

DIRECT IN-SCOPE SUCTION (DISS) 2025 Payment Guide

PHYSICIAN PAYMENTS

Single-Use Ureteroscope Procedure Codes, Payments, and RVUs

To ensure appropriate reimbursement, we recommend verifying payer policies prior to treatment, as these policies can vary widely and may impose specific limitations on diagnosis codes, procedure codes, or site-of-service requirements. The coding options listed in this guide include commonly used codes relevant to ureteroscopy-based procedures but are not exhaustive. Please refer to your official coding manuals to confirm the correct coding for each case.

CPT/ HCPCS Code	Long Descriptor	Physician In Office	Physician Facility	Work RVU	Total Non-Facility RVU	Total Facility RVU
52005	Cystourethroscopy, with ureteral catheterization	\$275.27	\$128.74	2.37	8.51	3.98
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	\$292.41	\$146.21	2.81	9.04	4.52
52332	Cystourethroscopy, with insertion of indwelling ureteral stent	\$362.60	\$150.09	2.82	11.21	4.64
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (e.g., balloon dilation, laser, electrocautery, and incision)	\$354.19	\$354.19	7.05	10.95	10.95
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (e.g., balloon dilation, laser, electrocautery, and incision)	\$377.81	\$377.81	7.55	11.68	11.68
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (e.g., balloon dilation, laser, electrocautery, and incision)	\$427.30	\$427.30	8.58	13.21	13.21

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CPT/ HCPCS Code	Long Descriptor	Physician In Office	Physician Facility	Work RVU	Total Non-Facility RVU	Total Facility RVU
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	\$290.80	\$290.80	5.75	8.99	8.99
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus	\$339.96	\$339.96	6.75	10.51	10.51
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy	\$375.22	\$375.22	7.5	11.6	11.6
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	\$400.13	\$400.13	8	12.37	12.37
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	\$448.32	\$448.32	9	13.86	13.86
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent	\$398.51	\$398.51	8	12.32	12.32
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 (must use a steerable ureteral catheter)	N/A	N/A	N/A	N/A	N/A

TABLE NOTES: 1) CPT Copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.
2) Physician In Office, Physician Facility, APC, Total NF RVU, Total F RVU rates are Q1 2025 Medicare National Averages. Source: AUACodingToday.com

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AMBULATORY SURGERY CENTERS (ASCs) PAYMENT

Transitional Pass-Through (TPT) Payment

Effective January 1, 2023, the Centers for Medicare & Medicaid Services (CMS) introduced a transitional pass-through (TPT) payment category for single-use ureteroscopes, including PUSEN Single-Use Digital Flexible Ureteroscopes. This designation allows facilities to use the device pass-through code (C1747) to bill for PUSEN devices when treating Medicare patients in hospital outpatient settings and Ambulatory Surgery Centers (ASCs). The TPT payment is available through December 31, 2025.

The TPT payment, provided in addition to the reimbursement for ureteroscopy procedures, is specifically designed to cover the cost of the single-use device. By adopting PUSEN Single-Use Digital Flexible Ureteroscopes, facilities can realize economic benefits, including the elimination of reprocessing costs and the reduced risks associated with maintaining reusable ureteroscopes.

Transitional Pass-Through (TPT) Payment Explanation

Under CMS guidelines, facilities are reimbursed for 100% of the reported invoice cost of a single-use ureteroscope billed under C-Code C1747, provided it is used in conjunction with an eligible procedure code. However, CMS applies a device-specific Device Offset Percentage, reducing the reimbursement for the associated procedure by this offset amount. This payment structure ensures transparency while balancing the costs of device integration within covered procedures.

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Transitional Pass-Through Code

HCPCS	Description	Payment Indicator
C1747	Endoscope, single-use (i.e., disposable), urinary tract, imaging/illumination device (insertable)	H -Pass through device separate cost based pass through payment not subject to co-insurance
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 (must use a steerable ureteral catheter)	G2 - Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.

