Customer Billing Quick Reference for Ambulatory Surgery Centers (ASCs)

MEDICARE INCREMENTAL DEVICE REIMBURSEMENT APPLICABLE TO LITHOVUE™ SINGLE-USE DIGITAL FLEXIBLE URETEROSCOPE

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, such as the LithoVue Single- Use Digital Flexible Ureteroscope. Effective January 1, 2023, the new device pass-through code (C1747) can be used to bill for LithoVue Single-Use Digital Flexible Ureteroscope when used in the treatment of Medicare patients in the hospital outpatient setting and ASCs. This device-specific payment is in addition to the ureteroscopy procedure payment and is intended to cover the cost of the device. LithoVue Single-Use Digital Flexible Ureteroscope can have a positive economic impact on facilities as it eliminates reprocessing costs associated with reusable ureteroscopes.

TRANSITIONAL PASS-THROUGH CODE

HCPCS	Description	ASC Payment Indicator (PI)
C1747	**Endoscope, single-use (i.e., disposable), urinary tract, imaging/illumination device (insertable)**	J7*

*OPPS pass-through device paid separately when provided integral to a surgical procedure on ASC list; payment contractor priced. C1747 has an ASC Payment Indicator of J7 and therefore is subject to copayment.

NATIONAL AVERAGE UNADJUSTED PROCEDURE PAYMENTS

For 2023, the CMS device offset amounts for Ureteroscopy CPT® codes are below and available at: See https://www.cms.gov/medicaremedicare-fee-service-paymentascpaymentasc-regulations-and-notices/cms-1772-fc Addendum FF*

		2023 Medicare National Average in ASC		
APC	HCPCS Code	Final 2023 ASC Payment Rate	Final 2023 Device Offset Percentage	Final 2023 Device Offset Amount
5374	50951	$1,497	3.07%	$45.94
	50953	$1,497	13.99%	$209.37
	50970	$1,497	0.00%	$0.00
	50972	$1,497	0.00%	$0.00
	52344	$1,497	10.23%	$153.10
	52345	$1,497	19.71%	$294.97
	52351	$1,497	5.36%	$80.22
	52352	$1,497	6.45%	$96.53
5375	50575	$2,264	13.52%	$306.05
	50955	$2,264	8.84%	$200.11
	50957	$2,264	5.59%	$126.54
	50961	$2,264	8.18%	$185.17
	50974	$2,264	0.00%	$0.00
	50976	$2,264	43.45%	$983.57
	50980	$2,264	0.77%	$17.43
	52346	$2,264	0.14%	$3.17
	52353	$2,264	4.93%	$111.60
	52354	$2,264	5.74%	$129.94
	52355	$2,264	8.02%	$181.55
	52356	$2,264	10.15%	$229.76
5376	50080	$8,222	11.34%	$485.46
	50081	$8,222	11.02%	$471.76
	C9761	$8,222	4.32%	$184.94

**Table information as of January 2023*

REPORTING FOR PROCEDURE AND DEVICE ON A CLAIM (ASCs ONLY)

Always check with your local MAC for required documentation to ensure all necessary paperwork/ documentation is appended to the pending claim.

EXAMPLE SUBMISSION STEPS (FOR ILLUSTRATIVE PURPOSES ONLY)

The following is a walkthrough of a hypothetical example of how billing and coding process might work.

1. Submit 1500 claim form electronically
   - *After claim submission, an ICN (Internal Control Number) will be assigned by your local MAC*
   - *Typically, 24-48 hours after submission (log back in to get ICN)*
2. Create the PWK (Paperwork Loop Number)
   - *PWK loop number is created based on "PWK instruction sheet" provided by MAC*
3. Place the same PWK Loop Number in the ACN (Attachment Control Number) space on fax cover sheet
4. Attach a copy of the INVOICE for cost of LV to the Fax coversheet and submit
5. Finally, go back and add the PWK Loop Number to the 1500 claim on line 19

HOW DOES TPT PAYMENT WORK IN THE ASC?

CMS reimburses 100% of the reported invoice cost of the device charged under C-Code C1747 when an eligible procedure code is charged in conjunction with C1747. CMS will reduce the allowed amount of the procedure by the device-specific Device Offset Percentage.

