A photograph of two surgeons in an operating room. They are wearing blue surgical scrubs, blue bouffant caps, and white surgical masks. The surgeon in the foreground is also wearing clear safety glasses. The background is dark and out of focus, showing surgical lights.

# Quick reference for Ambulatory Surgery Centers (ASCs) and pass-through reimbursement

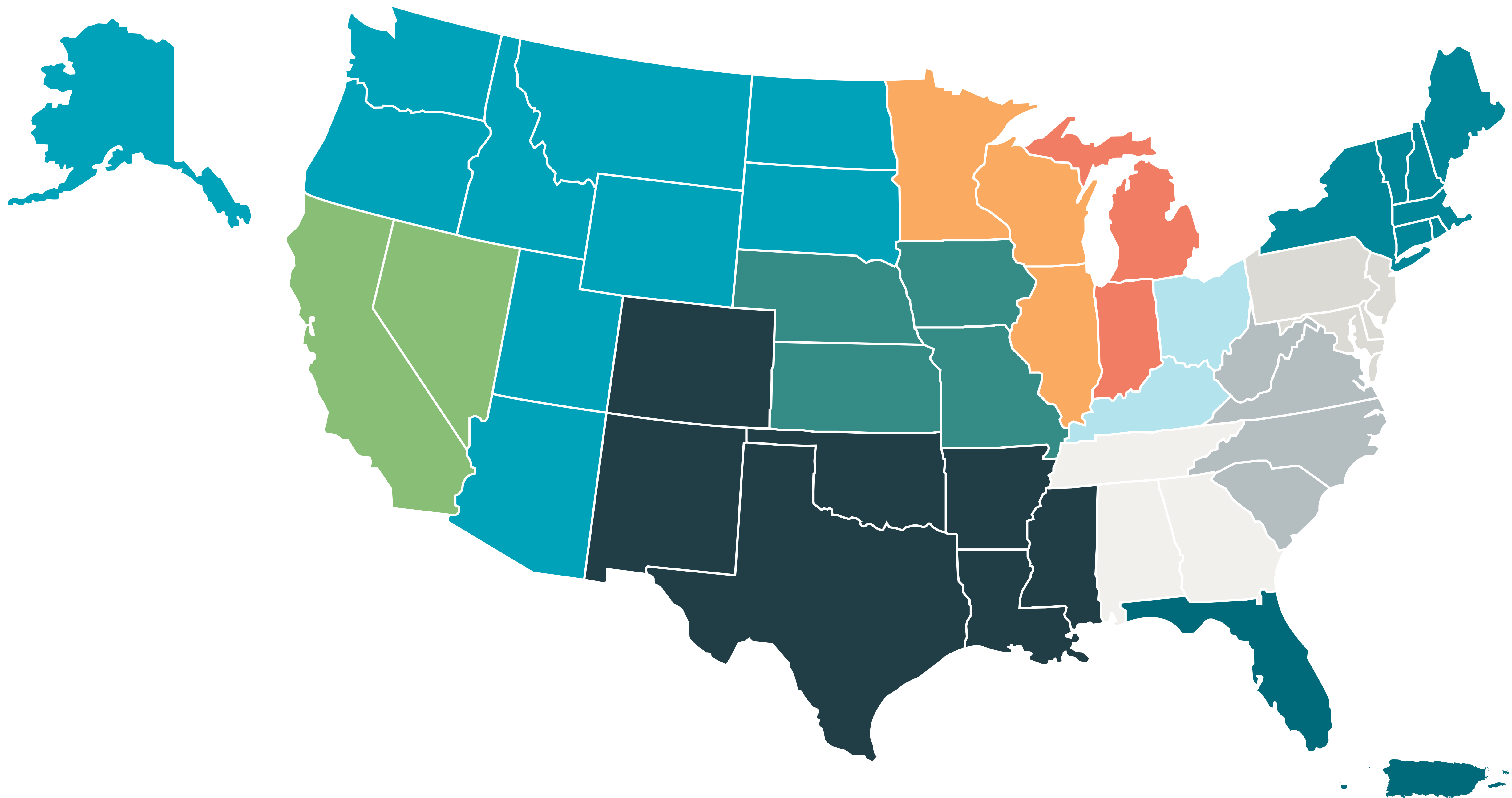


## Medicare Administrative Contractors (MAC)

**This is an interactive PDF. Click the MAC for your location, then it will jump to your specific MAC's page.**

That page will give you links for the main MAC website, along with a link to ASC fee schedules for your MAC.

From there you can find your County/Core Based Statistical Area (CBSA)-specific reimbursement which will help you determine your reimbursement for the procedure + the pass-through payment. Your MAC-specific page will also provide guidance on how to correctly bill your claims using a pass-through code.



## 2025 Device offset amounts (when billed with C1747)

Device HCPCS	Procedure CPT	Short Descriptor	APC	CY 2025 Device Offset Percentage	2025 ASC National Reimbursement	Device Offset Amount by HCPCS*
C1747	50080	Perq nl/pl lithotrp smpl<2cm	5376	11.47	\$8,904	\$548.23
C1747	50081	Perq nl/pl lithotrp cplx>2cm	5376	12.55	\$8,904	\$599.85
C1747	50575	Kidney endoscopy	5375	0	\$4,697	0
C1747	50951	Endoscopy of ureter	5374	2.52	\$3,084	\$41.71
C1747	50953	Endoscopy of ureter	5374	9.64	\$3,084	\$159.57
C1747	50955	Ureter endoscopy & biopsy	5375	2.18	\$4,697	\$54.97
C1747	50957	Ureter endoscopy & treatment	5375	0	\$4,697	0
C1747	50961	Ureter endoscopy & treatment	5375	4.34	\$4,697	\$109.44
C1747	50970	Ureter endoscopy	5374	0	\$3,084	0
C1747	50972	Ureter endoscopy & catheter	5374	0	\$3,084	0
C1747	50974	Ureter endoscopy & biopsy	5375	0	\$4,697	0
C1747	50976	Ureter endoscopy & treatment	5375	0	\$4,697	0
C1747	50980	Ureter endoscopy & treatment	5375	4.13	\$4,697	\$104.14
C1747	52344	Cysto/uretero stricture tx	5374	11.63	\$3,084	\$192.51
C1747	52345	Cysto/uretero w/up stricture	5374	31.64	\$3,084	\$975.62
C1747	52346	Cystouretero w/renal strict	5375	9.11	\$4,697	\$229.72
C1747	52351	Cystouretero & or pyeloscope	5374	6.09	\$3,084	\$100.81
C1747	52352	Cystouretero w/stone remove	5374	6.57	\$3,084	\$108.75
C1747	52353	Cystouretero w/lithotripsy	5375	5.99	\$4,697	\$151.04
C1747	52354	Cystouretero w/biopsy	5375	7.67	\$4,697	\$193.41
C1747	52355	Cystouretero w/excise tumor	5375	6.47	\$4,697	\$163.15
C1747	52356	Cysto/uretero w/lithotripsy	5375	11.05	\$4,697	\$278.64
C1747	C9761	Cysto, litho, vacuum kidney	5376	29.66	\$8,904	\$1,417.66

\*Data as of 01/2025  
<https://www.cms.gov/license/ama?file=/files/zip/january-2025-asc-code-pairs.zip>

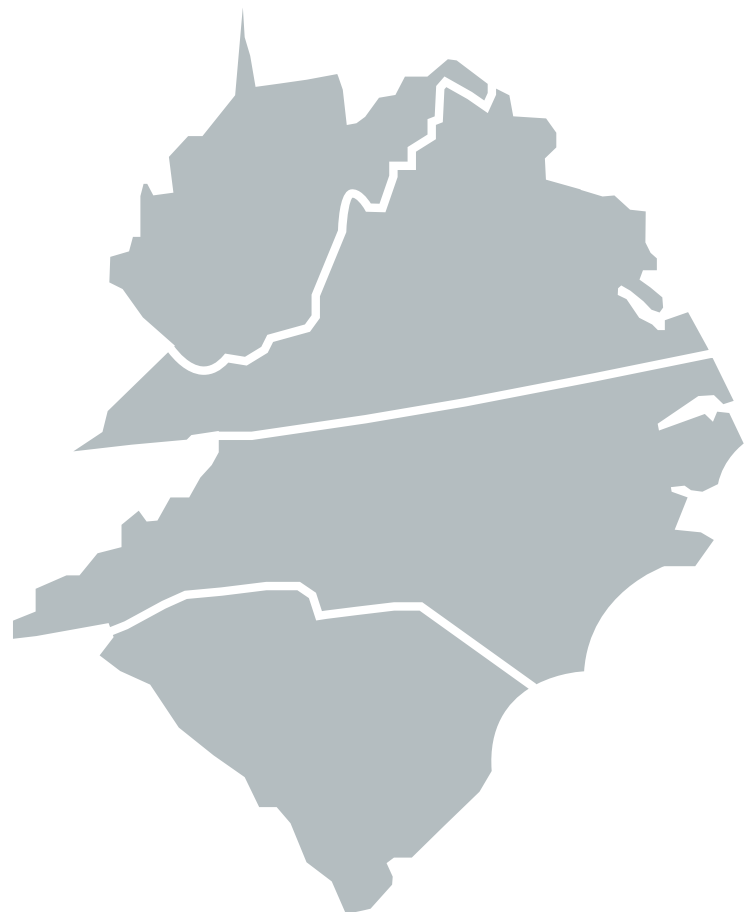
# MAC: Palmetto GBA

Jurisdiction: JM

States covered: WV, VA, NC, SC

When required to ensure your claim is priced correctly, invoice information needs to be reported in item 19 of the CMS-1500 claim form or in loop 2400, segment NTE02 of the electronic claim using the following format:

