

# aScope™ 5 Uretero:

## 2024 Coding and Reimbursement Guide



Effective January 1, 2024

**Ambu**



**About the aScope 5 Uretero**

The Ambu® aScope 5 Uretero endoscopes are single-use, sterile, flexible video ureteroscopes that offer an intuitive lightweight design with similar functionality to reusable ureteroscopes. aScope 5 Uretero is designed for use in urologic endoscopy of the upper urinary tract. The aScope 5 Uretero is compatible with the aBox™ 2.

**Transitional Pass-Through Payment (TPT)** was awarded to single-use ureteroscopes effective 01/01/2023. 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 technology and will remain in effect for 2 to 3 years. Single-use ureteroscopes should be reported with HCPCS Code C1747. This code must be included on the claim to receive TPT payments. C1747 should be reported using revenue code 0272 or 0278 per NUBC guidance. For further information about TPT, visit our aScope 5 Uretero TPT page at [ambuusa.com/ascope5-uretero-tpt-payments](https://ambuusa.com/ascope5-uretero-tpt-payments).

**HOSPITAL OUTPATIENT, AMBULATORY SURGICAL CENTER, AND PHYSICIAN OFFICE CODING AND PAYMENT**

The table below provides an overview of potential procedural codes and the associated Medicare national payment rates when aScope 5 Uretero is used in hospital outpatient departments (HOPDs; place of service 22), ambulatory surgical centers (ASCs; place of service 24), and physician offices (place of service 11).

**CPT® Codes and 2024 Medicare National Payment Rates for Ureteroscopy Procedures**

CPT Code	Descriptor	Physician Service Payment		Facility Payment		
		Non- Facility	Facility	APC	HOPD Payment	ASC
50080	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)	NA	\$680.75	5376	\$8,777.41	\$4,545.63

## CPT Codes and 2024 Medicare National Payment Rates for Ureteroscopy Procedures

CPT Code	Descriptor	Physician Service Payment		Facility Payment		
		Non- Facility	Facility	APC	HOPD Payment	ASC
50081	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)	NA	\$1,094.97	5376	\$8,777.41	\$4,545.63
50575	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)	NA	\$686.65	5375	\$4,930.08	\$2,471.23
50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	\$371.32	\$296.33	5374	\$3,321.58	\$1,626.15
50953	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	\$392.28	\$315.00	5374	\$3,321.58	\$1,626.15
50955	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	\$418.47	\$339.89	5375	\$4,930.08	\$2,471.23
50957	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	\$422.40	\$341.52	5375	\$4,930.08	\$2,471.23
50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	\$381.47	\$306.16	5375	\$4,930.08	\$2,471.23
50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	NA	\$357.24	5374	\$3,321.58	\$1,626.15
50972	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	NA	\$344.80	5374	\$3,321.58	\$1,626.15
50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	NA	\$455.80	5375	\$4,930.08	\$2,471.23
50976	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	NA	\$449.58	5375	\$4,930.08	\$2,471.23
50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	NA	\$343.16	5375	\$4,930.08	\$2,471.23
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (e.g., balloon dilation, laser, electrocautery, and incision)	NA	\$356.58	5374	\$3,321.58	\$1,626.15
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (e.g., balloon dilation, laser, electrocautery, and incision)	NA	\$380.49	5374	\$3,321.58	\$1,626.15
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (e.g., balloon dilation, laser, electrocautery, and incision)	NA	\$430.26	5375	\$4,930.08	\$4,543.65
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	NA	\$292.41	5374	\$3,321.58	\$1,626.15

## CPT Codes and 2024 Medicare National Payment Rates for Ureteroscopy Procedures

CPT Code	Descriptor	Physician Service Payment		Facility Payment		
		Non- Facility	Facility	APC	HOPD Payment	ASC
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	NA	\$341.52	5374	\$3,321.58	\$1,626.15
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	NA	\$377.87	5375	\$4,930.08	\$2,471.23
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	NA	\$402.10	5375	\$4,930.08	\$2,471.23
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	NA	\$450.56	5375	\$4,930.08	\$2,471.23
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)	NA	\$400.79	5375	\$4,930.08	\$2,471.23
C9761	"Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable.	\$418.47	\$339.89	5376	\$8,777.41	\$4,545.63

### aScope 5 Uretero Device Offset Amounts

A device offset is the part of the APC amount that is associated with the cost of the pass-through device. Each CPT code will have a specific device offset amount which will be used to calculate the TPT payment.

CPT Code	Descriptor	Offset Amounts	
		ASC	HOPD
50080	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)	\$505.47	\$1,018.18
50081	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)	\$550.02	\$1,091.03
50575	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)	\$119.61	\$682.32
50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	\$68.62	\$178.70
50953	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	\$131.23	\$328.84
50955	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	\$117.14	\$355.95
50957	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	\$83.03	\$441.24
50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	\$86.00	\$330.81
50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	\$0.00	\$0.00
50972	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	\$16.26	\$33.22

## aScope 5 Uretero Device Offset Amounts

CPT Code	Descriptor	Offset Amounts	
		ASC	HOPD
50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	\$0.00	\$828.75
50976	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	\$429.99	\$688.24
50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	\$0.00	\$717.82
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (e.g., balloon dilation, laser, electrocautery, and incision)	\$130.58	\$500.23
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (e.g., balloon dilation, laser, electrocautery, and incision)	\$230.75	\$516.51
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (e.g., balloon dilation, laser, electrocautery, and incision)	\$91.68	\$455.54
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	\$90.74	\$196.97
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	\$92.85	\$310.24
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	\$139.38	\$315.53
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	\$140.12	\$436.31
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	\$159.64	\$360.88
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)	\$255.28	\$514.21
C9761	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and	\$1,271.87	\$1,399.12

