

aScope™ 4 Cysto:

2024 Coding and Reimbursement Guide



Ambu

About the aScope Cysto

The aScope 4 Cysto is a single-use, sterile, flexible cystoscope that offers an intuitive, lightweight design with similar functionality to reusable cystoscopes. Always available and portable, aScope 4 Cysto offers clear and sharp imaging, smooth maneuverability and consistent quality. It is compatible with the aView™ 2 Advance HD monitor.

HOSPITAL OUTPATIENT, AMBULATORY SURGICAL CENTER, AND PHYSICIAN OFFICE CODING AND PAYMENT

The table below provides an overview of potential billing and coding and associated Medicare national payment rates when aScope 4 Cysto endoscopes are used in hospital outpatient departments (HOPDs; places of service 19 and 22), ambulatory surgical centers (ASCs; place of service 24), and physician offices (place of service 11). The physician relative value units (RVUs) for the procedures below are listed on page 4. Place of service definitions are provided on page 6.

CPT Codes and 2024 Medicare National Payment Rates for Cystourethroscopy Procedures

CPT® Code ¹	CPT Long Descriptor	Physician Service Payment ²		Facility Payment ³		
		Non-Facility (clinic)	Facility	APC	HOPD Payment	ASC
52000	Cystourethroscopy (separate procedure)	\$239.34	\$79.22	5372	\$650.86	\$313.23
52001	With irrigation and evacuation of multiple obstructing clots	\$437.73	\$281.95	5374	\$3,321.58	\$1,626.15
52005	With ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	\$302.92	\$131.49	5373	\$1,940.66	\$929.90
52007	With ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	\$448.38	\$163.77	5374	\$3,321.58	\$1,626.15
52010	With ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	\$381.14	\$162.78	5372	\$650.86	\$313.23
52204	With biopsy	\$376.48	\$139.47	5373	\$1,940.66	\$929.90
52214	With fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	\$742.64	\$171.43	5374	\$3,321.58	\$1,626.15
52224	With fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	\$775.93	\$198.39	5374	\$3,321.58	\$1,626.15
52234	With fulguration (including cryosurgery or laser surgery) and/or resection of SMALL bladder tumor(s)	n/a	\$241.33	5374	\$3,321.58	\$1,626.15
52235	With fulguration (including cryosurgery or laser surgery) and/or resection of MEDIUM bladder tumor(s)	n/a	\$238.28	5374	\$3,321.58	\$1,626.15
52240	With fulguration (including cryosurgery or laser surgery) and/or resection of LARGE bladder tumor(s)	n/a	\$384.47	5375	\$4,930.08	\$2,471.23
52250	With insertion of radioactive substance, with or without biopsy or fulguration	n/a	\$234.68	5374	\$3,321.58	\$1,626.15
52260	With dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	n/a	\$207.05	5373	\$1,940.66	\$929.90
52265	With dilation of bladder for interstitial cystitis; local anesthesia	\$371.82	\$160.11	5373	\$1,940.66	\$256.39

CPT® Code ¹	CPT Long Descriptor	Physician Service Payment ²		Facility Payment ³		
		Non-Facility (clinic)	Facility	APC	HOPD Payment	ASC
52270	With internal urethrotomy; female	\$418.76	\$178.42	5373	\$1,940.66	\$929.90
52275	With internal urethrotomy; male	\$537.26	\$243.66	5373	\$1,940.66	\$929.90
52276	With direct vision internal urethrotomy	n/a	\$259.31	5373	\$1,940.66	\$929.90
52277	With resection of external sphincter (sphincterotomy)	n/a	\$316.90	5374	\$3,321.58	\$1,626.15
52281	With calibration and/or dilation of urethral stricture or tenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	\$325.88	\$149.79	5373	\$1,940.66	\$929.90
52282	With insertion of permanent urethral stent	n/a	\$330.88	5374	\$3,321.58	\$1,626.15
52283	With steroid injection into stricture	\$353.18	\$198.06	5373	\$1,940.66	\$929.90
52285	For treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone	\$349.85	\$193.07	5372	\$650.86	\$313.23
52287	With injection(s) for chemodenervation of the bladder (NOTE: See relevant HCPCS code on page 5).	\$386.80	\$166.10	5373	\$1,940.66	\$929.90
52290	With ureteral meatotomy, unilateral or bilateral	n/a	\$239.00	5373	\$1,940.66	\$929.90
52300	With resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	n/a	\$274.62	5374	\$3,321.58	\$1,626.15
52301	With resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	n/a	\$284.61	5374	\$3,321.58	\$1,626.15
52305	With incision or resection of orifice of bladder diverticulum, single or multiple	n/a	\$272.62	5375	\$4,930.08	\$2,471.23
52310	With removal of foreign body, calculus, ureteral stent from urethra or bladder (separate procedure); simple	\$318.89	\$149.13	5373	\$1,940.66	\$929.90
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	\$468.69	\$269.30	5373	\$1,940.66	\$929.90
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	\$879.79	\$339.53	5374	\$3,321.58	\$1,626.15
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	n/a	\$464.03	5374	\$3,321.58	\$1,626.15
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	n/a	\$241.33	5374	\$3,321.58	\$1,626.15
52325	(Including ureteral catheterization); with fragmentation of ureteral calculus (e.g., ultrasonic or electrohydraulic technique)	n/a	\$313.57	5375	\$4,930.08	\$2,471.23
52327	(Including ureteral catheterization); with subureteric injection of implant material	n/a	\$253.65	5375	\$4,930.08	\$3,476.65
52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	\$600.51	\$258.31	5374	\$3,321.58	\$1,626.15
52332	With insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)	\$399.12	\$153.12	5374	\$3,321.58	\$1,626.15
52334	With insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	n/a	\$179.42	5374	\$3,321.58	\$1,626.15

