What does the New Transitional Pass-Through Device Payment Category Mean for Aptra™ Single-Use Digital Flexible Ureteroscope?

Transitional Pass-Through (TPT) Payment

Effective January 1, 2023, a newly created Level II HCPCS Code (C1747) can be used to bill for Aptra™ Single-Use Digital Flexible Ureteroscope. This code is intended to be used for the actual device in the hospital outpatient setting for Medicare patients and may be billed in addition to the ureteroscopy procedure.

TPT Code		
HCPCS	**Status Indicator**	**Long Descriptor**
C1747	H	Endoscope, single use (i.e., disposable), urinary tract, imaging/illumination device (insertable)

Status indicator H reference: www.cms.gov/Medicare/Medicare-Fee-for-Service-payment/HospitalOutpatientPPS/downloads/CMS1392P Addendum D1.pdf

Ureteroscopy procedures for Medicare patients using Aptra™ and performed in the outpatient setting may request reimbursement by billing:

1. **Appropriate CPT code(s) at the discretion of the provider**
2. **Device HCPCS code:** C1747 *must be included to bill for device
3. **Device Revenue Code:** Aptra™ Single-Use Digital Flexible Ureteroscope is a single use sterile device and may be reported under revenue code 278-Medical/surgical supplies and devices; other implants, or 272 – Sterile supplies.

[1] The TPT payment category is effective January 1, 2023, through December 31, 2025.

Transitional Pass-Through Payment - Example

Description			Calculation	Amount
Transitional Pass-Through Payment	A	Hospital Charge to Medicare for Aptra™ Single-Use Digital Flexible Ureteroscope (C1747)	$1,250 x 3.1	$3,875
	B	Hospital Cost-to-Charge ratio (CCR) for Revenue Center 278 or 272 (this ratio varies by hospital)		.31
	C	Medicare's calculated Hospital Specific Cost of Aptra™	($3,875 x .31) **(A x B)**	$1,201.25
	D	Medicare Device Offset Amount for CPT code 52356, ureteroscopy with lithotripsy including insertion of indwelling ureteral stent (eg, gibbons or double-j type)		$474.45
	E	TPT payment for Aptra™ Single-Use Digital Flexible Ureteroscope for this specific example.	($1,201.25 - $474.45) **(C – D)**	$726.80
Procedure Payment	F	Hospital procedure payment for CPT code 52356, ureteroscopy with lithotripsy including insertion of indwelling ureteral stent (eg, gibbons or double-j type)		$4,702.18
Total Payment	G	**Hospital payment for procedure utilizing Aptra™ Single Use Digital Flexible Ureteroscope**	($726.80 + $4,702.18) **(E + F)**	**$5,428.98**

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New device category HCPCS code C1747 should always be billed with the following CPT codes:

Device Offset Amounts reference: www.cms.gov/files/document/r11737cp.pdf
Final CY 2023 APC Payment Rate reference: www.cms.gov/license/ama?file=/files/zip/2023-nfrm-opps-addenda.zip

CPT Code	Long Descriptor	SI	APC	Device Offset Amount	CY 2023 APC Payment Rate
50575	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)	J1	5375	$570.84	$4,702.18
50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	J1	5374	$169.87	$3,205.12
50953	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	J1	5374	$442.95	$3,205.12
50955	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	J1	5375	$423.20	$4,702.18
50957	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	J1	5375	$416.14	$4,702.18
50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	J1	5375	$461.75	$4,702.18

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50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	J1	5374	$312.82	$3,205.12
50972	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	J1	5375	$760.57	$3,205.12
50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	J1	5375	$1,069.75	$4,702.18
50976	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	J1	5375	$2,043.10	$4,702.18
50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	J1	5375	$405.33	$4,702.18
52344	Cysto/uretero stricture tx	J1	5374	$507.69	$3,205.12
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	J1	5374	$511.54	$3,205.12
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision	J1	5375	$602.82	$4,702.18
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	J1	5374	$169.55	$3,205.12
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	J1	5374	$320.51	$3,205.12
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	J1	5375	$252.04	$4,702.18

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52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	J1	5375	$428.37	$4,702.18
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	J1	5375	$371.94	$4,702.18
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, gibbons or double-j type)	J1	5375	$474.45	$4,702.18
C9761	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable	J1	5376	$789.86	$8,557.53

For questions regarding reimbursement for the BD Aptra™ Single-Use Ureteroscope, please contact- reimbursementsupport@bd.com.

This is not a comprehensive list of codes. Coding constantly changes so please reference the AMA and CMS websites www.cms.gov; www.ama-assn.org and your local providers for additional information. We cannot instruct a provider how to bill. We can only provide possible codes that may be appropriate for the activities performed on a particular patient on a particular date of service which are fully supported by detailed notes in the patient's medical record. The provider of service must ascertain which codes are appropriate for the activities actually performed. The reimbursement information presented is for illustrative purposes only and does not constitute reimbursement or legal advice. The company does not guarantee that the use of any of the codes noted will ensure coverage or payment at any particular level. It is the provider's sole responsibility to determine medical necessity and to in turn identify which codes to report and to submit accurate claims. Physicians and hospitals should confirm with a particular payer or coding authority, such as the American Medical Association or medical specialty society, which codes or combinations of codes are appropriate for a particular procedure or combination of procedures. Reimbursement rules vary widely by insurer so the provider should understand and comply with any specific rules that may be set by a patient's insurer, including the complex rules of Medicare and Medicaid. Under no circumstances will the company or its employees, consultants agents, or representatives be liable for costs, expenses, losses, claims, liabilities or other damages (whether direct, indirect, special, incidental, consequential or otherwise) that may arise from or be incurred in connection with this information or any use thereof. BD does not guarantee that the procedures described herein will be reimbursable in whole or in part, by any public or private payor, including Medicare. BD specifically excludes any representation or warranty relating to reimbursement. **Please consult product labels and inserts for any indications, contraindications, hazards, warnings, precautions and instructions for use.**

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