**Invoice:** Include the name of the device, number of units, and the total cost.



Main Website

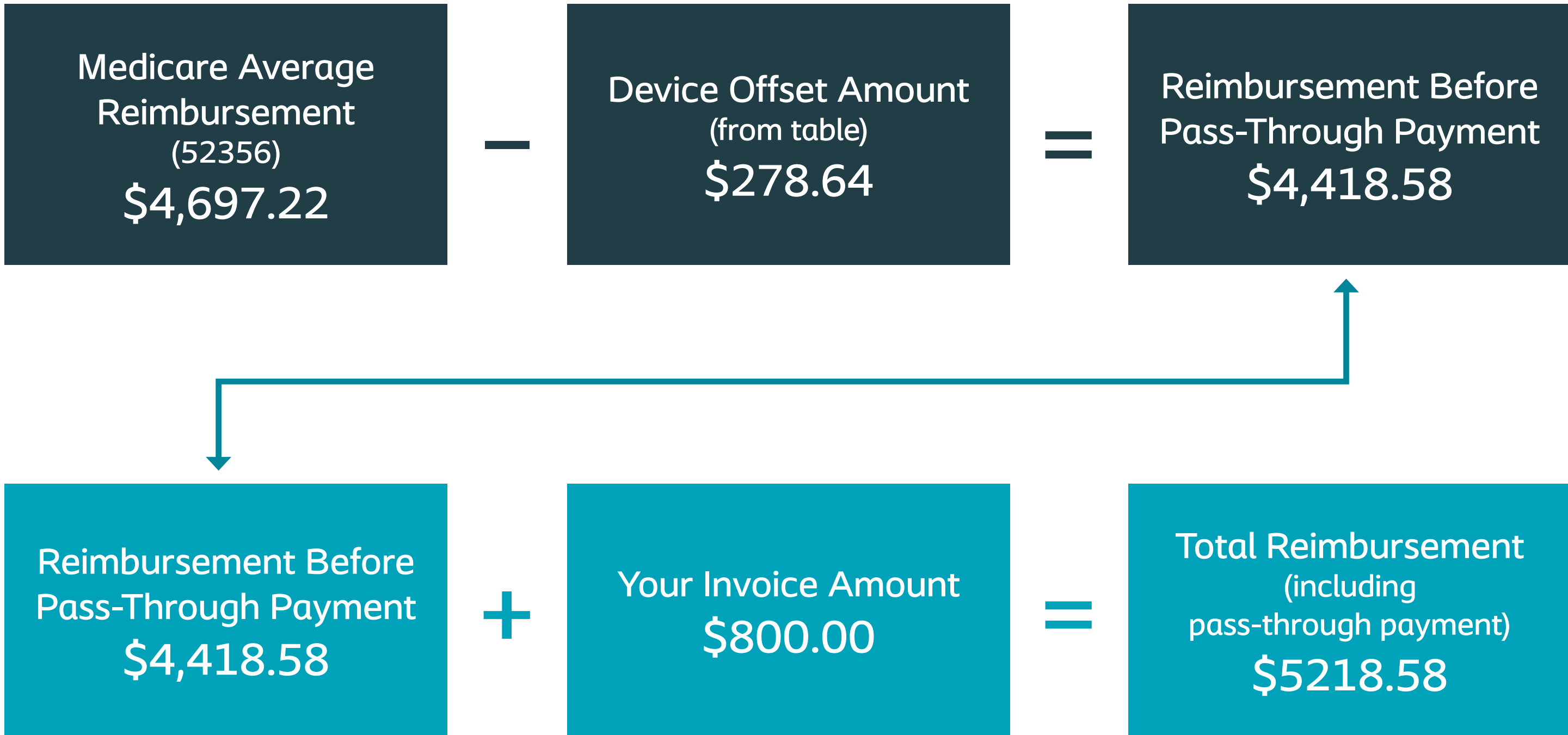
ASC Fee Schedule

## How to determine my reimbursement with a pass-through code

When you are billing for a pass-through code, you must first subtract the offset amount because you will be paid for the device through the pass-through payment amount.

A device offset is the percentage amount that you will subtract from your CPT reimbursement. The reason this is done is because they consider a certain amount of reimbursement for the procedure (CPT) code to include the product you are using.

Find your procedure code in the second column of the [Device Offset Amounts chart](#); your device offset amount will be shown in the far right column. This is the amount you will subtract from your reimbursement amount before adding the passthrough amount back in to determine your total reimbursement.



The above equation is meant for example purposes only and is not a guarantee of any kind. Contracted prices may differ.



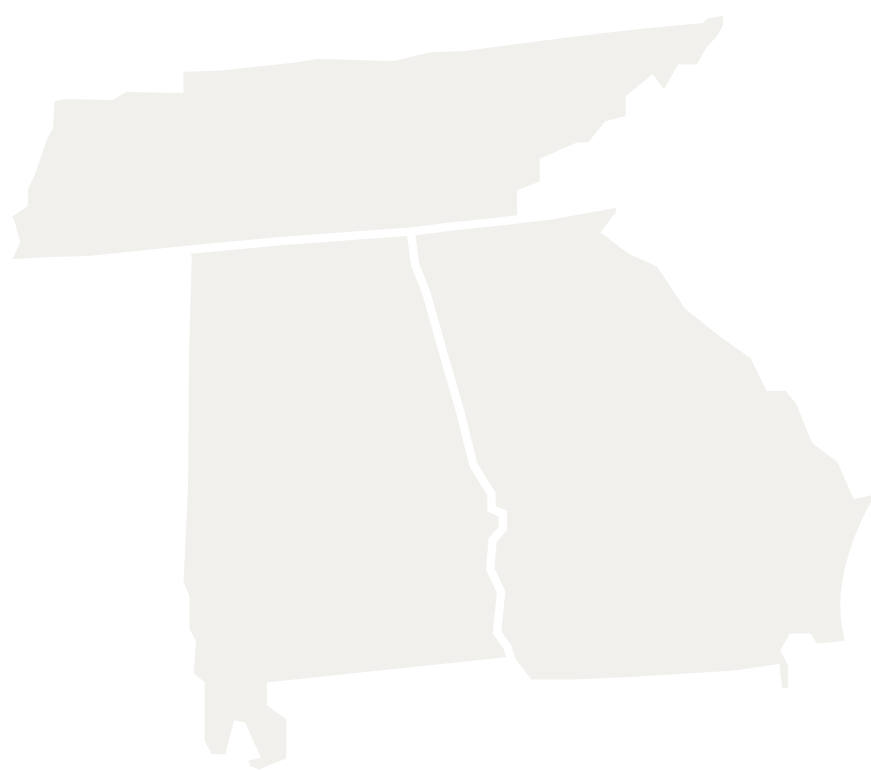
# MAC: Palmetto GBA

Jurisdiction: JJ

States covered: TN, GA, AL

When required to ensure your claim is priced correctly, invoice information needs to be reported in item 19 of the CMS-1500 claim form or in loop 2400, segment NTE02 of the electronic claim using the following format:

**Invoice:** Include the name of the device, number of units, and the total cost.



Main Website

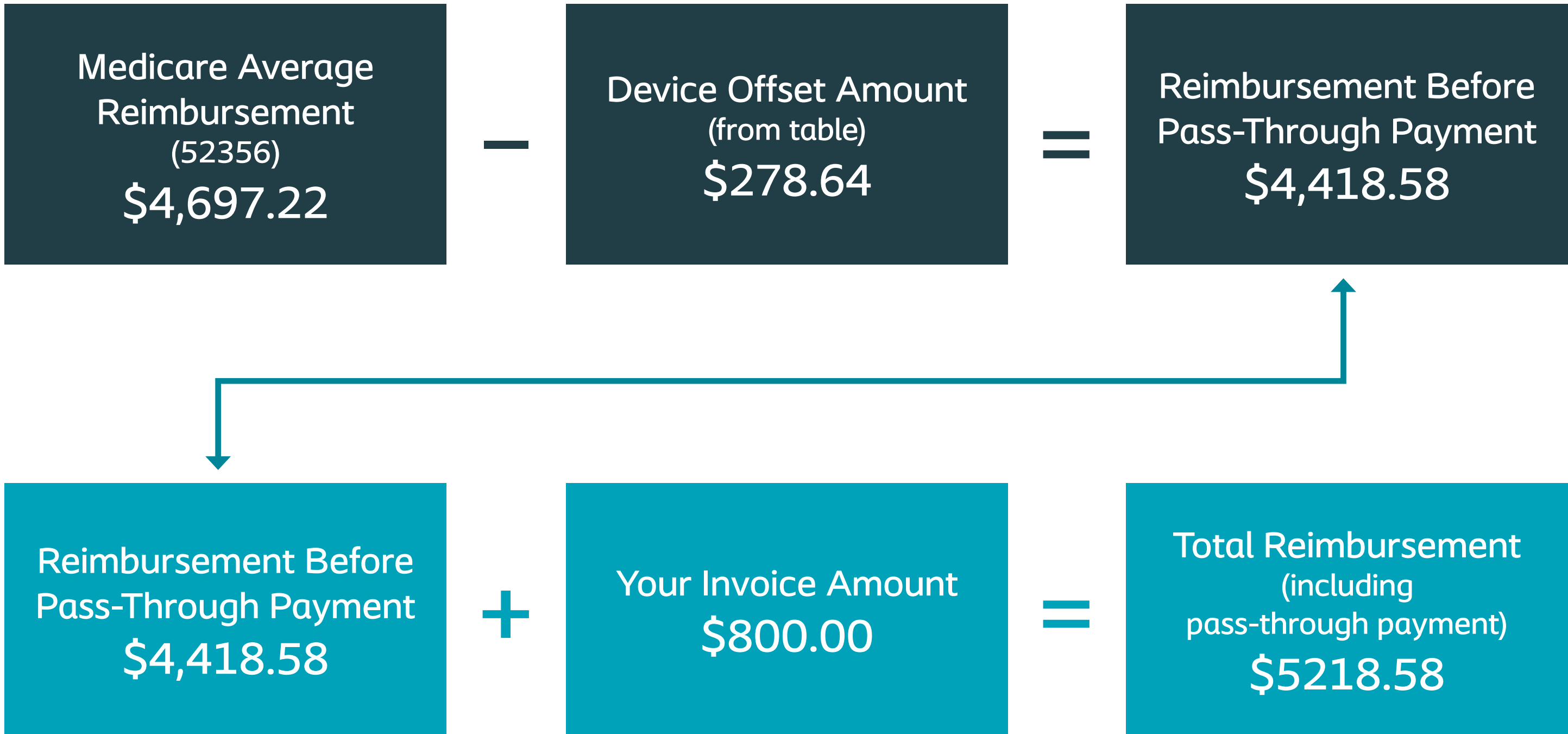
ASC Fee Schedule

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# MAC: National Government Services (NGS)