ASC Payment Rates and Device Offset Amounts

HCPCS/ CPT Code	APC	ASC Payment Rate	Device Offset
52351	5374	\$1,655.31	\$100.81
52352	5374	\$1,655.31	\$108.75
52353	5375	\$2,521.60	\$151.04
52354	5375	\$2,521.60	\$193.41
52355	5375	\$2,521.60	\$163.15
52356	5375	\$2,521.60	\$278.64
C9761	5376	\$4,779.70	\$1,417.66

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Transitional Pass-Through (TPT) Payment Example with HCPCS C9761 - For Exemplary Purposes Only

ASC Payment Calculation

C9761 ASC Payment Rate	\$4,779.70		Total Procedure Payment	\$3,362.04	
Q1 2025 Device Offset	\$1,417.66	—	Scope Invoice Amount	\$1,000.00	+
Total Procedure Payment	\$3,362.04		Total ASC Payment	\$4,362.04	

Calculation Notes

- The payment rate and device offset are based on Q1 2025 Medicare rates. Sources: CodingToday.com and October 2024 Device Offset Code Pairs Worksheet
- The invoice amount may vary depending on the specifics of each case.
- These calculations are based on Medicare payments. Reimbursement rules for commercial payers may differ—please verify with individual payers for their specific policies.

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HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT

Transitional Pass-Through (TPT) Payment Overview

To secure the additional transitional pass-through (TPT) payment, hospitals must report the new C-code for single-use ureteroscopes, **C1747**, alongside the appropriate HCPCS procedure code (ie. **C9761**).

Medicare calculates the incremental TPT payment for single-use ureteroscopes on a case-by-case basis for each hospital. This payment amount is not fixed and is typically determined using the following:

- **Hospital Charges:** Charges submitted by the hospital for the PUSEN Ureteroscope, inclusive of adjustments or markups to reflect operating and capital costs.
- **Cost-to-Charge Ratio (CCR):** Medicare uses the hospital's CCR to calculate the cost of the ureteroscope based on submitted charges.
- **Device Offset:** The device-related portion of the relevant HCPCS procedure code, used to calculate the final payment amount.

Transitional Pass-Through Code

HCPCS	Description	Payment Indicator
C1747	Endoscope, single-use (i.e., disposable), urinary tract, imaging/illumination device (insertable)	H -Pass through device separate cost based pass through payment not subject to co-insurance
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 (must use a steerable ureteral catheter)	J1 - Hospital Part B services paid through a comprehensive APC. Paid under OPPS; all covered Part B services on the claim are packaged with the primary J1 service for the claim, except services with OPPS SI=F,G, H, L and U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services.

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HCPCS Code	Long Descriptor	APC	HOPD Payment Rate	Device Offset
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 (must use a steerable ureteral catheter)	5376	\$9,247.15	\$1,853.13

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Medicare's Formula for Calculating a Hospital's Total Payment – For Exemplary Purposes Only

(example uses procedure code C9761 for steerable scope as an example)

Hospital Purchase Price ¹	\$1,000	
Facility Markup ²	3	×
Hospital Charge to Medicare	\$3,000	
Hospital Charge to Medicare	\$3,000	
Hospital Cost to Charge Ratio (CCR) ³	.33	×
Medicare Calculated Specific Cost	\$990	
Medicare Calculated Specific Cost	\$990.00	
Medicare Device Offset Amount Code C9761 ⁴	\$1,853.13	–
TPT Payment	–\$863.13	
TPT Payment	–\$863.13	
APC Payment for C9761 ⁵	\$9,247.15	+
Hospital Total Payment	\$8,384.02	

¹ – Purchase price of PUSEN DISS device

² – Hospital customary mark-up for device

³ – This ratio varies by hospital

⁴ – 2025 Medicare National HOPD rate

⁵ – 2025 Medicare National APC rate

