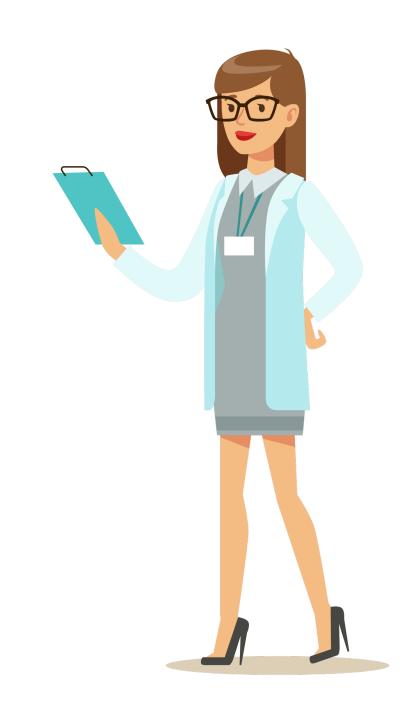
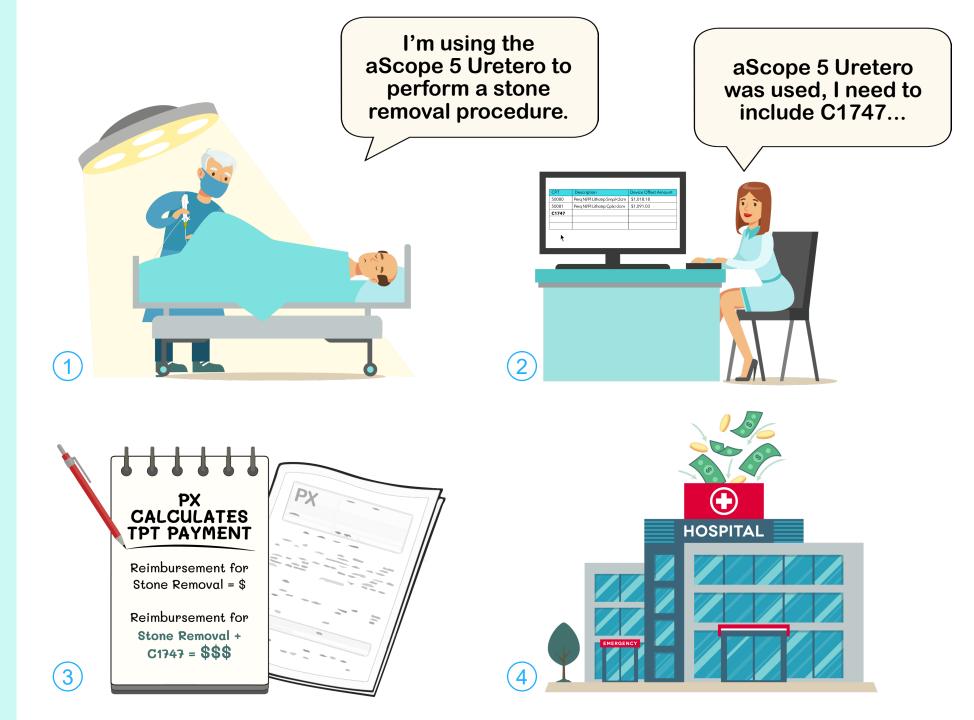
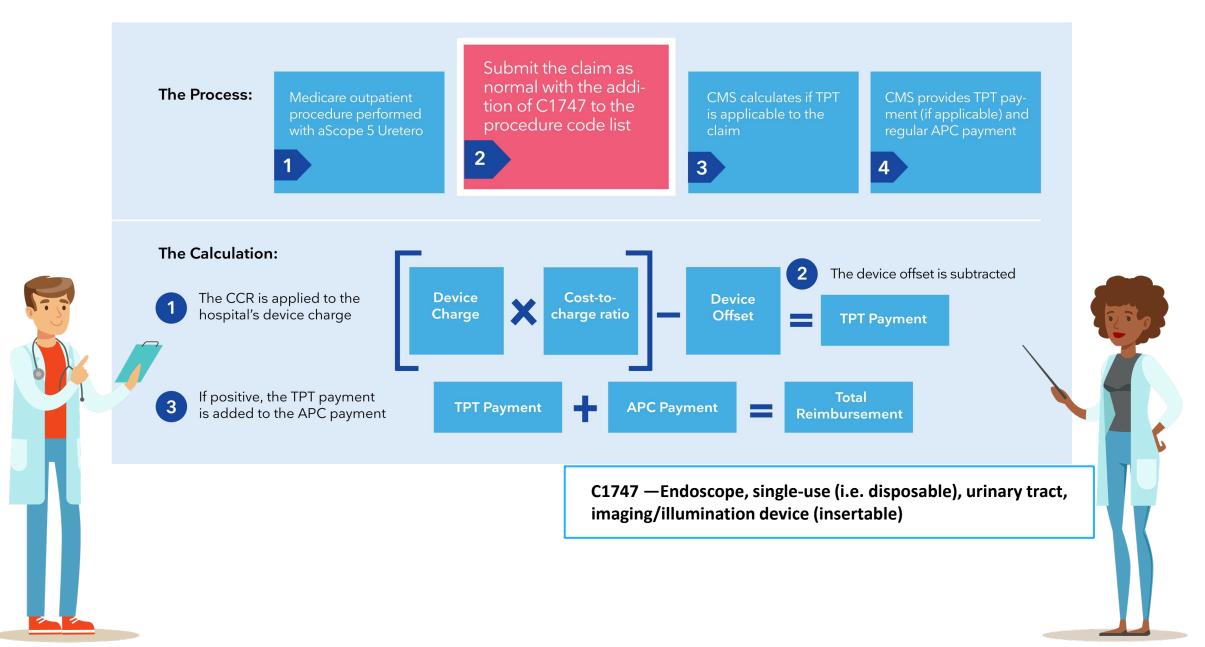
# **Transitional** Pass-Through (TPT) Payment for aScope<sup>TM</sup> 5 Uretero



