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Kidney Stones: Breaking Down Endoscopic Lithotripsy

Code descriptor ambiguity puts outpatient facilities on alert for billing fraud.

With limited codes to choose from, coding endoscopic lithotripsy kidney stone procedures might seem straightforward. However, confusion often arises when determining whether to report cystourethroscopy with ureteroscopy and/or pyeloscopy with lithotripsy using CPT® codes 52353/52356 or the higher paying HCPCS Level II C9761. With roughly a $4,000 difference in reimbursement, selecting the correct code is critical but not always simple.

Steerable Catheter: Technology Shaping Coding

Thanks to technological advances, renal calculi removal requiring incision, while still used, is no longer the status quo. Most people are familiar with renal calculi lithotripsy performed via extracorporeal shockwave (ESWL). The calculi are broken up with an external shockwave and typically can pass naturally through the urinary tract following the procedure without further intervention. It

can be the preference of many patients due to its noninvasive nature. However, for patients who are ineligible for ESWL or have more complex calculi obstructing the ureter, ureteroscopic lithotripsy may be the best option.

Ureteroscopic lithotripsy involves using a ureteroscope to access the ureter(s) and/or the renal pelvis and calyces. When the calculi are identified, lithotripsy is performed with a focused laser. The resulting fragments are removed by collecting them in a small basket passed through the ureteroscope or via irrigation and suction. It is the latter that is the source of the confusion for differentiating between 52353/52356 and C9761 because both options describe lithotripsy via ureteroscopy and/or pyeloscopy. However, C9761 further specifies the use of steerable vacuum aspiration.

52353 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

52356 with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

C9761 Cystourethroscopy with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration

C9761 was established by the Centers for Medicare & Medicaid Services (CMS) in fiscal year (FY) 2020 to describe the use of vacuum aspiration technology to clear the residual debris after ureteroscopic lithotripsy. In FY 2021, CMS further refined the long descriptor of the code to clarify the use of steerable vacuum aspiration. For FY 2023, an additional caveat was added to the end of the long description stating "(must use a steerable ureteral catheter)." Additionally in FY 2023, C9761 was reassigned from Ambulatory Payment Classification (APC) 5375 to APC 5376.

APC Shifts and Reimbursement Differences

APC assignment drives the payment difference. According to Addendum A of the 2025 OPPS:

- APC 5375 has a relative weight of 57.0111, payment of $5,083.62, and copay of $1,016.73.
- APC 5376 has a relative weight of 103.7036, payment of $9,247.15, and copay of $1,849.43.

Both are assigned to status indicator J1, meaning the entire encounter is packaged into the reimbursement. With such a difference in price, the question should be: What services substantiate this higher payment? This especially comes into play if the patient is scheduled for a staged procedure and the higher APC is reported twice.

Another point to consider is that CMS uses hospital cost reporting from two years prior to calculate APC payments. If there is a significant drop in the cost of caring for patients in a particular APC, CMS will adjust the reimbursement to match. This can cause a long-term disadvantage, because when caring for a patient who requires more intense care, the reimbursement will be less than needed to cover costs.

Documentation Nitty-Gritty

Ultimately, the issue comes down to semantics: steerable versus navigable and vacuum versus suction. While these words may appear interchangeable in everyday language, CMS has not provided clear guidance on their definitions as they relate to C9761, which contributes to the uncertainty in coding. Merriam-Webster Dictionary defines these terms as follows:

- Steerable: "to control the course of"
- Navigable: "capable of being navigated"

We can see that there is a distinct difference in intent of these words. Applied to this procedure, it means the difference between a device that has the ability to independently maneuver and one that is capable of being maneuvered by other means.

- Vacuum: "to draw or take in by or as if by suction"
- Suction: "to remove (as from a body cavity or passage) by suction"

There is not a clear distinction here, but based on the usage of the word "vacuum" in the descriptor, it seems that one must exist. In a 2024 article for the *Urology Times*, Dr. Jonathan Rubenstein and Mark Painter discuss the difference between a steerable vacuum aspiration catheter and a ureteral access sheath with aspiration capabilities, highlighting that C9761 "can be used to report the expense of the additional equipment of a vacuum aspirator of residual kidney stone debris after lithotripsy by the facility."

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"Because of this ambiguity and the financial stakes tied to APC 5376, AAPC has formally reached out to CMS requesting clarification."

Until official guidance is released clearly defining these terms as they apply to C9761, facilities should create policies that define these terms and require clear documentation in operative notes. Documentation should also support the complexity of the case. Unfortunately, ICD-10-CM does not include a code for complex calculi, so this will require reading the documentation. As always, if it is unclear to you, query the provider for clarification. Working with your providers to accurately document the patient's condition and the procedure that is completed will help mitigate improper reporting of services provided.

Additionally, C9761 is a device-dependent procedure, linked to HCPCS C1747 *Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)*. Confusion arises because C1747 applies broadly to many single use devices, while C9761 requires the non-negotiable terms: steerable and vacuum.

Compliance Spotlight

Inappropriate billing of C9761 has already been flagged, according to Dr. Rubenstein and Painter. The authors noted that some facilities incorrectly reported C9761 without using a steerable vacuum aspiration catheter due to confusion with the CPT® 52356 descriptor. To date, proper use of C9761 should be tied directly to documentation that supports both "steerable" and "vacuum" criteria.

Given the significant payment differential, C9761 will remain under scrutiny by Medicare and commercial payers. Current Medicare reimbursement highlights the stakes:

- C9761: $9,247 Hospital Outpatient Department (HOPD) / $4,779 Ambulatory Surgery Center (ASC)
- 52353/52356: $5,083 (HOPD) / $2,521 (ASC)

Until CMS provides clearer guidance, facilities must remain vigilant to avoid audits, recoupments, or worse.

Moving Toward Clarity

The ongoing confusion around C9761 illustrates how small wording differences can materially impact compliance and reimbursement. Would only a truly steerable vacuum device meet the definition of C9761? Without clear CMS guidance, it is uncertain which devices qualify.

Because of this ambiguity and the financial stakes tied to APC 5376, AAPC has formally reached out to CMS requesting clarification on the application and acceptable devices for C9761. Until such guidance is issued, facilities should:

- Require provider documentation to specify the exact device used.
- Create internal policies defining "steerable" and "vacuum."
- Ensure documentation supports the complexity of the case and clearly identifies the services performed.
- Use caution when coding, querying providers when documentation is unclear.

By combining clear internal policies with careful documentation, organizations can remain compliant while awaiting formal clarification from CMS.

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Resources

Rubenstein, J.; Painter, M. **The C1769 prior authorization puzzle: A billing challenge**. June 24, 2025

Rubenstein, J.; Painter, M. **Reporting use of ureter access sheath with suction component**. July 5, 2024