Jurisdiction: JK

States covered: ME, NH, VT, NY, MA, CT, RI

When required to ensure your claim is priced correctly, invoice information needs to be reported in item 19 of the CMS-1500 claim form or in loop 2400, segment NTE02 of the electronic claim using the following format:

**Invoice:** Include the name of the device, number of units, and the total cost.



Main Website

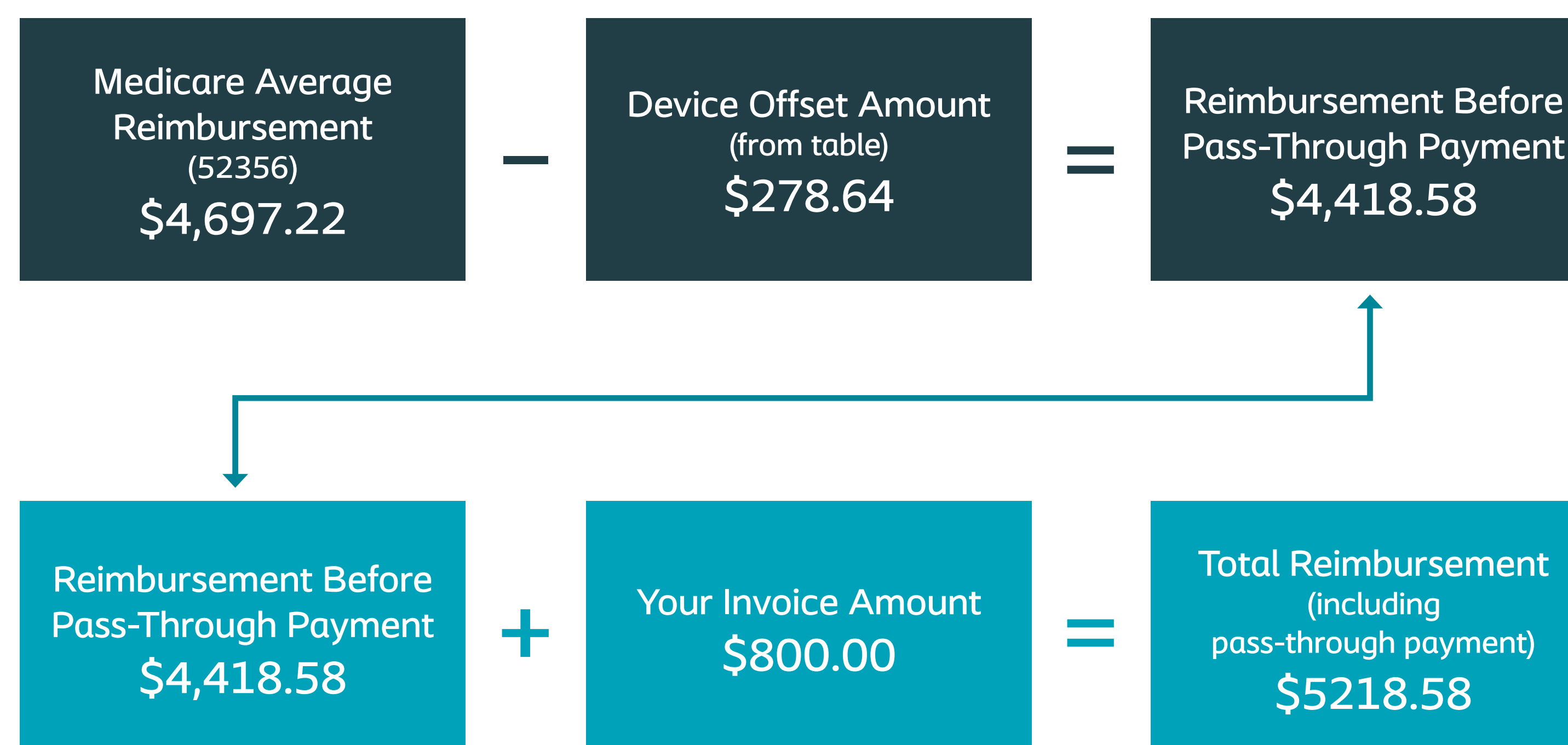
ASC Fee Schedule

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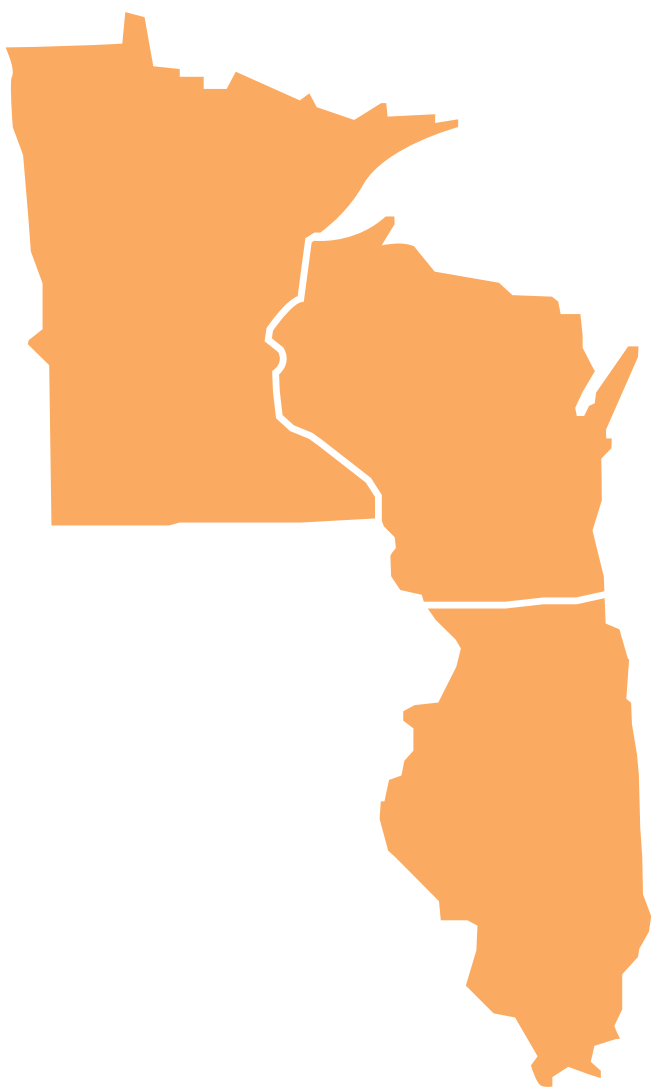
# MAC: National Government Services (NGS)

Jurisdiction: J6

States covered: WI, IL, MN

When required to ensure your claim is priced correctly, invoice information needs to be reported in item 19 of the CMS-1500 claim form or in loop 2400, segment NTE02 of the electronic claim using the following format:

