

ASC billing guidance with pass-through codes

ASCs are reimbursed at invoice amount when billing a pass-through code to Medicare.

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.

Example: Urofino Single-Use Flexible Ureteroscope, 1 unit, \$895

If you need assistance with knowing where Loop 2400/Segment NTE02 is, call your coding software provider.

At this time, these code pairs are not indicated for any additional documentation request(s). If you get a request for additional documentation - call us.

Contact Reimbursement & Benefit Support

Our team is ready to help via live phone support and email Mon - Fri, 9am to 4pm CST.

US_MarketAccess@Coloplast.com

Fax: 612.520.2366



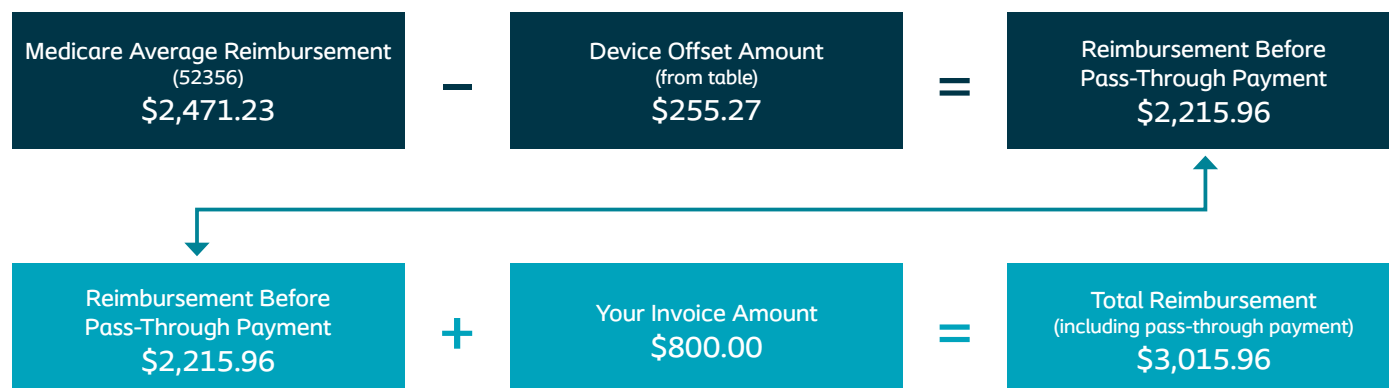
1.855.230.7611

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 pass-through 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.

2024 Device offset amounts (when billed with C1747)

Device HCPCS	Procedure CPT	Short Descriptor	APC	Percent Multiplier	2024 ASC National Reimbursement	Device Offset Amount by HCPCS
C1747	50080	Perq nl/pl lithotrp smpl<2cm	5376	0.1112	\$4,545.63	\$505.47
C1747	50081	Perq nl/pl lithotrp cplx>2cm	5376	0.1210	\$4,545.63	\$550.02
C1747	50575	Kidney endoscopy	5375	0.0484	\$2,471.23	\$119.61
C1747	50951	Endoscopy of ureter	5374	0.0422	\$1,626.15	\$68.62
C1747	50953	Endoscopy of ureter	5374	0.0807	\$1,626.15	\$131.23
C1747	50955	Ureter endoscopy & biopsy	5375	0.0474	\$2,471.23	\$117.14
C1747	50957	Ureter endoscopy & treatment	5375	0.0336	\$2,471.23	\$83.03
C1747	50961	Ureter endoscopy & treatment	5375	0.0348	\$2,471.23	\$85.99
C1747	50970	Ureter endoscopy	5374	0.0000	\$1,626.15	\$0.00
C1747	50972	Ureter endoscopy & catheter	5374	0.0100	\$1,626.15	\$16.26
C1747	50974	Ureter endoscopy & biopsy	5375	0.0000	\$2,471.23	\$0.00
C1747	50976	Ureter endoscopy & treatment	5375	0.1740	\$2,471.23	\$429.99
C1747	50980	Ureter endoscopy & treatment	5375	0.0000	\$2,471.23	\$0.00
C1747	52344	Cysto/uretero stricture tx	5374	0.0803	\$1,626.15	\$130.58
C1747	52345	Cysto/uretero w/up stricture	5374	0.1419	\$1,626.15	\$230.75
C1747	52346	Cystouretero w/renal strict	5375	0.0371	\$2,471.23	\$91.68
C1747	52351	Cystouretero & or pyeloscope	5374	0.0558	\$1,626.15	\$90.74
C1747	52352	Cystouretero w/stone remove	5374	0.0571	\$1,626.15	\$92.85
C1747	52353	Cystouretero w/lithotripsy	5375	0.0564	\$2,471.23	\$139.38
C1747	52354	Cystouretero w/biopsy	5375	0.0567	\$2,471.23	\$140.12
C1747	52355	Cystouretero w/excise tumor	5375	0.0646	\$2,471.23	\$159.64
C1747	52356	Cysto/uretero w/lithotripsy	5375	0.1033	\$2,471.23	\$255.27
C1747	C9761	Cysto, litho, vacuum kidney	5376	0.2798	\$2,690.84	\$752.90

Data as of 01/2024

<https://www.cms.gov/license/ama?file=/files/zip/january-2024-asc-code-pairs.zip>

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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.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/MM13481-508.pdf>
- 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>
- Centers for Medicare & Medicaid Services CY2024 ASC Final Rule: Addendum 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

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