

## Medicare Incremental Device Reimbursement Applicable to Single-Use Digital Flexible Ureteroscopes

An additional Transitional Pass-Through Payment (TPT) category has been approved by the Centers for Medicare and Medicaid Services (CMS). This TPT describes single-use ureteroscopes. Code: C1747.

Effective January 1, 2023, this TPT code can be used to bill for Pusen and other single-use Digital Flexible Ureteroscopes when used in the treatment of Medicare patients in the hospital outpatient setting. This payment is in addition to the ureteroscopy procedure payment and is intended to cover the cost of the device.

Ref. document: CMS Manual System. Pub 100-04 Medicare Claims Processing  
Date: December 21, 2022  
Change Request 13041

The January 2023 update of the Social Security Act (section 1833 (t)(6)(B)(ii)(IV)) included three newly approved devices for pass-through status, specifically codes C1747, C1826 and C1827.

Section 1833 (t)(6)(D)(ii) of the Act requires that we deduct pass-through payment for devices an amount that reflects the device portion of the ambulatory payment classification (APC). This deduction is known as the device offset, or the portion of the APC amount associated with the cost of the device.

Excerpt from Table 1 – New Device Pass-Through Categories Effective January 2023  
HCPCS Code: C1747

Long Descriptor: Endoscope, single-use (ie. Disposable), urinary tract, imaging/illumination device (insertable)  
Short Descriptor: Endo, single, urinary tract

## Procedure Payments

CPT Code	Ambulatory Payment Classification	2023 Medicare National Average Outpatient Payment
50951, 50953, 50970, 50972, 52344, 52345, 52351, 52352	5374 – Level 4 Urology and Related Services	\$3,205
50575, 50955, 50957, 50961, 50974, 50976, 50980, 52346, 52353, 52356	5375 – Level 5 Urology and Related Services	\$4,702
C9761	5376 – Level 6 Urology and Related Service	\$8,557

## Device Payment for Single-Use Ureteroscopes

1. Medicare does not set a specific payment amount for pass-through codes. Payment is based on hospital reported charges.
2. Device payment for single-use ureteroscopes is determined by the hospital's charge for the pass-through device and is adjusted to cost based on an individual hospital's revenue center cost-to-charge ratio.