2024 Physician Relative Value Units (RVUs)⁴

CPT Code	CPT Long Descriptor	Non-Facility RVUs	Facility RVUs
52000	Cystourethroscopy (separate procedure)	7.19	2.38
52001	With irrigation and evacuation of multiple obstructing clots	13.15	8.47
52005	With ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	9.10	3.95
52007	With ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	13.47	4.92
52010	With ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	11.45	4.89
52204	With biopsy	11.31	4.19
52214	With fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	22.31	5.15
52224	With fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	23.31	5.96
52234	With fulguration (including cryosurgery or laser surgery) and/or resection of SMALL bladder tumor(s)	n/a	7.25
52235	With fulguration (including cryosurgery or laser surgery) and/or resection of MEDIUM bladder tumor(s)	n/a	8.51
52240	With fulguration (including cryosurgery or laser surgery) and/or resection of LARGE bladder tumor(s)	n/a	11.55
52250	With insertion of radioactive substance, with or without biopsy or fulguration	n/a	7.05
52260	With dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	n/a	6.22
52265	With dilation of bladder for interstitial cystitis; local anesthesia	11.17	4.81
52270	With internal urethrotomy; female	12.58	5.36
52275	With internal urethrotomy; male	16.14	7.32
52276	With direct vision internal urethrotomy	n/a	7.79
52277	With resection of external sphincter (sphincterotomy)	n/a	9.52
52281	With calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	9.79	4.50
52282	With insertion of permanent urethral stent	n/a	9.94
52283	With steroid injection into stricture	10.61	5.95
52285	For treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone	10.51	5.80
52287	With injection(s) for chemodenervation of the bladder	11.62	4.99
52290	With ureteral meatotomy, unilateral or bilateral	n/a	7.18
52300	With resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	n/a	8.25
52301	With resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	n/a	8.55
52305	With incision or resection of orifice of bladder diverticulum, single or multiple	n/a	8.19

CPT Code	CPT Long Descriptor	Non-Facility RVUs	Facility RVUs
52310	With removal of foreign body, calculus, ureteral stent from urethra or bladder 7.95 (separate procedure); simple	9.58	4.48
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	14.08	8.09
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	26.43	10.20
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	n/a	13.94
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	n/a	7.25
52325	(Including ureteral catheterization); with fragmentation of ureteral calculus (e.g., ultrasonic or electrohydraulic technique)	n/a	9.42
52327	(Including ureteral catheterization); with subureteric injection of implant material	n/a	7.62
52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	18.04	7.76
52332	With insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)	11.99	4.60
52334	With insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	n/a	5.39

Relevant HCPCS Code

The following HCPCS level II code may be reported, when applicable.

HCPCS Code	Descriptor
J0585	Injection, onabotulinumtoxinA, 1 unit

HOSPITAL INPATIENT CODING AND PAYMENT

Medicare Severity Diagnosis Related Groups (MS-DRGs) are reported for payment in the hospital inpatient (place of service 21), MS-DRG assignment will vary based on the patient's diagnoses and procedure(s) performed during the patient encounter. Below are the most common MS-DRGs for procedures that may involve the aScope 4 Cysto; however, others may apply.