## Inpatient Codes

ICD-10 PCS	Descriptor
0T768DZ	Dilation of Right Ureter with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0T778DZ	Dilation of Left Ureter with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0T788DZ	Dilation of Bilateral Ureters with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0TC37ZZ	Extirpation of Matter from Right Kidney Pelvis, Via Natural or Artificial Opening
0TC38ZZ	Extirpation of Matter from Right Kidney Pelvis, Via Natural or Artificial Opening Endoscopic
0TC47ZZ	Extirpation of Matter from Left Kidney Pelvis, Via Natural or Artificial Opening
0TC48ZZ	Extirpation of Matter from Left Kidney Pelvis, Via Natural or Artificial Opening Endoscopic
0TC67ZZ	Extirpation of Matter from Right Ureter, Via Natural or Artificial Opening
0TC68ZZ	Extirpation of Matter from Right Ureter, Via Natural or Artificial Opening Endoscopic
0TC77ZZ	Extirpation of Matter from Left Ureter, Via Natural or Artificial Opening
0TC78ZZ	Extirpation of Matter from Left Ureter, Via Natural or Artificial Opening Endoscopic
0TF38ZZ	Fragmentation in Right Kidney Pelvis, Via Natural or Artificial Opening Endoscopic

## Inpatient Codes

ICD-10 PCS	Descriptor
0TF48ZZ	Fragmentation in Left Kidney Pelvis, Via Natural or Artificial Opening Endoscopic
0TF68ZZ	Fragmentation in Right Ureter, Via Natural or Artificial Opening Endoscopic
0TF78ZZ	Fragmentation in Left Ureter, Via Natural or Artificial Opening Endoscopic
0TB68ZX	Excision of Right Ureter, Via Natural or Artificial Opening Endoscopic, Diagnostic (non OR doesn't effect DRG)
0TB68ZZ	Excision of Right Ureter, Via Natural or Artificial Opening Endoscopic
0TB78ZX	Excision of Left Ureter, Via Natural or Artificial Opening Endoscopic, Diagnostic (non OR doesn't effect DRG)
0TB78ZZ	Excision of Left Ureter, Via Natural or Artificial Opening Endoscopic
0T564ZZ	Destruction of Right Ureter, Percutaneous Endoscopic Approach
0T568ZZ	Destruction of Right Ureter, Via Natural or Artificial Opening Endoscopic
0T574ZZ	Destruction of Left Ureter, Percutaneous Endoscopic Approach
0T578ZZ	Destruction of Left Ureter, Via Natural or Artificial Opening Endoscopic
0TJ98ZZ	Inspection of Ureter, Via Natural or Artificial Opening Endoscopic (non OR, doesn't affect DRG)

## REFERENCES

1. Current Procedural Terminology (CPT®) is a registered trademark of the American Medical Association (AMA). Copyright 2021 AMA. All rights reserved. No fee schedules, basic units, relative value units, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.
2. 2024 CMS PFS Final Rule, Addendum B, (January 2024).
3. 2024 CMS OPPS/ASC Final Rule, ASC Addenda AA, OPPS addenda B and F (January 2024).
4. CMS PFS Relative Value Files. Available at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-File>.
5. Items that are insertable may be billed with revenue code 0278 per the National Uniform Billing Committee (NUBC)'s Updated Guidance on Other Implant Revenue Code (0278) effective July 1, 2020 available at: <https://www.nubc.org/system/files/media/file/2020/04/Guidance%20on%20Other%20Implant%20RC0278.pdf>.
6. Offset data via [r12419cp.pdf \(cms.gov\)](#).

## INDICATIONS FOR USE

The aScope 5 Uretero is a sterile, single-use, flexible endoscope intended urologic endoscopy of the upper urinary tract. The endoscope is intended to provide visualization via a monitor. The endoscope is intended for use in a hospital environment. It is designed for use in adults.

## DISCLAIMER

The reimbursement information provided in this guide was obtained from third-party sources and information that is publicly available on the internet. The reported Medicare national average payments are subject to change and may vary based on geographic location and other individual factors. Information in this guide is not legal advice, or advice about how to code or complete claims for payment. It is the provider's responsibility to report the appropriate codes based on the procedures furnished to a specific patient and the patient's documented medical condition. Providers are responsible for submitting claims for services consistent with the specific payer billing requirements.

Payer billing, coding, and coverage requirements vary from payer to payer and are updated and change over time. Ambu encourages providers to verify current billing, coding and coverage policies and requirements with the specific payer if the provider has questions.

Ambu does not promote the use of its products outside of the FDA cleared indications for use and labeling.



Ambu, Inc.  
6721 Columbia Gateway Drive  
Suite 200  
Columbia, MD 21046  
Tel. 800 262 8462  
Fax 800 262 8673  
[ambuUSA.com](http://ambuUSA.com)

For more information, please contact (800) 262-8462, select option 7 or email [us-reimbursement@ambu.com](mailto:us-reimbursement@ambu.com)

For a customized cost analysis of reusable vs. single-use endoscopes, visit [singleuseendoscopy.com/calculators](http://singleuseendoscopy.com/calculators) or contact [us-healthecon@ambu.com](mailto:us-healthecon@ambu.com)

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