

Transitional Pass-Through (TPT) Payment for aScope™ 5 Broncho HD



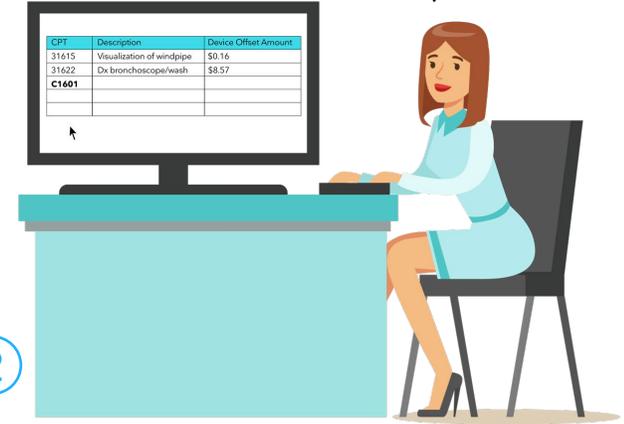
How to Receive Incremental Reimbursement When Using aScope 5 Broncho HD

1



I'm using the aScope 5 Broncho HD to perform a BAL procedure.

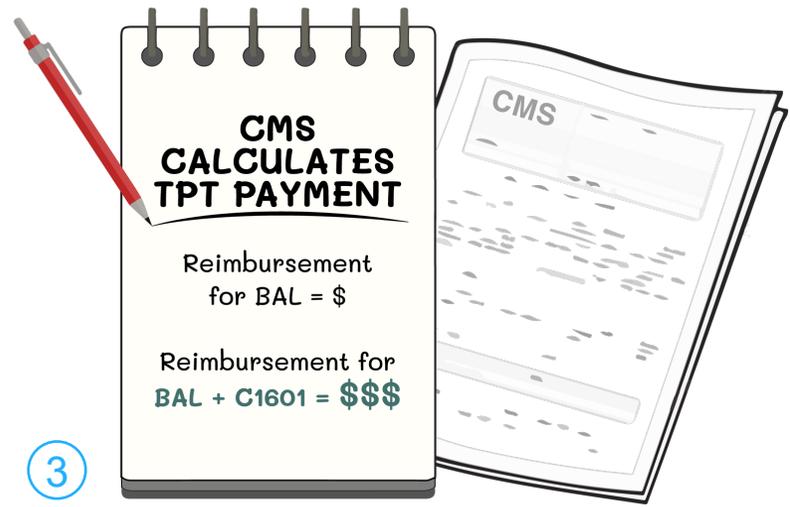
2



aScope 5 Broncho HD was used, I need to include C1601...



3



CMS CALCULATES TPT PAYMENT

Reimbursement for BAL = \$

Reimbursement for BAL + C1601 = \$\$\$

4

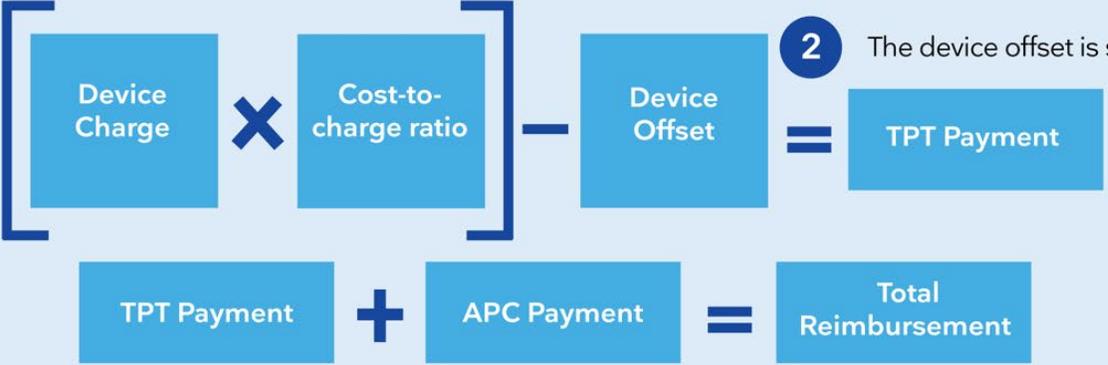
How is TPT Calculated?