How to Receive Incremental Reimbursement When Using aScope 5 Uretero



### **How is TPT Calculated?**



## **Additional Information**

1 Examples of TPT Calculations

2 Device Offsets

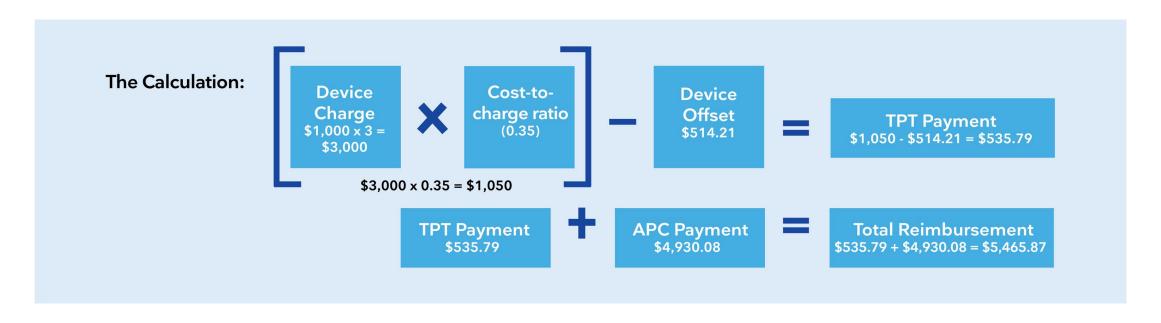
Why TPT?

4 Things to Remember

## **Example of TPT Calculation**

FOR DEMONSTRATION PURPOSES ONLY

How TPT could be calculated for CPT 52356 performed with an aScope 5 Uretero



- 1) Calculate device charge by multiplying device cost (\$1,000) by hospital's normal markup rate (3x); \$1,000 x 3 = \$3,000
- 2) Medicare multiplies device charge by revenue center's cost-to-charge ratio (0.35); \$3,000 x 0.35 = \$1,050
- 3) The CPT code device offset (\$514.21) is subtracted to calculate the TPT payment; \$1,050 \$514.21 = \$535.79
- 4) The APC payment associated with the CPT code (\$4,930.08) is added to the TPT payment; \$535.79 + \$4,930.08 = \$5,465.87

## **Device Offsets**

#### 2024 CMS CPT Code Device Offset Amounts (when billed with C1747)

CPT®		Offset Amounts	
	CPT Long Descriptor	ASC	HOPD
50080	PERQ NL/PL LITHOTRP SMPL<2CM	\$505.47	\$1,018.18
50081	PERQ NL/PL LITHOTRP CPLX>2CM	\$550.02	\$1,091.03
50575	KIDNEY ENDOSCOPY	\$119.61	\$682.32
50951	ENDOSCOPY OF URETER	\$68.62	\$178.70
50953	ENDOSCOPY OF URETER	\$131.23	\$328.84
50955	URETER ENDOSCOPY & BIOPSY	\$117.14	\$355.95
50957	URETER ENDOSCOPY & TREATMENT	\$83.03	\$441.24
50961	URETER ENDOSCOPY & TREATMENT	\$86.00	\$330.81
50970	URETER ENDOSCOPY	\$0.00	\$0.00
50972	URETER ENDOSCOPY & CATHETER	\$16.26	\$33.22
50974	URETER ENDOSCOPY & BIOPSY	\$0.00	\$828.75
50976	URETER ENDOSCOPY & TREATMENT	\$429.99	\$688.24
50980	URETER ENDOSCOPY & TREATMENT	\$0.00	\$717.82
52344	CYSTO/URETERO STRICTURE TX	\$130.58	\$500.23
52345	CYSTO/URETERO W/UP STRICTURE	\$230.75	\$516.51
52346	CYSTOURETERO W/RENAL STRICT	\$91.68	\$455.54
52351	CYSTOURETERO & OR PYELOSCOPE	\$90.74	\$196.97
52352	CYSTOURETERO W/LITHOTRIPSY	\$92.85	\$310.24
52353	CYSTOURETERO W/BIOPSY	\$139.38	\$315.53
52354	CYSTO/URETERO W/LITHOTRIPSY	\$140.12	\$436.31
52355	Cysto, litho, vacuum kidney	\$159.64	\$360.88
52356	CYSTOURETERO W/RENAL STRICT	\$255.28	\$514.21
C9761	CYSTOURETERO & OR PYELOSCOPE	\$1,271.87	\$1,399.12