TRANSITIONAL PASS-THROUGH 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)

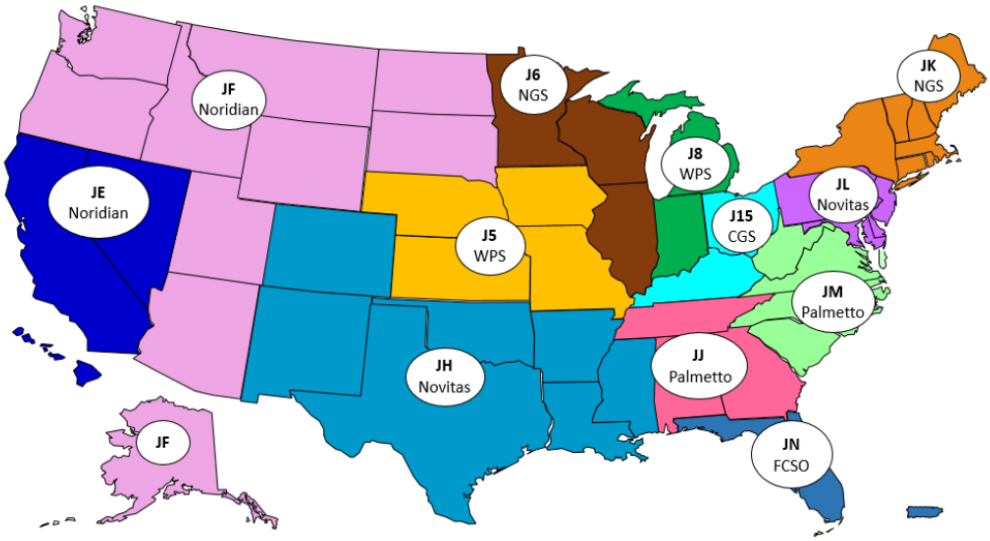
Description			Calculation	Amount
Procedure Payment	A	2023 ASC Procedure CPT Code 52356 Payment rates		$2,264
	B	2023 ASC Medicare Device Offset Amount CPT Code 52356		$230
	C	**TPT ASC payment for procedure CPT 52356**	**A-B**	**$2,034**
Transitional Pass-Through Payment	D	LithoVue Invoice Amount* | C1747 TPT ASC Payment		$1,500
Total Payment	E	**2023 ASC Specific payment for procedure utilizing LithoVue**	**C+D**	**$3,534**

Note: Commercial payers are not required to follow CMS payment levels, however, some may choose to do so. Reach out to commercial payers to understand commercial payer reimbursement for LithoVue Single-Use Digital Flexible Ureteroscope.

*Invoice amount varies based on contracted rates.

MAC JURISDICTIONS†

A/B MAC Jurisdictions
as of June 2021



MAC	Website	TPT Specific URL
JE Noridian	Noridian	Noridian ASC TPT
JF Noridian	Noridian	Noridian ASC TPT
J6 NGS	NGS	NGS ASC TPT
JN FCSO	FCSO	FCSO ASC TPT
J5 WPS	WPS	WPS ASC TPT
JH Novitas	Novitas	Novitas ASC TPT
J8 WPS	WPS	WPS ASC TPT
J15 CGS	CGS	CGS ASC TPT
JJ Palmetto	Palmetto	Palmetto ASC TPT
JK NGS	NGS	NGS ASC TPT
JL Novitas	Novitas	Novitas ASC TPT
JM Palmetto	Palmetto	Palmetto ASC TPT

For additional coding and reimbursement information, contact your local Field Reimbursement Manager or the Urology Reimbursement Help Desk at UrologyReimbursement@bsci.com

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Comprehensive APCs (C-APCs): In 2014, CMS implemented their C-APC policy with the goal of identifying certain high-cost device-related outpatient procedures (formerly “device intensive” APCs). CMS has fully implemented this policy and has identified these high-cost, device-related services as the primary service on a claim. All other services reported on the same date will be considered “adjunctive, supportive, related or dependent services” provided to support the delivery of the primary service and will be unconditionally packaged into the OPPS C-APC payment of the primary service with minor exceptions.

ASC payment rates are 2023 Medicare ASC Addendum AA national averages. ASC rates are from the 2023 Ambulatory Surgical Center Covered Procedures List. Source: Centers for Medicare and Medicaid Services. CMS ASC – November 2022 release, CMS-1772-FC file. https://www.cms.gov/medicaremedicare-fee-service paymenthospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1772-fc.

For ASC payment indicators for CY 2023: See https://www.cms.gov/medicaremedicare-fee-service-paymentascpaymentasc-regulations-and-notices/cms-1772-fc Addendum DD1

CMS Policy: https://www.govinfo.gov/content/pkg/FR-2010-11-24/pdf/2010-27926.pdf Pages 71824 - 71825.

† MAC Jurisdictions: https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs#MapsandLists

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Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

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