The Process:



The Calculation:

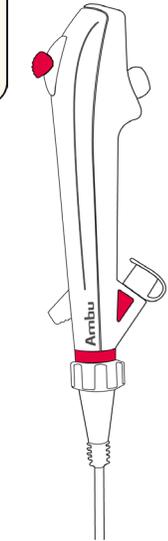
- 1 The CCR is applied to the hospital's device charge
- 2 The device offset is subtracted
- 3 If positive, the TPT payment is added to the APC payment



Why is this for aScope 5 Broncho HD and Not All Other Scopes?

aScope 5 Broncho received TPT payment status due to its substantial clinical improvement over existing technologies:

The aScope 5 Broncho HD has an HD imaging chip!



aScope 5 Broncho HD



Competitor

High-Definition (HD) Chip on Scope

You can use all of these tools with the aScope 5 Broncho HD.

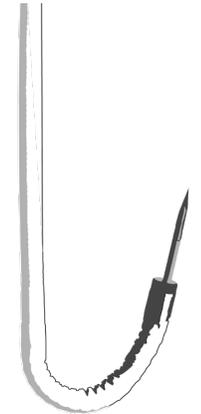


Compatibility with High-Frequency Tools (APC, Cryo, Nd:YAG Laser)

The aScope 5 Broncho HD has great articulation, even with tools!



aScope 5 Broncho HD



Competitor

Superior Articulation with Tools

CMS stated, "The evidence demonstrates that the device is a substantial clinical improvement over currently available treatment options in the clinical setting."

2024 CMS OPPI/ASC Final Rule, 88FR 81738 (Available on CMS website), (November 2023).

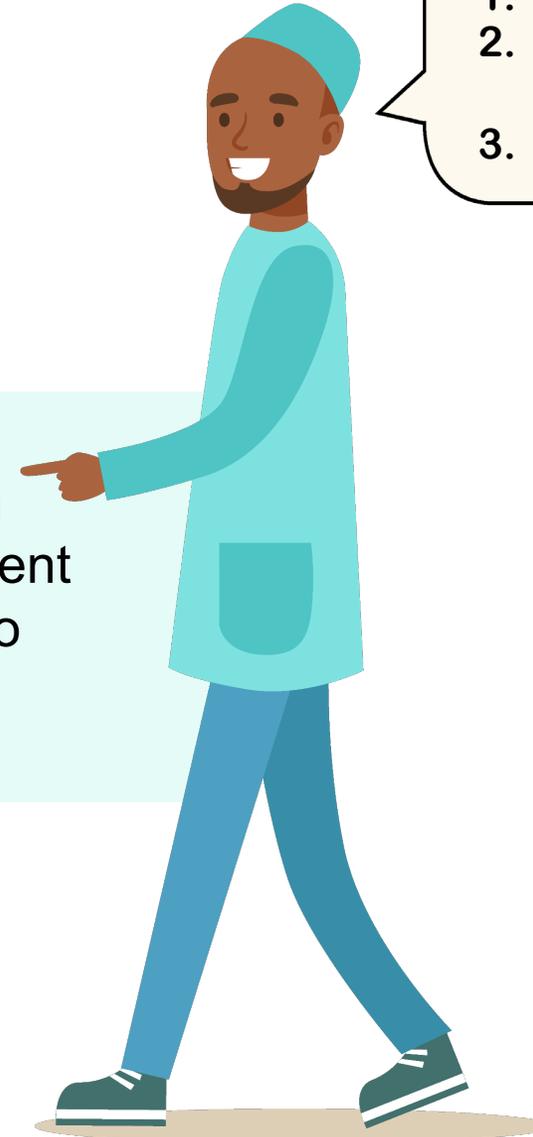
WHAT IS TPT?

Transitional Pass-Through (TPT) Payment is intended to facilitate Medicare beneficiary access to the benefits of new and innovative medical devices, drugs and biologicals that demonstrate a substantial clinical improvement over existing technologies.

This qualifies specific procedures performed with **aScope 5 Broncho HD** incremental reimbursement for Outpatient Medicare fee-for-service patients to facilities for bronchoscopy procedures

To qualify, the technology must meet the following criteria:

1. Newness to market
2. Substantial clinical improvement
3. Cost burden



TPT went into effect January 1, 2024 for Ambu aScope 5 HD only and, in the majority of procedures, will offset the cost of the scope.