2024 Medicare MS-DRG Payments

MS-DRG	Descriptor	Payment Rate ⁵
656	Kidney and ureter procedures for neoplasm with MCC	\$20,061.12
657	Kidney and ureter procedures for neoplasm with CC	\$11,791.41
658	Kidney and ureter procedures for neoplasm without CC/MCC	\$9,465.35
659	Kidney and ureter procedures for non-neoplasm with MCC	\$16,552.86
660	Kidney and ureter procedures for non-neoplasm with CC	\$8,605.39
661	Kidney and ureter procedures for non-neoplasm without CC/MCC	\$6,703.24
668	Transurethral procedures with MCC	\$18,017.67
669	Transurethral procedures with CC	\$9,811.89
670	Transurethral procedures without CC/MCC	\$6,154.65

CC: Complication or Comorbidity; MCC: Major Complication or Comorbidity

Hospital Revenue Codes

Revenue codes are used by hospitals to report services and supplies to specific cost centers. The following are potential revenue codes that may be used when billing for the aScope 4 Cysto.

Revenue Code	Descriptor
272	Sterile Supplies
278 ⁶	Medical/surgical supplies and implants; other implants

PLACE OF SERVICE

aScope 4 Cysto may be used in different places of service, which are sometimes referred to as settings of care. The place of service, as defined by the Centers for Medicare & Medicaid Services (CMS), where a procedure is completed determines which physician service payment is applicable (i.e., non-facility (clinic) or facility), as well as whether a facility payment is applicable and if so which type of facility payment. The CMS-defined places of service are listed in the table below.⁷ The table also indicates which type of physician payment is applicable to each place of service (see table on pages 2 and 3 for physician payment rates).

Code	Name	Applicable Physician Payment	Applicable Facility Payment	Description (defined by CMS)
11	Office	Non-Facility	None	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
19	Off Campus Outpatient Hospital	Facility	HOPD	A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
21	Inpatient Hospital	Facility	Inpatient	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	On Campus Outpatient Hospital	Facility	HOPD	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Description change effective January 1, 2016).
23	Emergency Room - Hospital	Facility	HOPD	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center (ASC)	Facility	ASC	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.

REFERENCES

1. Current Procedural Terminology (CPT®) is a registered trademark of the American Medical Association (AMA). Copyright 2021 AMA. All rights reserved.
2. 2024 CMS PFS Final Rule, Addendum B, accessed via <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/addendum-a-b-updates>, <https://www.federalregister.gov/d/2023-16252>.
3. 2024 CMS OPFS/ASC Final Rule, Addendum AA and B. Accessed via <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda>.
4. CMS PFS Relative Value Files. Available at <https://www.cms.gov/medicare/payment/fee-schedules/physician/pfs-relative-value-files/rvu24a>.
5. 2024 CMS IPPS Final Rule, <https://www.federalregister.gov/d/2023-16252>. Tables 1B, 1D and 5 accessed via <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2024-ipp-final-rule-home-page>. Payment rounded to nearest dollar and assumes the hospital has a wage index greater than 1 and received the full update. Payment will vary based on geographic location and other factors.
6. National Uniform Billing Committee (NUBC)'s Updated Guidance on Other Implant Revenue Code (0278). <https://www.nubc.org/system/files/media/file/2020/04/Guidance%20on%20Other%20Implant%20RC0278.pdf>.
7. CMS Place of Service Code Set accessed via <https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets>.

INDICATIONS FOR USE

The aScope 4 Cysto is a sterile, single-use, flexible cystoscope intended to be used for endoscopic access to and examination of the lower urinary tract. The aScope 4 Cysto is intended to provide visualization via Ambu displaying units and can be used with endoscopic accessories.

The aScope 4 Cysto is intended for use in a hospital environment or medical office environment. The aScope 4 Cysto is designed for use in adults.

DISCLAIMER

The reimbursement information provided in this guide was obtained from third-party sources and information that is publicly available on the internet. The reported Medicare national average payments are subject to change and may vary based on geographic location and other individual factors. Information in this Guide is not legal advice, nor is it advice about how to code or complete claims for payment. It is the provider's responsibility to report the appropriate codes based on the procedures furnished to a specific patient and the patient's documented medical condition. Providers are also responsible for submitting claims for these services consistent with the specific payer billing requirements.

Payer billing, coding, and coverage requirements vary from payer to payer and are updated and change over time. Ambu encourages providers to verify current billing, coding, and coverage policies and requirements with the specific payer if the provider has questions. Providers may also contact the American Urological Association (AUA) and/or the American Medical Association (AMA).

Ambu does not promote the use of its products outside of the FDA cleared indications for use and labeling.

For more information, please contact (800) 262-8462, select option 7 or email us-reimbursement@ambu.com

For a customized cost analysis of reusable vs. single-use endoscopes, visit www.singleuseendoscopy.com/calculators or contact us-healthecon@ambu.com



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