PUSEN

SINGLE-USE URETEROSCOPES
Q1 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 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	$437.40	8.58	13.21	13.21
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	$290.80	$290.80	5.75	8.99	8.99

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CPT Code	Long Descriptor	Physician In Office	Physician Facility	Work RVU	Total Non-Facility RVU	Total Facility RVU
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

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

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)	

ASC Payment Rates and Device Offset Amounts

CPT Code	APC	ASC Payment Rate	Device Offset
52005	5373	$959.88	$46.17
52310	5373	$959.88	$7.58
52332	5374	$1,655.31	$223.80
52344	5374	$1,655.31	$192.51
52345	5374	$1,655.31	$975.62
52346	5375	$2,521.60	$229.72
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

TABLE NOTES: 1) CPT Copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. 2) APC, ASC Payment Rates - Source: AUACodingToday.com 3) Device Offset Amount - January_2025_Web_Addendum_B.12.19.24

Transitional Pass-Through (TPT) Payment Example with Code 52356 - For Exemplary Purposes Only

ASC Payment Calculation

52356 ASC Payment Rate	$2,521.60
Q1 2025 Device Offset	$278.64 —
Total Procedure Payment	$2,242.96

Total Procedure Payment	$2,242.96
Scope Invoice Amount	$700.00 +
Total ASC Payment	**$2,942.96**

Calculation Notes

- The payment rate and device offset are based on Q1 2025 Medicare rates. Sources: CodingToday.com and January 2025 Addendum FF
- 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.

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.

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

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CPT Code	Long Descriptor	APC	HOPD Payment Rate	Device Offset
52005	Cystourethroscopy, with ureteral catheterization	5373	$2,048.51	$0.00
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	5373	$2,048.51	$0.00
52332	Cystourethroscopy, with insertion of indwelling ureteral stent	5374	$3,448.97	$0.00
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (e.g., balloon dilation, laser, electrocautery, and incision)	5374	$3,448.97	$500.23
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (e.g., balloon dilation, laser, electrocautery, and incision)	5374	$3,448.97	$516.51
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (e.g., balloon dilation, laser, electrocautery, and incision)	5375	$5,083.62	$455.54
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	5374	$3,448.97	$196.97
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus	5374	$3,448.97	$310.24
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy	5375	$5,083.62	$315.53
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	5375	$5,083.62	$436.31
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; resection of ureteral or renal pelvic tumor	5375	$5,083.62	$360.88
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent	5375	$5,083.62	$570.89

TABLE NOTES: 1) CPT Copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. 2) APC, ASC Payment Rates - Source: AUACodingToday.com 3) OPPS Offset – Addendum P 2025 NFPRM OPPS

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

(example uses procedure code 52356 as an example)

Hospital Purchase Price[1]	$700	
Facility Markup[2]	3	×
Hospital Charge to Medicare	$2,100	
Hospital Charge to Medicare	$2,100	
Hospital Cost to Charge Ratio (CCR)[3]	.33	×
Medicare Calculated Specific Cost	$693	
Medicare Calculated Specific Cost	$693	
Medicare Device Offset Amount Code 52356[4]	$570.89	−
TPT Payment	$122.11	
TPT Payment	$122.11	
HOPD Payment for Procedure Code 52356[5]	$5,083.62	+
Hospital Total Payment	**$5,205.73**	

1 – Purchase price of PUSEN 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