**Invoice:** Include the name of the device, number of units, and the total cost.



Main Website

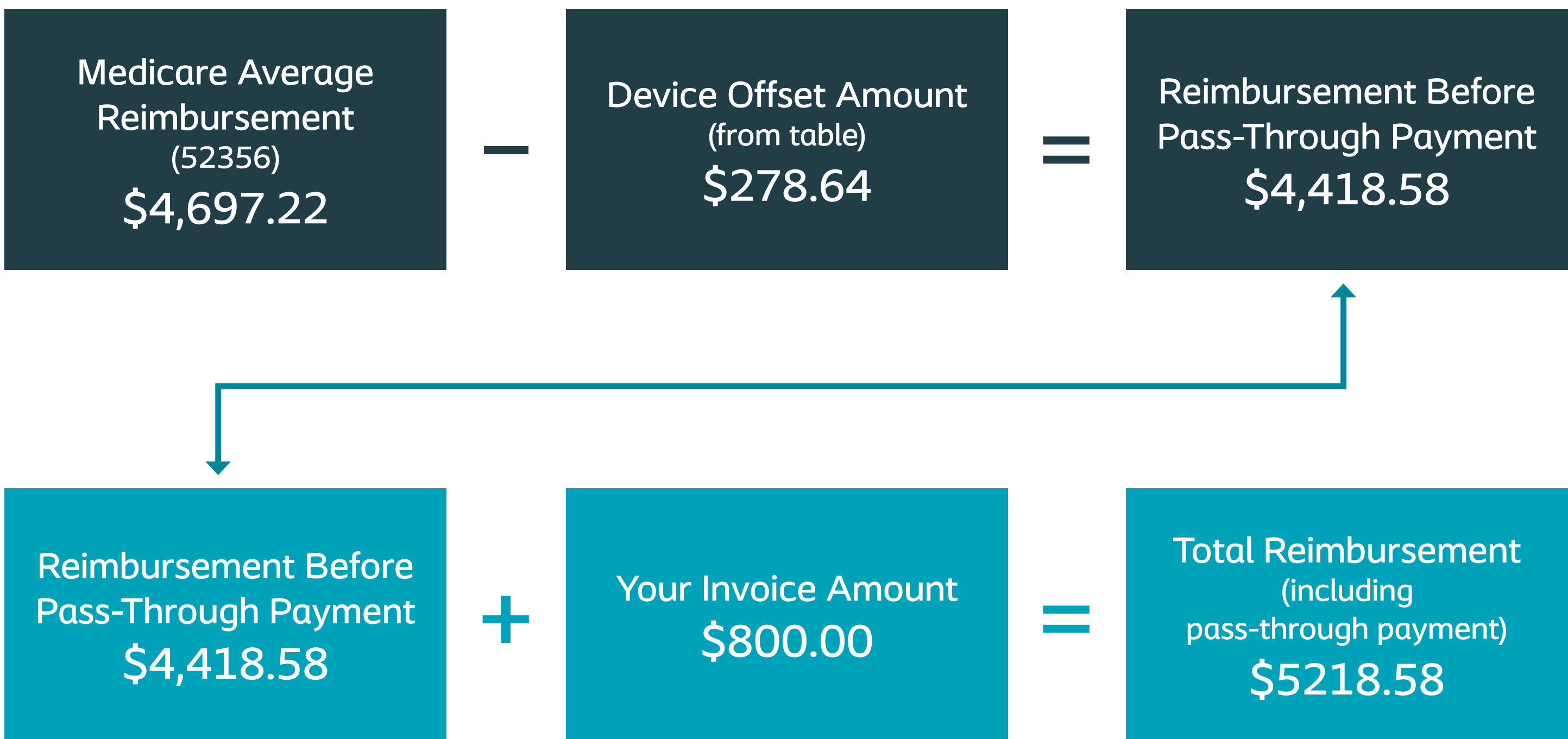
ASC Fee Schedule

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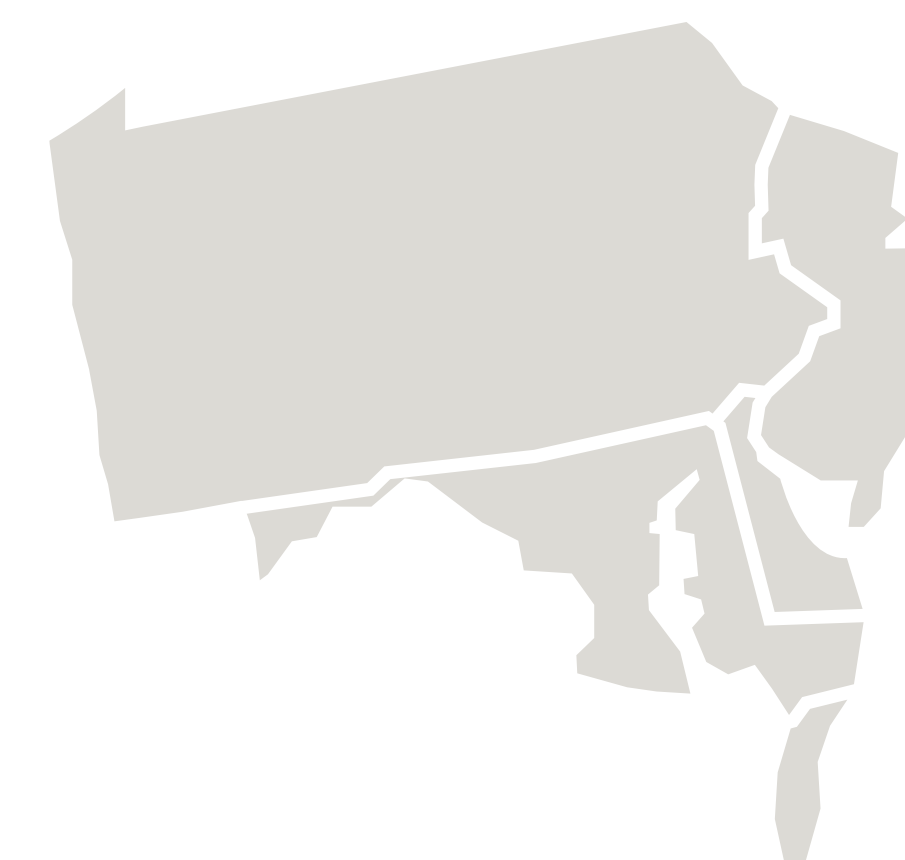
# MAC: Novitas Solutions

Jurisdiction: JL

States covered: PA, NJ, MD, DE

When required to ensure your claim is priced correctly, invoice information needs to be reported in item 19 of the CMS-1500 claim form or in loop 2400, segment NTE02 of the electronic claim using the following format:

