2025

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Medicare incremental device reimbursement applicable to single-use flexible ureteroscopes

Transitional Pass-Through (TPT) payment

The Centers for Medicare & Medicaid Services (CMS) approved a transitional pass-through (TPT) payment category to describe single-use ureteroscopes, which is eligible for additional payment through December 31, 2025. This device pass-through code (C1747) can be used to bill for single-use flexible ureteroscopes when used in the treatment of Medicare patients in the hospital outpatient setting. This **device-specific** payment is in addition to the ureteroscopy **procedure** payment and is intended to cover the cost of the device. Single-use flexible ureteroscopes can have a positive economic impact on hospitals as they eliminate reprocessing costs associated with reusable ureteroscopes.

Transitional pass-through code

HCPCS	Long descriptor
C1747	Endoscope, single-use (i.e., disposable), urinary tract, imaging/illumination device (insertable)

Reporting for procedure and device on a claim

When physicians perform a ureteroscopy or PCNL procedure on a Medicare patient in the hospital outpatient setting with single-use flexible ureteroscope, hospitals, if appropriate, may bill:

- **Procedure coding:** Appropriate CPT® code(s) plus
- **Device HCPCS code:** C1747
- **Device Revenue Code:** 0278

Medicare follows NUBC guidelines. *The UB-04 Editor specifically states to use the revenue code 0278 for C1747.*

Device payment for single-use flexible ureteroscopes

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

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
Fax: 612-520-2366
https://iu.coloplast.us/endourology/resources/

1-855-230-7611

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Hypothetical Transitional Pass-Through (TPT) payment calculation example

for illustrative purposes only

CPT code 52356: Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)

A $3,200 x B 32% = C $1,024 – D $571 = E $453

F $3,200 x 20% = G Patient: $1,017

E $453 + F $5,084 = I Hospital: $5,537

		Description	Calculation	Single-use flexible ureteroscope
TPT	A	Hospital-specific charges to Medicare for single-use flexible ureteroscopes Typically, a hospital applies a usual and customary mark-up for devices. *For this example, we are using $800 as the cost for a single-use flexible ureteroscope and a hospital specific mark-up of 4X.*	$800 x 4.0	**$3,200**
	B	Hospital-specific cost-to-charge ratio (CCR) for billed revenue center code. *This ratio may vary by hospital. We are using 0.32 for this example.*		**0.32**
	C	Medicare's calculated hospital-specific cost of a single-use flexible ureteroscope	A x B	**$1,024**
	D	Medicare device offset amount for CPT code 52356, ureteroscopy with laser lithotripsy with stent	--	**$571**
	E	TPT payment for a single-use flexible ureteroscope for this example	C – D	**$453**
Total procedure payment	F	Hospital-specific procedure payment for CPT code 52356, ureteroscopy with laser lithotripsy with stent. *For this example, we are using the 2025 Medicare national average outpatient rate.*	--	**$5,084**
Patient out-of-pocket payment	G	Patient out-of-pocket portion of procedure payment	F x 0.20	**$1,017**
Patient out-of-pocket payment device	H	Patient out-of-pocket portion of procedure payment for device	$0	**$0**
Total payment	I	Hospital-specific total payment for procedure utilizing a single-use flexible ureteroscope	E + F	**$5,537**

IMPORTANT

Why is it important for a hospital to properly set charges for pass-through devices? Proper setting of charges for pass-through devices is important not only for the hospital's payment for the device today, but also to ensure that the data CMS has for future rate setting under the outpatient prospective payment system is accurate and reflective of true procedure costs, including the true cost of the device.

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2025 Device offset amounts (when billed with HCPCS 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	12.6	$9,247	$1,166
C1747	50081	Perq nl/pl lithotrp cplx>2cm	5376	12.5	$9,247	$1,158
C1747	50575	Kidney endoscopy	5375	17.6	$5,084	$894
C1747	50951	Endoscopy of ureter	5374	8.7	$3,449	$302
C1747	50953	Endoscopy of ureter	5374	9.5	$3,449	$328
C1747	50955	Ureter endoscopy & biopsy	5375	7.8	$5,084	$397
C1747	50957	Ureter endoscopy & treatment	5375	6.1	$5,084	$313
C1747	50961	Ureter endoscopy & treatment	5375	10.8	$5,084	$548
C1747	50970	Ureter endoscopy	5374	5.6	$3,449	$192
C1747	50972	Ureter endoscopy & catheter	5374	0	$3,449	0
C1747	50974	Ureter endoscopy & biopsy	5375	13.8	$5,084	$700
C1747	50976	Ureter endoscopy & treatment	5375	6.8	$5,084	$347
C1747	50980	Ureter endoscopy & treatment	5375	6.5	$5,084	$330
C1747	52344	Cysto/uretero stricture tx	5374	18.2	$3,449	$629
C1747	52345	Cysto/uretero w/up stricture	5374	19.7	$3,449	$678
C1747	52346	Cystouretero w/renal strict	5375	11.3	$5,084	$576
C1747	52351	Cystouretero & or pyeloscope	5374	6.2	$3,449	$213
C1747	52352	Cystouretero w/stone remove	5374	10.5	$3,449	$363
C1747	52353	Cystouretero w/lithotripsy	5375	6.7	$5,084	$339
C1747	52354	Cystouretero w/biopsy	5375	9.4	$5,084	$477
C1747	52355	Cystouretero w/excise tumor	5375	8.1	$5,084	$412
C1747	52356	Cysto/uretero w/lithotripsy	5375	11.2	$5,084	$571
C1747	C9761	Cysto, litho, vacuum kidney	5376	20.1	$9,247	$1,853

*Data as of 01/2025
https://www.cms.gov/license/ama?file=/files/zip/2025-nfrm-opps-addenda.zip Addendum P

Coloplast Corp. Minneapolis, MN 55411 / Interventional Urology Surgical Support 1-800-258-3476