Additional Information

1 Examples of TPT Calculations

2 Device Offsets

3 Why TPT?

4 Links to Important Reference Guides

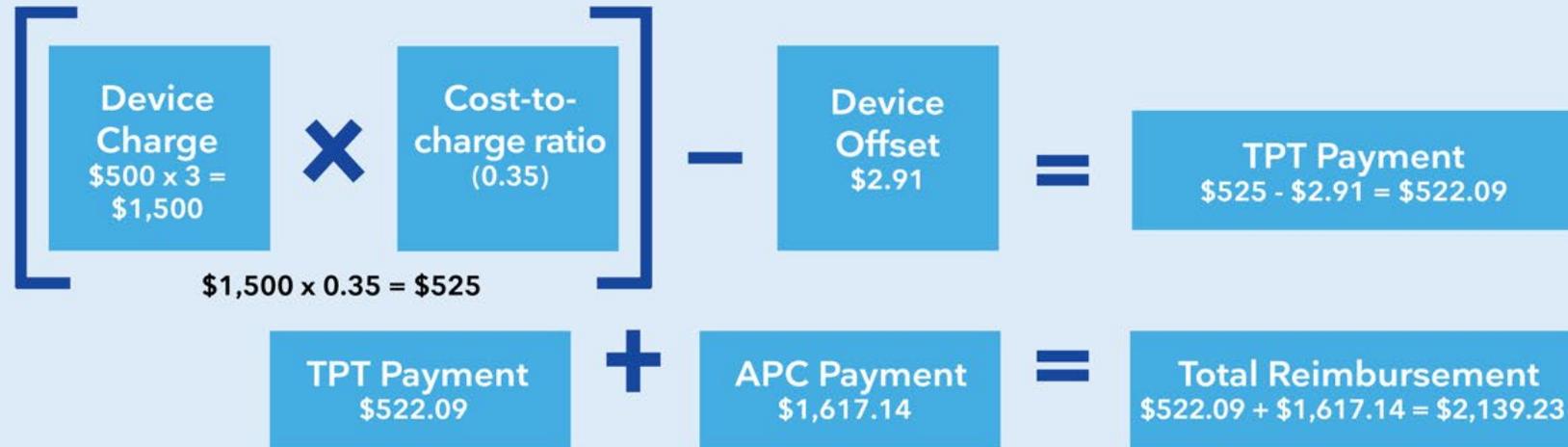
5 Things to Remember

Example of TPT Calculation

FOR DEMONSTRATION PURPOSES ONLY

How TPT could be calculated for CPT 31624 performed with an aScope 5 Broncho HD

The Calculation:



- 1) Calculate device charge by multiplying device cost (\$500) by hospital's normal markup rate (3x); $\$500 \times 3 = \$1,500$
- 2) Medicare multiplies device charge by revenue center's cost-to-charge ratio (0.35); $\$1,500 \times 0.35 = \525
- 3) The CPT code device offset (\$2.91) is subtracted to calculate the TPT payment; $\$525 - \$2.91 = \$522.09$
- 4) The APC payment associated with the CPT code (\$1,617.14) is added to the TPT payment; $522.09 + \$1,617.14 = \$2,139.23$

Device Offsets

2024 CMS CPT Code Device Offset Amounts (when billed with C1601)

CPT	Description	Device Offset Amount ¹
31615	Visualization of windpipe	\$0.16
31622	Dx bronchoscope/wash	\$8.57
31623	Dx bronchoscope/brush	\$6.47
31624	Dx bronchoscope/lavage	\$2.91
31625	Bronchoscopy w/biopsy(s)	\$14.88
31626	Bronchoscopy w/markers	\$652.77
31628	Bronchoscopy/lung bx each	\$36.04
31629	Bronchoscopy/needle bx each	\$44.96
31630	Bronchoscopy dilate/fx repair	\$421.03
31631	Bronchoscopy dilate w/stent	\$1,688.99
31634	Bronch w/balloon occlusion	\$1,161.42
31635	Bronchoscopy w/fb removal	\$14.39
31636	Bronchoscopy bronch stents	\$2,808.68
31638	Bronch w/balloon occlusion	\$907.75
31640	Bronchoscopy w/tumor excise	\$132.02
31641	Bronchoscopy treat blockage	\$251.90
31643	Diag bronchoscope/catheter	\$10.51
31645	Brnchsc w/ther aspir 1st	\$12.61
31646	Brnchsc w/ther aspir sbsq	\$0.00
31647	Bronchial valve init insert	\$3,704.69

CPT	Description	Device Offset Amount ¹
31648	Bronchial valve remove init	\$87.77
31652	Bronch ebus samplng 1/2 node	\$27.12
31653	Bronch ebus samplng 3/> node	\$27.83
31660	Bronch thermoplsty 1 lobe	\$3,220.16
31661	Bronch thermoplsty 2/> lobes	\$3,055.83
31785	Remove windpipe lesion	\$83.14
31627	Navigational bronchoscopy	NA
31632	Bronchoscopy/lung bx addl	NA
31633	Bronchoscopy/needle bx addl	NA
31637	Bronchoscopy stent add-on	NA
31649	Bronchial valve remove addl	NA
31651	Bronchial valve addl insert	NA
31654	Bronch ebus ivntj perph les	NA
31780	Reconstruct windpipe	Inpatient only
31781	Reconstruct windpipe	Inpatient only
31786	Remove windpipe lesion	Inpatient only
31800	Repair of windpipe injury	Inpatient only
31805	Repair of windpipe injury	Inpatient only
32815	Close bronchial fistula	Inpatient only