**Invoice:** Include the name of the device, number of units, and the total cost.



Main Website

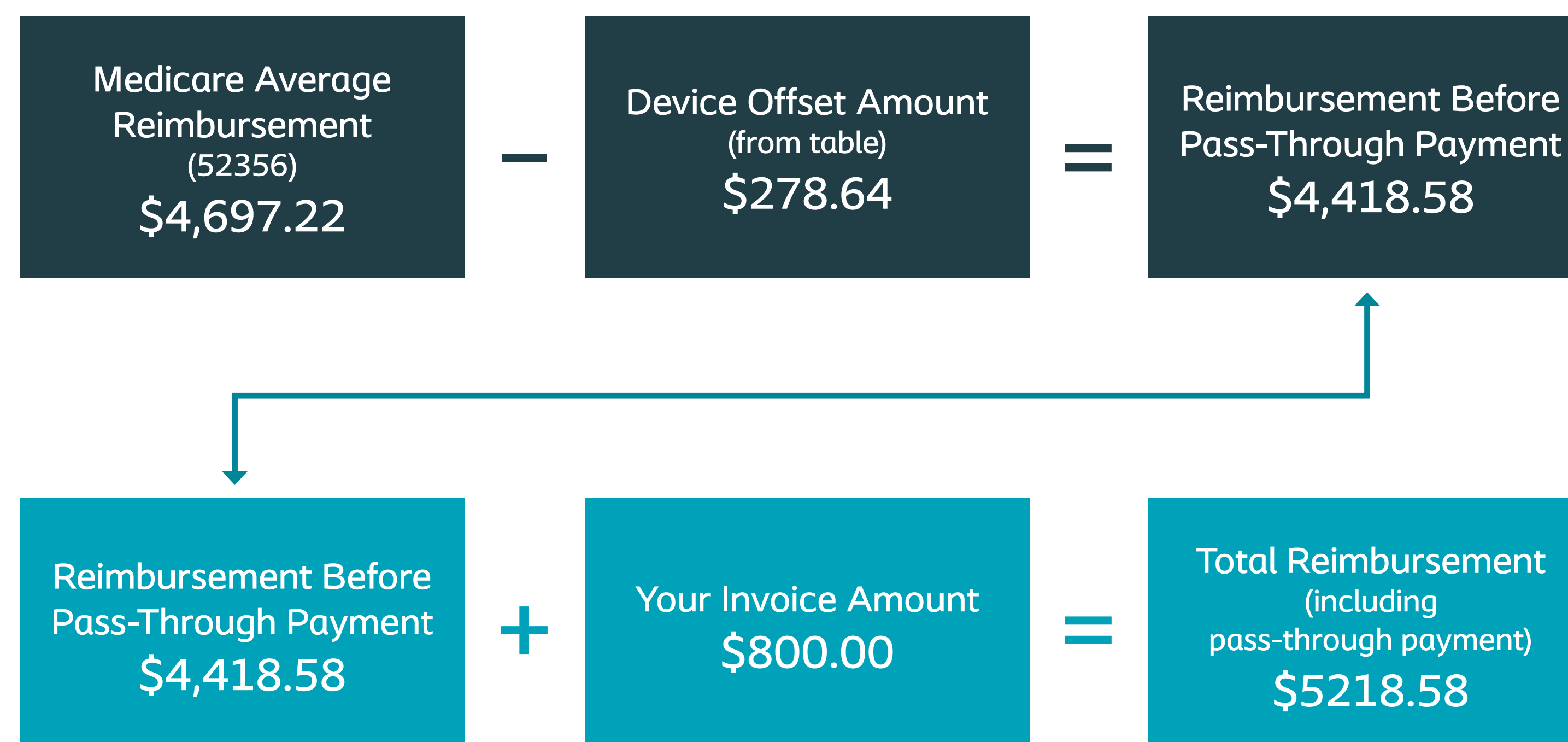
ASC Fee Schedule

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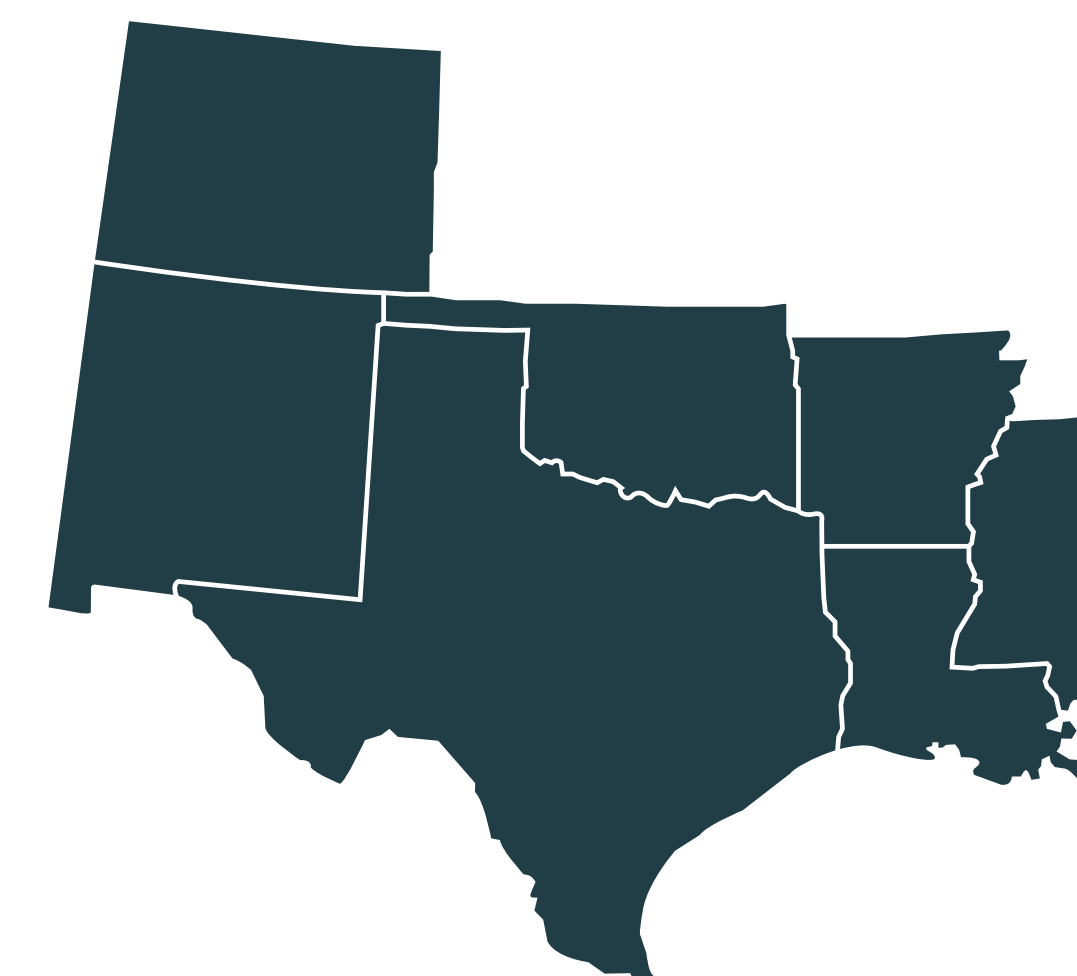
# MAC: Novitas Solutions

Jurisdiction: JH

States covered: MS, LA, AR, TX, OK, NM, CO

When required to ensure your claim is priced correctly, invoice information needs to be reported in item 19 of the CMS-1500 claim form or in loop 2400, segment NTE02 of the electronic claim using the following format:

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Main Website

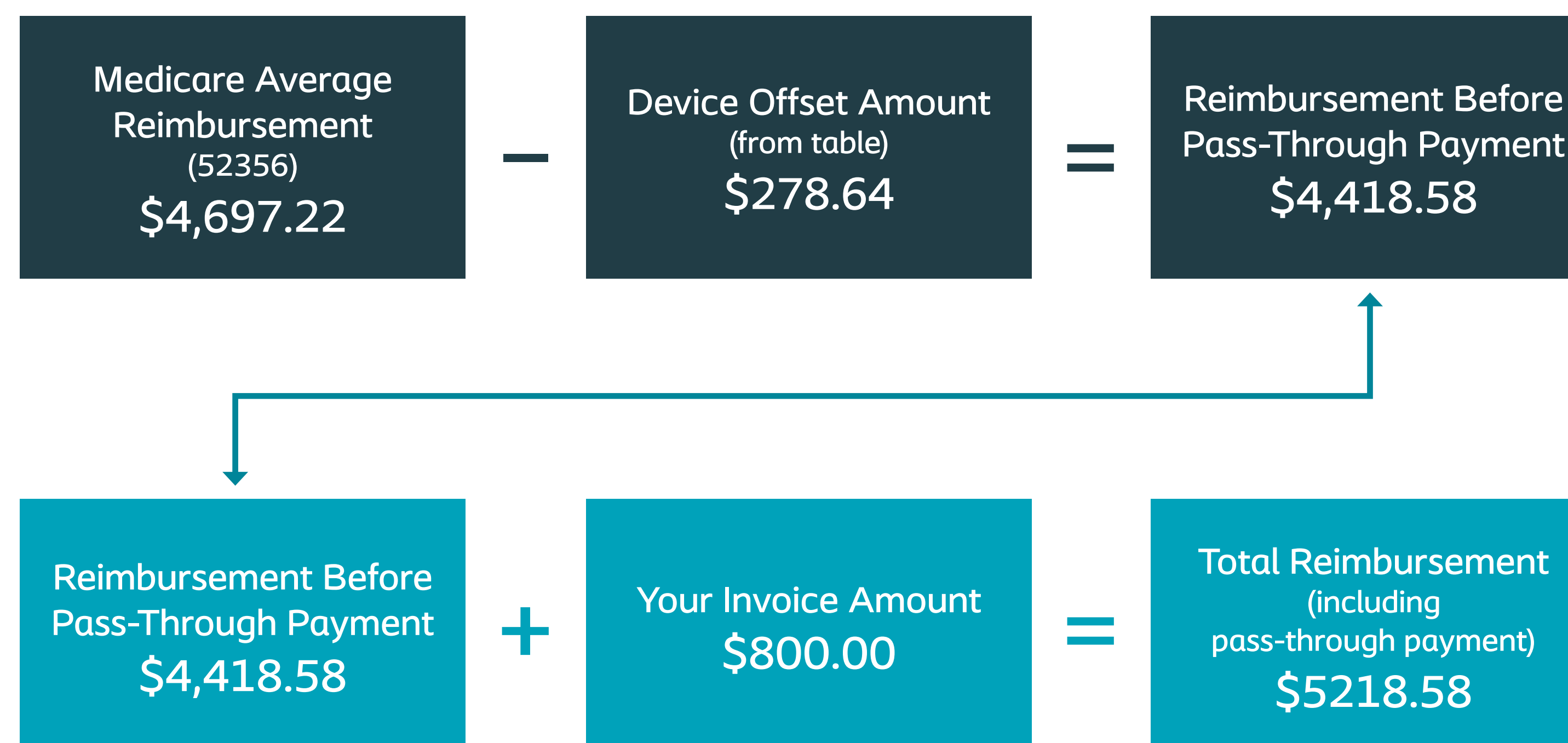
ASC Fee Schedule

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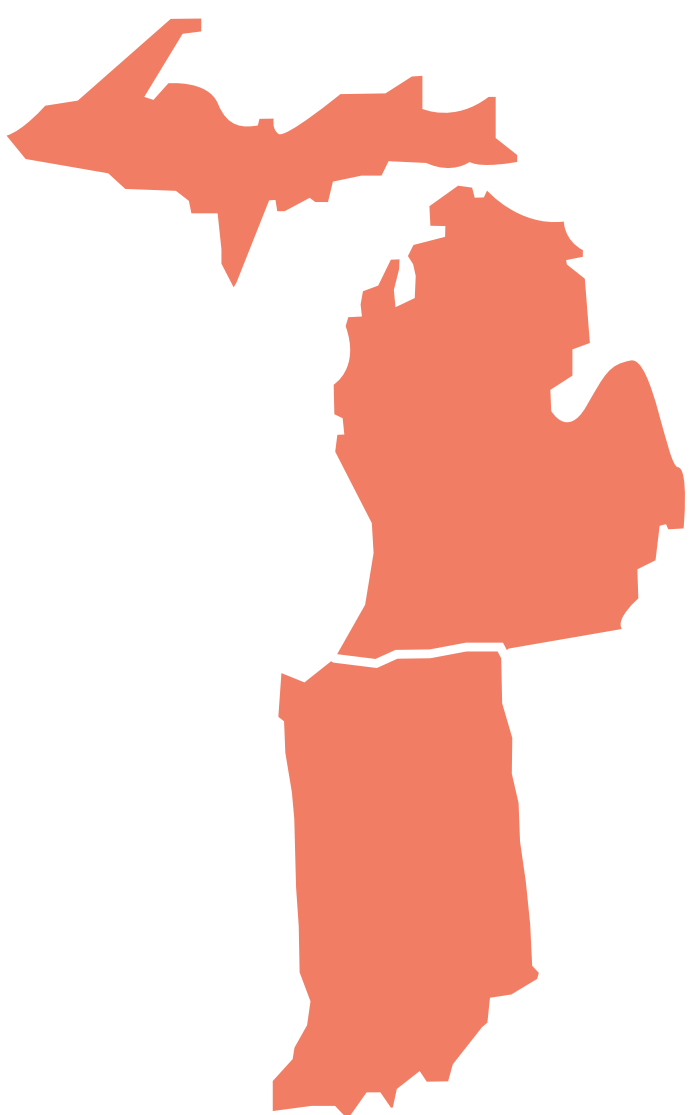
# MAC: WPS Government Health Administrators

Jurisdiction: J8

States covered: MI, IN

When required to ensure your claim is priced correctly, invoice information needs to be reported in item 19 of the CMS-1500 claim form or in loop 2400, segment NTE02 of the electronic claim using the following format:

**Invoice:** Include the name of the device, number of units, and the total cost.



Main Website

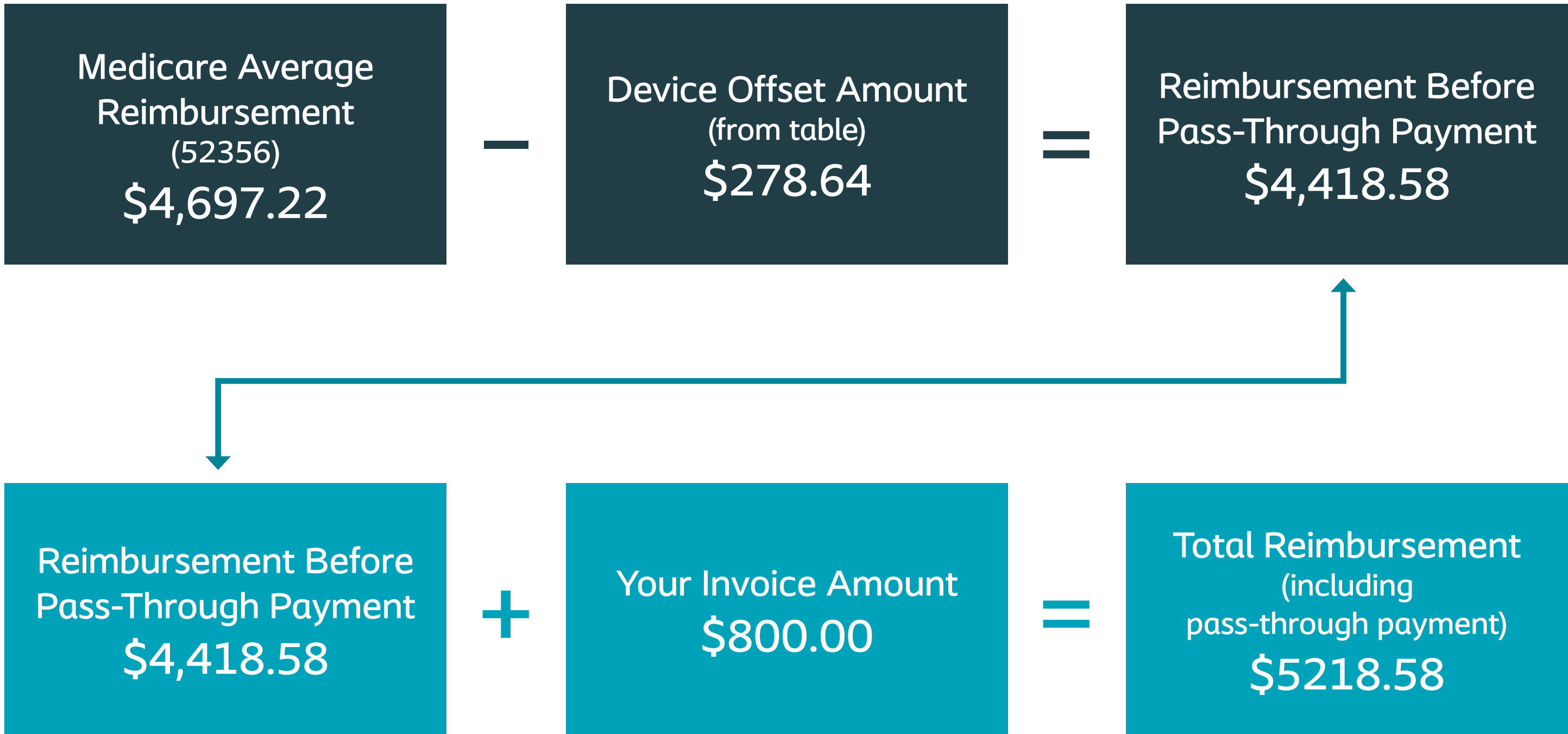
ASC Fee Schedule

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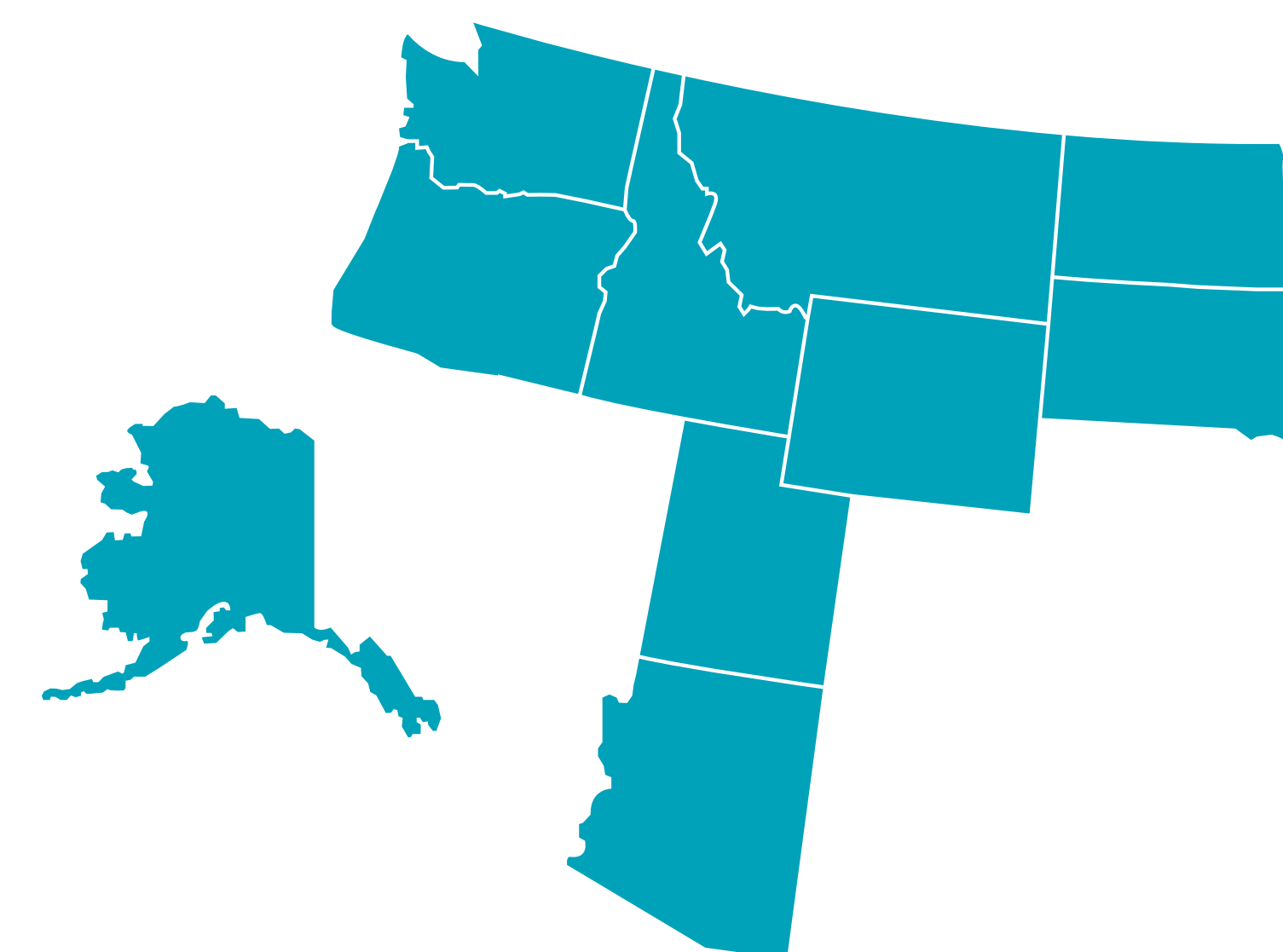
# MAC: Noridian Healthcare Solutions

## Jurisdiction: JF

States covered: ND, SD, WY, UT, AK, AZ, ID, MT, WA, OR

When required to ensure your claim is priced correctly, invoice information needs to be reported in item 19 of the CMS-1500 claim form or in loop 2400, segment NTE02 of the electronic claim using the following format:

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Main Website

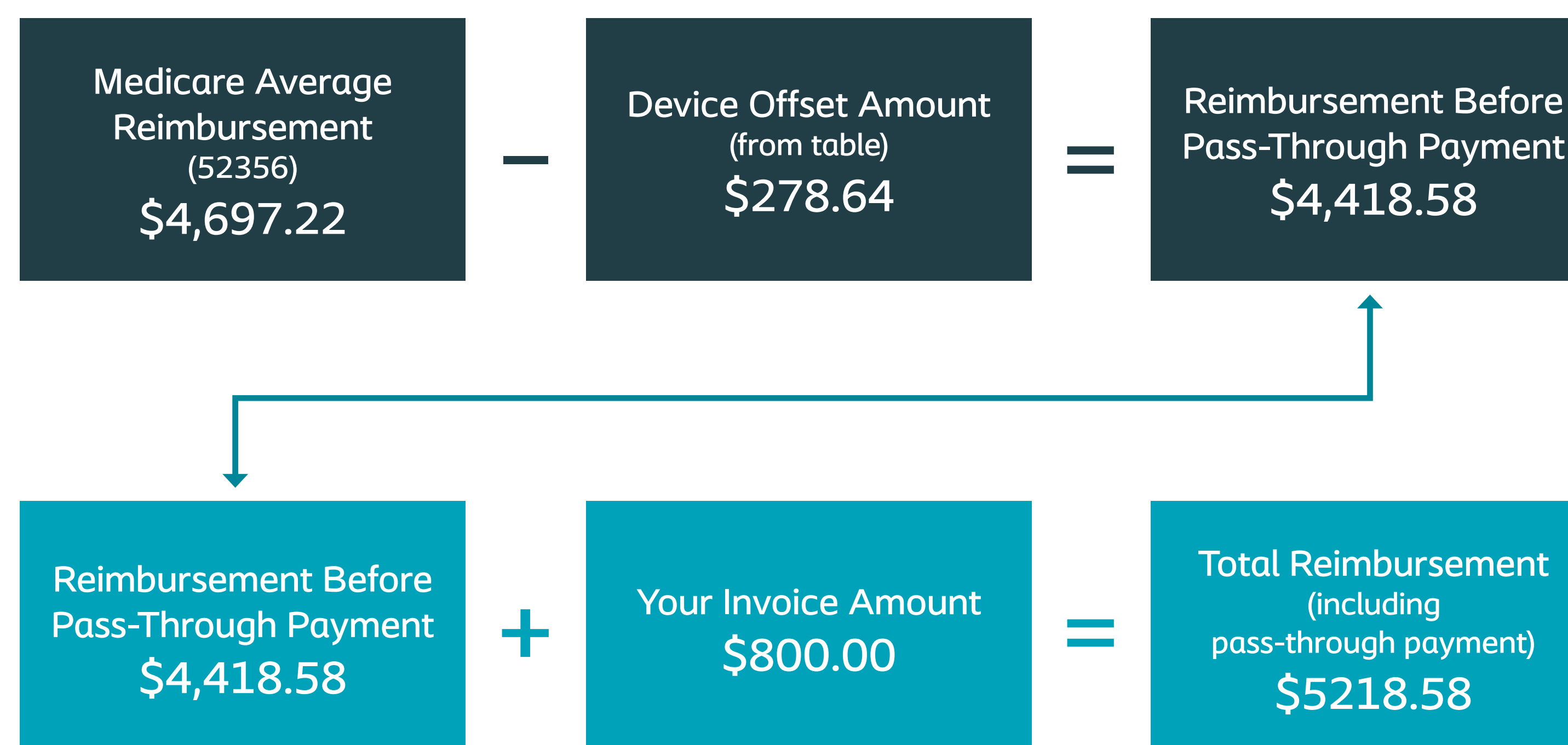
ASC Fee Schedule

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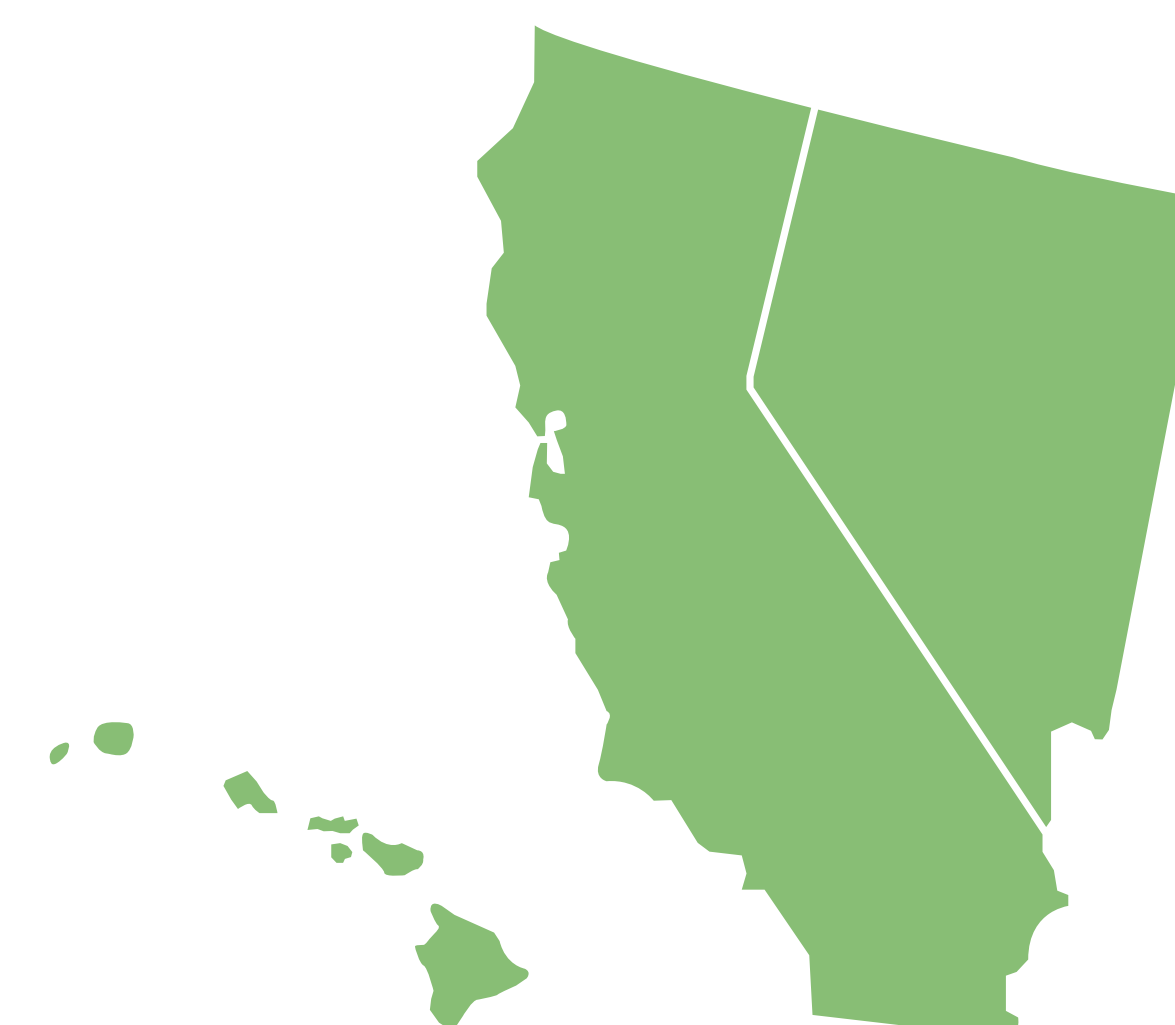
# MAC: Noridian Healthcare Solutions

Jurisdiction: JE

States covered: NV, CA, HI

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**Invoice:** Include the name of the device, number of units, and the total cost.



Main Website

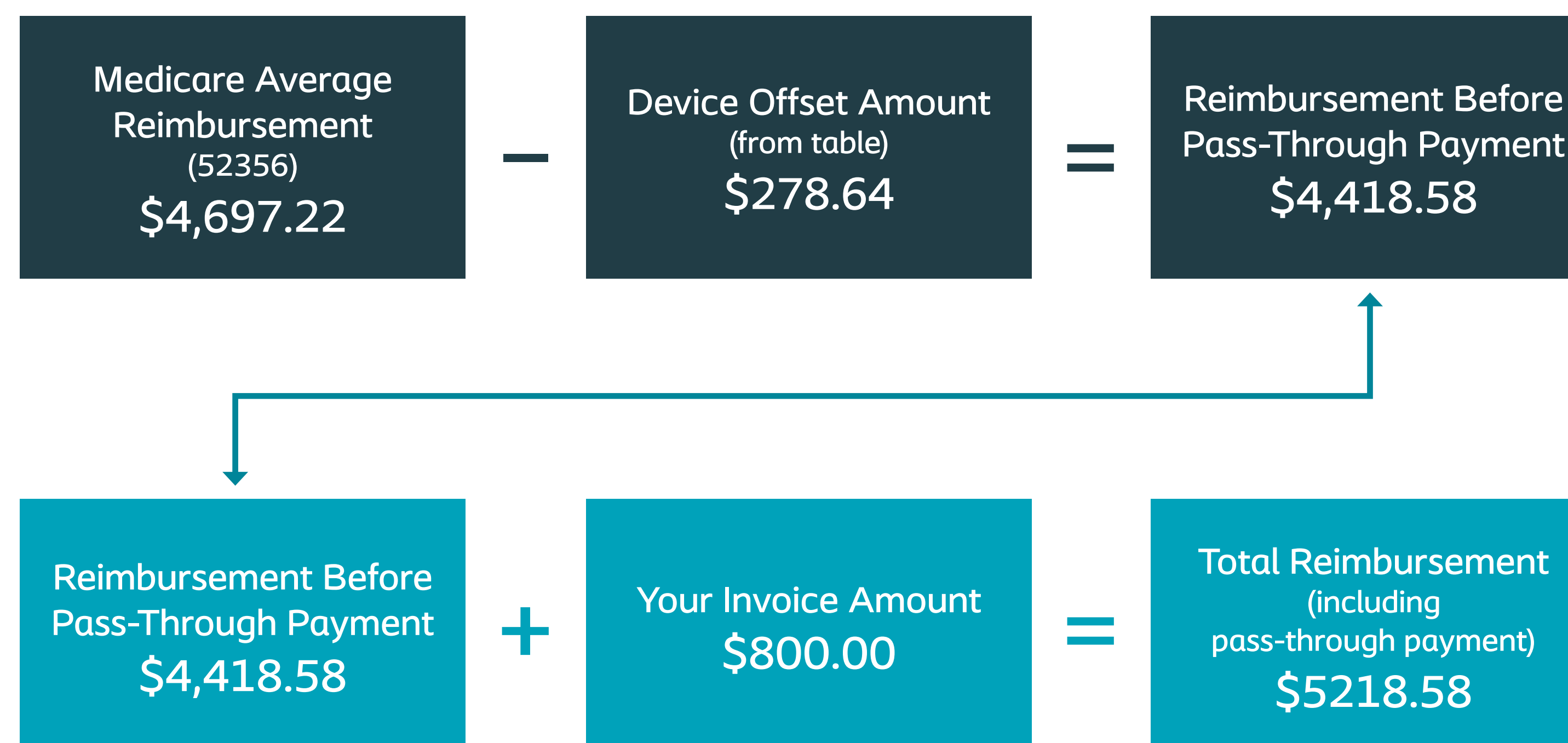
ASC Fee Schedule

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# MAC: CGS

Jurisdiction: J15

States covered: OH, KY

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**Invoice:** Include the name of the device, number of units, and the total cost.



