance less any applicable deductible, co-insurance, etc.

² MD rates calculated using the 2008 conversion factor of \$36.0666. Source: November 19, 2008 Federal Register.

³ Source: November 18, 2008 Federal Register.

⁴ ASC rates are from the 009 Ambulatory Surgical Center Covered Procedures List – Addendum AA. Source: November 18, 2008 Federal Register.

⁵ National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts (\$5, 552.58). Source: October 3, 2008 Federal Register.

⁶ The patient's medical record must support the existence and treatment of the complication or comorbidity.

Important - Please Note: Reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is presented for illustrative purposes only. This information does not constitute reimbursement or legal advice. Boston Scientific makes no representation or warranty regarding this information or its completeness, accuracy, timeliness, or applicability with a particular patient. Boston Scientific specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information in this document. Boston Scientific encourages providers to submit accurate and appropriate claims for services. Laws, regulations and payer policies concerning reimbursement are complex and change frequently. Providers are responsible for making appropriate decisions relating to coding and reimbursement submissions. Accordingly, Boston Scientific recommends that you consult with your payers, reimbursement specialist and/or legal counsel regarding coding, coverage and reimbursement matters.

CPT Codes Copyright 2008 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.