

Removed Sections

Key Artifacts

- Investment Heat Map
- Revenue Heat Map
- Patent Heat Map
- Dynamic Patent Dashboard
- Taxonomy Sample
- Patent Search Strategy
- Clinical Timeline Visualization
- Patent Product Mapping
- Stent Landscape-Flash
- Company Profile - Flash

Technological insights

The ideal ureteric stent biomaterial is yet to be discovered. Ongoing research with respect to material modifications and stent designs has achieved better patient comfort, and decreased stent-related complications. Drug-eluting stent technology is an interesting development which may prevent infection, encrustation and other stent related symptoms.

Reimbursements

| 2011 MEDICARE REIMBURSEMENT FOR URETERAL STENT PLACEMENT OR REMOVAL - PHYSICIAN AND OUTPATIENT FACILITY | | | | | | |
|---|--|--|------|--|--|---|
| Ambulatory Surgery Center | | | | | Outpatient Facility | Physician Services |
| CPT Code | Procedure Description | Facility Payment ¹ | APC | Facility Fee Schedule (National Medicare Avg) ² | Fee When Services Are Provided in the Hospital or ASC (National Medicare Avg) ³ | Fee When Services Are Provided in the Office (National Medicare Avg) ⁴ |
| 50393 | Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous | \$1,020.24 | 0162 | \$1,813.74 | \$224.92 | N/A* |
| 50605 | Ureterotomy for insertion of indwelling stent, all types | Procedure not permitted in outpatient setting | | | \$982.60 | N/A* |
| 50947 | Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement | \$1,853.68 | 0131 | \$3,295.39 | \$1,424.97 | N/A* |
| 51045 | Cystotomy, with insertion of ureteral catheter or stent (separate procedure) | \$288.27 | 0160 | \$512.48 | \$500.13 | N/A* |
| 52310 | Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple | \$680.87 | 0161 | \$1,210.41 | \$157.65 | \$253.80 |
| 52315 | Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated | \$1,020.24 | 0162 | \$1,813.74 | \$284.72 | \$444.41 |
| 52332 | Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type) | \$1,020.24 | 0162 | \$1,813.74 | \$151.87 | \$501.15 |
| 74480 | Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation | Imaging is included in allowance for ureteral stent placement or removal | | | \$27.18 | \$112.80 |
| 76942 | Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation | Imaging is included in allowance for ureteral stent placement or removal | | | \$33.64 | \$198.08 |
| 77002 | Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) | Imaging is included in allowance for ureteral stent placement or removal | | | \$27.52 | \$75.77 |
| 77012 | Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation | Imaging is included in allowance for ureteral stent placement or removal | | | \$57.08 | \$163.77 |

1. 2011 Medicare Ambulatory Surgery Center Fee Schedule
2. 2011 Medicare Hospital Outpatient Prospective Payment System Fee Schedule
3. 2011 Medicare Physician Fee Schedule

N/A* Medicare has not developed a rate for the in-office setting as these procedures are typically performed in a hospital setting. Physicians should contact the Medicare contractor to determine if the service can be performed in-office. If the contractor determines the service or procedure may be performed in-office, the physician will receive Medicare's physician fee schedule amount for procedures performed in the hospital/ASC.

² "Allowed Amount" is the amount Medicare determines to be the maximum allowance for any Medicare covered procedure. Actual payment will vary based on the maximum allowance less any applicable deductibles, co-insurance, etc.

³ The hospital outpatient payment rates are 2011 Medicare national averages. Source: November 2, 2010 Federal Register, CMS-1504-FC.

⁴ The ASC payments rates are 2011 Medicare national averages. ASC rates are from the 2011 Ambulatory Surgical Center Covered Procedures List ? Addendum AA. Source: November 2, 2010 Federal Register, CMS-1504-FC.