[1] Pub 100-04 Medicare Claims Processing, CMS Transmittal 12421 (Available on CMS website), (December 21, 2023).

aScope 5 Broncho HD Applicable Device Offsets

CPT Code	Description	Device Offset Amount ¹	Percent of Applicable Medicare Procedures ²
31624	Dx Bronchoscope/Lavage	\$2.91	36.14%
31628	Bronchoscopy/Lung Bx Each	\$36.04	15.57%
31623	Dx Bronchoscope/Brush	\$6.47	10.94%
31629	Bronchoscopy/Needle Bx Each	\$44.96	10.03%
31622	Dx Bronchoscope/Wash	\$8.57	7.98%
31625	Bronchoscopy W/Biopsy(s)	\$14.88	6.32%
31615	Visualization Of Windpipe	\$0.16	4.13%
31645	Bronchoscope W/Ther Aspir 1st	\$12.61	2.19%
31630	Bronchoscopy Dilate/Fx Repr	\$421.03	2.04%
31641	Bronchoscopy Treat Blockage	\$251.90	1.56%
31626	Bronchoscopy W/Markers	\$652.77	1.16%
31635	Bronchoscopy W/Fb Removal	\$14.39	0.65%
31640	Bronchoscopy W/Tumor Excise	\$132.02	0.35%
31636	Bronchoscopy Bronch Stents	\$2,808.68	0.25%
31631	Bronchoscopy Dilate W/Stent	\$1,688.99	0.22%
31648	Bronchial Valve Remove Init	\$87.77	0.13%
31634	Bronch W/Balloon Occlusion	\$1,161.42	0.09%
31638	Bronch W/Balloon Occlusion	\$907.75	0.07%
31647	Bronchial Valve Init Insert	\$3,704.69	0.07%
31646	Bronchoscope W/Ther Aspir Sbsq	\$0.00	0.03%
31660	Bronch Thermoplasty 1 Lobe	\$3,220.16	0.03%
31643	Diag Bronchoscope/Catheter	\$10.51	0.03%
31785	Remove Windpipe Lesion	\$83.14	0.01%
31661	Bronch Thermoplasty 2/> Lobes	\$3,055.83	0.01%

1. Pub 100-04 Medicare Claims Processing, CMS Transmittal 12421 (Available on CMS website), (December 21, 2023). 2. Based on 2022 Medicare volumes for applicable claims.

Why TPT?

1

Transitional Pass-Through (TPT) Payment is intended to facilitate Medicare beneficiary access to the benefits of new and innovative medical devices, drugs and biologicals that **demonstrate a substantial clinical improvement over existing technologies**

2

The payments are intended to reimburse hospitals and ambulatory surgery centers (ASCs) for utilizing innovative technology whose cost would otherwise potentially limit adoption

3

TPT allows specific **Outpatient Medicare fee for service** procedures performed with aScope 5 Broncho HD incremental reimbursement*

4

Only requirement is adding **HCPCS C1601** to relevant claims

5

It's important to list **C1601** so Medicare can track its usage and potentially increase future procedure payments

*Please see slide 7 for full list of eligible procedures

Links to Important Documents

- [Ambu Press Release](#)
- [aScope 5 TPT One-pager](#)
- [CMS Final Rule](#)
- [Device Offsets](#)
- [Landing Page](#)
- [Reimbursement Guide](#)





Things to Remember:

- C1601 was awarded only to Ambu aScope 5 HD and must be included on the claim to receive TPT payment
- Always remember to use C1601 on a claim when aScope 5 Broncho is used
- TPT payments only apply to Medicare FFS patients; however, Medicaid, Medicare Advantage and commercial health plans may also recognize the C code and provide separate incremental payment
- All facilities will continue to code and submit charges as they normally would, but will need to add C1601 to the claim
- TPT went into effect January 1, 2024, and will remain active for 2-3 years

C1601 — Endoscope, single-use (i.e. disposable), pulmonary, imaging/illumination device (insertable)

**Have Questions? Please Email:
US-HEALTHCON@AMBU.COM**