Main Website

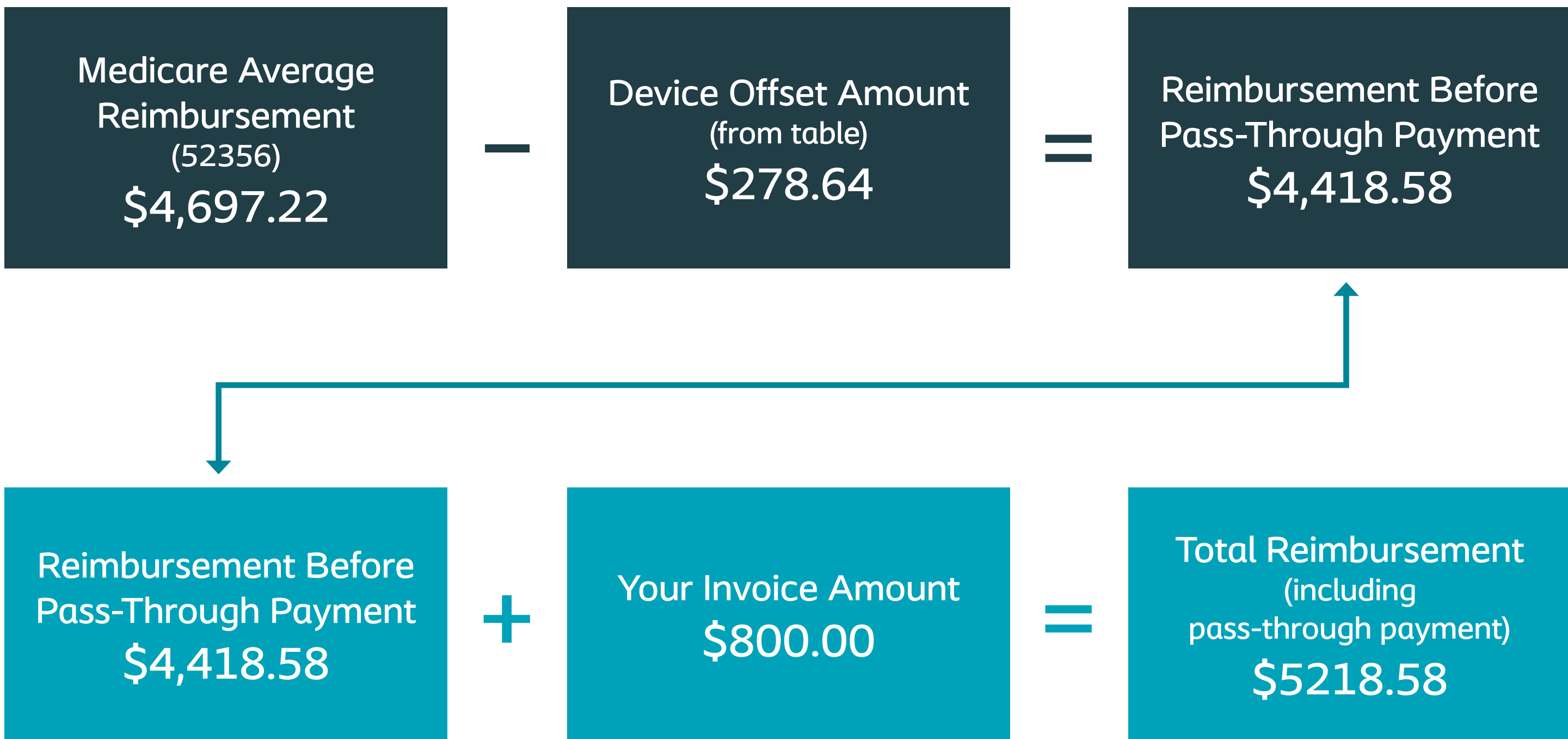
ASC Fee Schedule

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# MAC: First Coast Service Options (FCSO)

Jurisdiction: JN

States covered: FL, PR

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**Invoice:** Include the name of the device, number of units, and the total cost.



Main Website

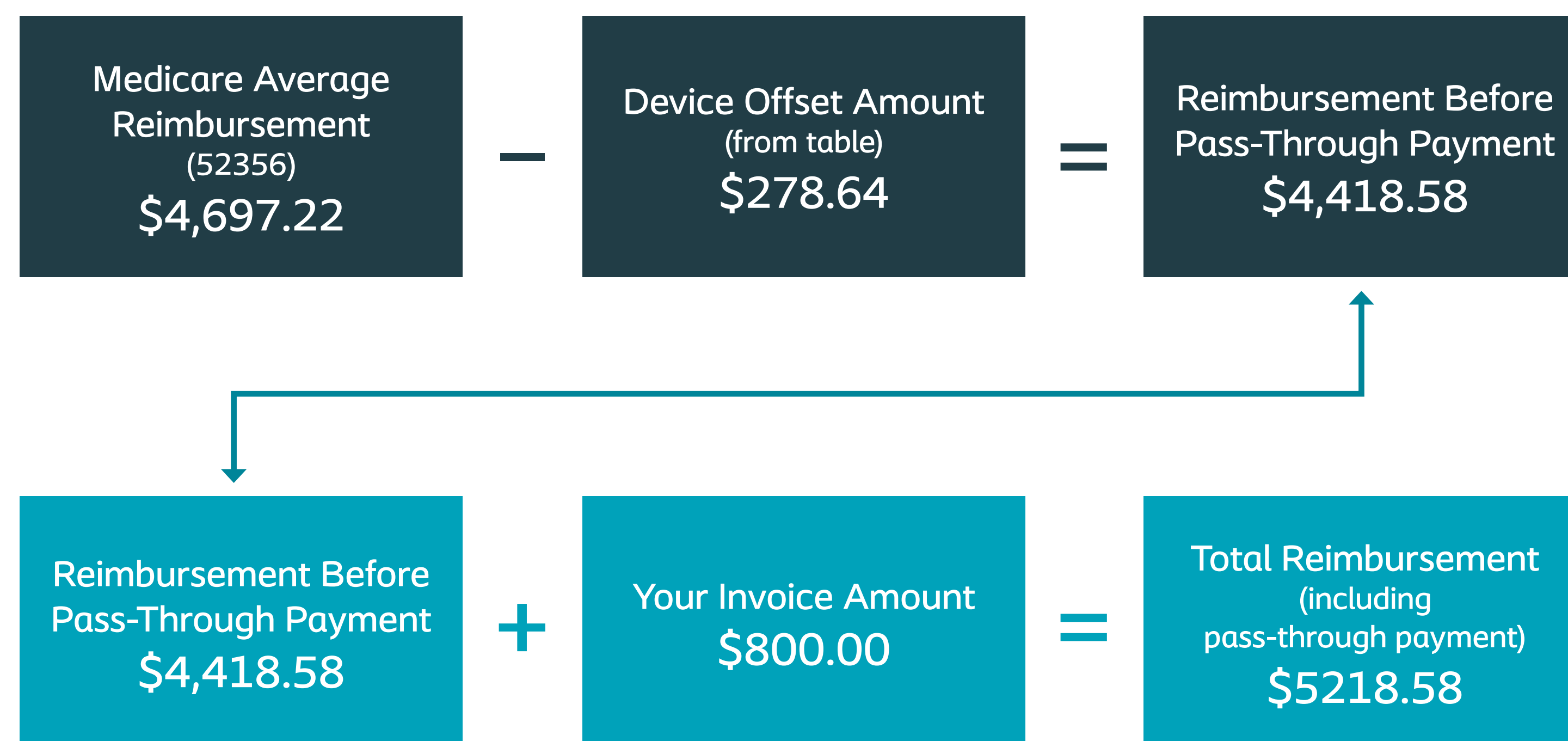
ASC Fee Schedule

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## Questions?

Navigating the reimbursement landscape can be both daunting and time-consuming. Coloplast Interventional Urology offers comprehensive reimbursement and coding support. Please reach out with your questions.

### Contact Reimbursement & Benefit Support

Our team is ready to help via live phone support and email Monday - Friday, 9:00 a.m. to 4:00 p.m. CST.



[US\\_MarketAccess@Coloplast.com](mailto:US_MarketAccess@Coloplast.com)

Fax: 612-520-2366



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- 40.7 - Payment and Offset for Pass-Through Devices Beginning January 1, 2008, <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c14.pdf>
- MedLearn Matters Ambulatory Surgical Center Payment System: January 2024 Update, <https://www.cms.gov/files/document/mm13481-ambulatory-surgical-center-payment-system-january-2024-update.pdf>
- Centers for Medicare & Medicaid Services CY2024 ASC Final Rule: Addendum(s) AA, BB, DD1.
- CPT is a registered trademark of the AMA (American Medical Association)
- Centers for Medicare & Medicaid Services CY2024 ASC Final Rule: Addendum(s) AA, FF.
- Medicare Administrative Contractors (MAC) Jurisdiction Map, <https://www.cms.gov/files/document/ab-jurisdiction-map03282023pdf.pdf>

[Ostomy Care](#) | [Continence Care](#) | [Advanced Wound Care](#) | [Interventional Urology](#) | [Voice and Respiratory Care](#)

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