

# Ambu aScope™ 5 Uretero Transitional Pass-Through (TPT) Payment

Effective January 1, 2023 single-use ureteroscopes became eligible to receive Transitional Pass-Through (TPT) payment under the Hospital Outpatient Prospective Payment System (OPPS). TPT will remain in effect for 2 to 3 years.

TPT payments are 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.

## HCPCS Code Description

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

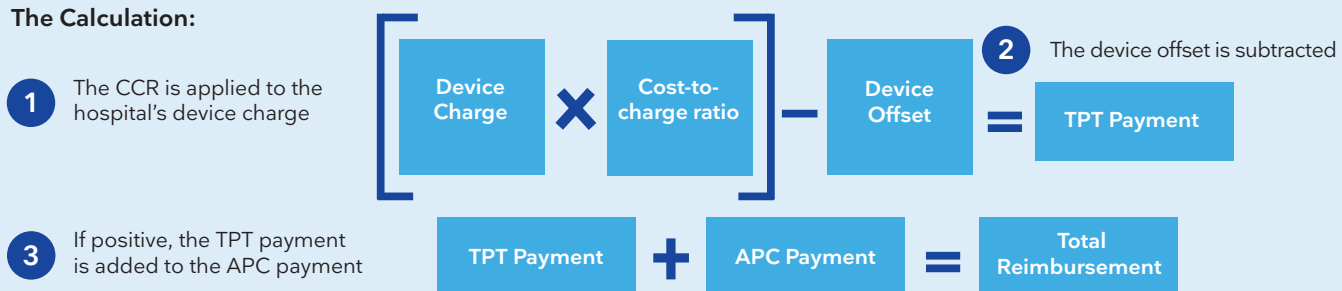
- C1747 was awarded to single use ureteroscopes
- C1747 must be included on the claim to receive TPT payment. This prompts additional reimbursement for Medicare FFS outpatient procedures performed with the aScope Uretero.
- All facilities will continue to code and submit charges as they normally would, but will need to add C1747 to the claim.

## How total reimbursement is calculated

### The Process:



### The Calculation:

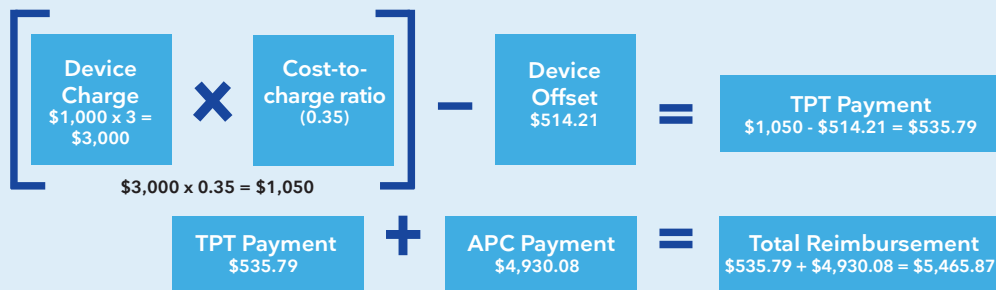


A theoretical TPT payment calculation and the 2024 CMS CPT code device offset amounts can be found on the following page.

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

FOR DEMONSTRATION PURPOSES ONLY. NOT A SUGGESTED CHARGE AMOUNT.

The Calculation:



- 1) Calculate device charge by multiplying device cost (\$1,000) by hospital's normal markup rate (3x);  $1,000 \times 3 = 3,000$
- 2) Medicare multiplies device charge by revenue center's cost-to-charge ratio (0.35);  $3,000 \times 0.35 = 1,050$
- 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 cost, markup, and charges listed here are an example, not a recommendation
- Each hospital has their own cost-to-charge ratio
- Device offsets for each CPT code are set by CMS, the full list of offsets can be found below
- The reported Medicare national average payments (APC payment) may vary

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

CPT	CPT Long Description	Device Offset Amounts	
		ASC	HOPD
50080	Perq NL/PL Lithotrp Smpl <2 cm	\$505.47	\$1,018.18
50081	Perq NL/PL Lithotrp Cplx >2 cm	\$550.02	\$1,091.03
50575	Kidney Endoscopy	\$119.61	\$682.32
50951	Ureter Endoscopy	\$68.62	\$178.70
50953	Ureter Endoscopy	\$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

CPT	CPT Long Description	Device Offset Amounts	
		ASC	HOPD
52344	Cysto/Uretero Stricture TX	\$130.58	\$500.23
52345	Cysto/Uretero with Up Stricture	\$230.75	\$516.51
52346	Cysto/Uretero with Renal Strict	\$91.68	\$455.54
52351	Cysto/Uretero & OR Pyeloscope	\$90.74	\$196.97
52352	Cysto/Uretero with Lithotripsy	\$92.85	\$310.24
52353	Cysto/Uretero with Biopsy	\$139.38	\$315.53
52354	Cysto/Uretero with Lithotripsy	\$140.12	\$436.31
52355	Cysto, Litho, Vacuum Kidney	\$159.64	\$360.88
52356	Cysto/Uretero with Renal Strict	\$255.28	\$514.21
C9761	Cysto/Uretero & OR Pyeloscope	\$1,271.87	\$1,399.12

aScope 5 Uretero TPT Coding and Reimbursement guide coming soon. Have questions? Please email: [US-HealthEcon@ambu.com](mailto:US-HealthEcon@ambu.com)



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