# **Ureteroscope Applicable Device Offsets**

#### 2024 CMS CPT Code Device Offset Amounts (when billed with C1747)

CPT Code	Description	ASC Offset Amount <sup>1</sup>	HOPD Offset Amount <sup>1</sup>	Percent of Applicable Medicare Procedures <sup>2</sup>
52356	Cysto/Uretero W/Lithotripsy	\$255.28	\$514.21	59.66%
52351	Cystouretero & Or Pyeloscope	\$90.74	\$196.97	10.30%
52352	Cystouretero W/Stone Remove	\$92.85	\$310.24	10.16%
52354	Cystouretero W/Biopsy	\$140.12	\$436.31	6.60%
52353 Cystouretero W/Lithotripsy		\$139.38	\$315.53	5.51%
50081	Perq NI/PI Lithotrp Cplx>2cm	\$550.02	\$1,091.03	3.29%
50080	Perq NI/PI Lithotrp Smpl<2cm	\$505.47	\$1,018.18	1.63%
52344	Cysto/Uretero Stricture Tx	\$130.58	\$500.23	1.63%
52355	Cystouretero W/Excise Tumor	\$159.64	\$360.88	0.35%
52345	Cysto/Uretero W/Up Stricture	\$230.75	\$516.51	0.24%
C9761	Cysto, Litho, Vacuum Kidney	\$1,271.87	\$1,399.12	0.18%
52346	Cystouretero W/Renal Strict	\$91.68	\$455.54	0.13%
50951	Endoscopy Of Ureter	\$68.62	\$178.70	0.11%
50961	Ureter Endoscopy & Treatment	\$86.00	\$330.81	0.07%
50953	Endoscopy Of Ureter	\$131.23	\$328.84	0.07%
50955	Ureter Endoscopy & Biopsy	\$117.14	\$355.95	0.04%
50575	Kidney Endoscopy	\$119.61	\$682.32	0.02%
50980	Ureter Endoscopy & Treatment	\$0.00	\$717.82	0.02%
50957	Ureter Endoscopy & Treatment	\$83.03	\$441.24	0.01%
50970	Ureter Endoscopy	\$0.00	\$0.00	0.00%
50972	Ureter Endoscopy & Catheter	\$16.26	\$33.22	0.00%
50974	Ureter Endoscopy & Biopsy	\$0.00	\$828.75	0.00%
50976	Ureter Endoscopy & Treatment	\$429.99	\$688.24	0.00%

<sup>1.</sup> Pub 100-04 Medicare Claims Processing, CMS Transmittal 12419 (Available on CMS website), (December 21, 2023). 2. Based on 2022 Medicare Outpatient volumes for applicable claims.

# Why TPT?

- Transitional Pass-Through (TPT) Payment is intended to facilitate Medicare beneficiary access to the benefits of new and innovative medical devices, drugs and biologicals that demonstrate a substantial clinical improvement over existing technologies
  - The payments are intended to reimburse hospitals and ambulatory surgery centers (ASCs) for utilizing innovative technology whose cost would otherwise potentially limit adoption
  - TPT allows specific **Outpatient Medicare fee for service** procedures performed with aScope 5 Uretero additional reimbursement\*
  - Only requirement is adding HCPCS C1747 to relevant claims
  - It's important to list C1747 so Medicare can track its usage and potentially increase future procedure payments



## Things to Remember:

- C1747 was awarded for single-use ureteroscopes and must be included on the claim to receive TPT payment
- Always remember to add C1747 on a claim when aScope 5 Uretero is used
- TPT payments only apply to Medicare FFS patients; however, Medicaid, Medicare Advantage and commercial health plans may also recognize the C code and provide separate additional payment
- All facilities will continue to code and submit charges as they normally would, but will need to add C1747 to the claim
- TPT went into effect January 1, 2023, and will remain active for 2-3 years

C1747 — Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)

Have Questions? Please Email: US-REIMBURSEMENT@AMBU.COM