Ascend™

SINGLE-USE FLEXIBLE URETEROSCOPE

2025 Reimbursement Guide

COOK® MEDICAL

Ascend™ Single-Use Flexible Ureteroscope

Ascend™ Eligible for Transitional Pass-Through Payments

What is Transitional Pass-Through Payment (TPT)?
The Medicare Transitional Pass-through (TPT) payment program used by the Centers for Medicare and Medicaid Services (CMS) was established to provide additional payment for new technologies/services in Medicare's Hospital Outpatient Prospective Payment System (OPPS). The intent of the additional payments is to provide a temporary payment mechanism for the use of new technologies in addition to the procedural payment amount the hospital would otherwise receive. The TPT payments are provided until CMS has an appropriate number of claims data for rate setting that reflected the added costs of the new technology.

Who is eligible for TPT payments?
Hospitals paid under the Medicare Outpatient Prospective Payment System (OPPS) and ambulatory surgery centers will be eligible for TPT payments.

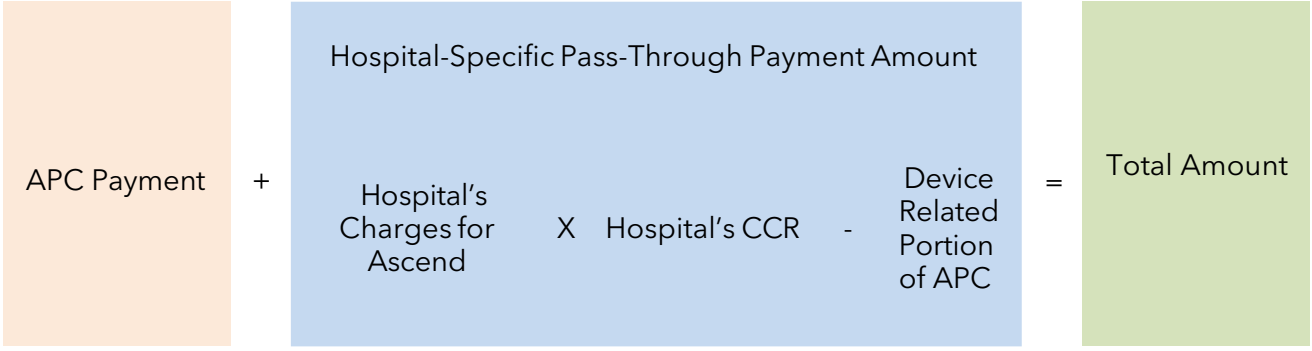
When does the payment go into effect?
Hospitals will be eligible to receive TPT payments beginning January 1, 2023, for a period of up to 3 years.

HCPCS Code
The following HCPCS code MUST be reported on the claim for a hospital to be eligible for TPT payment.

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

Payment Calculation
Medicare determines the TPT payment amount on a case-by-case basis for each hospital; it is not a standard amount. The TPT payment amount is calculated based on:

- *Hospital's charges* for the new technology, which includes a hospital's charge adjustment or markup to account for its operating and capital costs;
- *Hospital's cost-to-charge ratio (CCR)*, which Medicare applies to the charges submitted to determine the estimated costs of items and services on the claim form; and
- The *device related portion of the relevant APC* payment amount.



Transitional Pass-Through Payment Calculation Example

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

Description	Amount
Hospital Purchase Price	$1,400
Facility Markup	X 3
Hospital Charges to Medicare for Ascend	$4,200
Hospital Cost to Charge Ratio (CCR)	X 0.3
Medicare Calculated Cost for Ascend	$1,260
Minus Device Offset for CPT 52351	- $213
TPT Payment for Ascend	$1,047

Applicable CPT Codes

Facilities are eligible for TPT payment when the following procedure codes are billed in conjunction with C1747 on a hospital or ASC claim. Hospital outpatient payment amounts and device offsets are shown in the table below.

CPT Code	Description	APC	Medicare Payment Amount[1] (National Avg.)	Device Offset[1]
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)	5375	$5,083.62	$893.70
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	5374	$3,448.97	$629.09
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	5374	$3,448.97	$678.41

CPT Code	Description	APC	Medicare Payment Amount[1] (National Avg.)	Device Offset[1]
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	5375	$5,083.62	$575.97
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	5374	$3,448.97	$213.15
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	5374	$3,448.97	$362.83
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	5375	$5,083.62	$339.08
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	5375	$5,083.62	$477.35
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	5375	$5,083.62	$412.28
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	5375	$5,083.62	$570.89

[1] CY 2025 Medicare Outpatient Prospective Payment System

If you have further questions, please contact reimbursement@cookmedical.com