

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

Effective January 1, 2024, the aScope™ 5 Broncho HD received a new transitional pass-through (TPT) payment category and new HCPCS/CPT C code for use in bronchoscopic procedures in the hospital outpatient department (HOPD) and will remain in effect for 2 to 3 years.

TPT payments are 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.

The aScope 5 Broncho HD received TPT payment status due to its:

1. High-definition (HD) chip on scope
2. Compatibility with high-frequency tools (APC, Cryo, Nd:YAG Laser)
3. Superior articulation with tool

HCPCS/CPT Code Description

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

- C1601 was awarded only to Ambu aScope 5 HD.
- C1601 must be included on the claim to receive TPT payment. This prompts additional reimbursement for Medicare FFS outpatient procedures performed with the aScope 5 Broncho HD.
- All facilities will continue to code and submit charges as they normally would, but will need to add C1601 to the claim.
- C- Codes help Medicare track/inform and then potentially increase future payments. This is why its so important to bill C1601 and that charges are entered as usual.

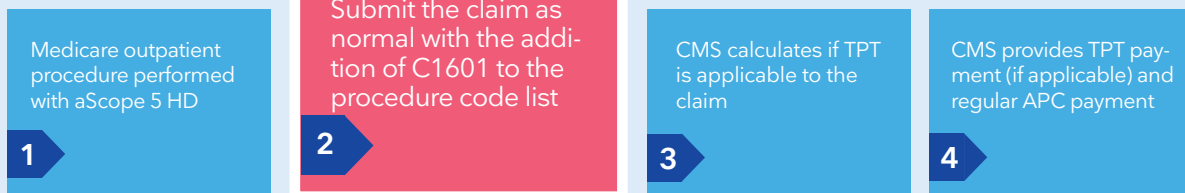
CMS stated ...

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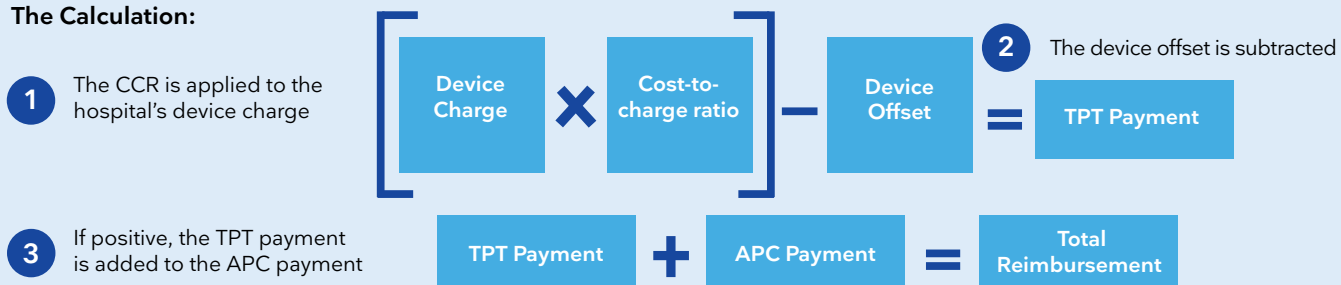
The evidence demonstrates that the device is a substantial clinical improvement over currently available treatment options in the clinical setting.

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

The Process:



The Calculation:

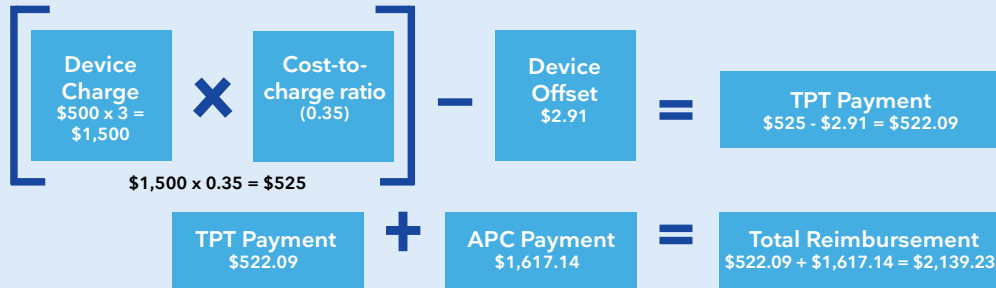


A theoretical TPT payment calculation and the 2024 CMS CPT code device offset amounts can be found on the following page.

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

FOR DEMONSTRATION PURPOSES ONLY. NOT A SUGGESTED CHARGE AMOUNT.

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 cost, markup, and charges listed here are an example, not a recommendation
- Each hospital has their own cost-to-charge ratio
- [Device offsets for each CPT code are set by CMS, the full list of offsets can be found below](#)
- The reported Medicare national average payments (APC payment) may vary

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 thermoplasty 1 lobe	\$3,220.16
31661	Bronch thermoplasty 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).



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For further information, visit our aScope 5 TPT page:
ambuUSA.com/ascope5-broncho-tpt-payments
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