



Outpatient Hospital Payment for New Devices

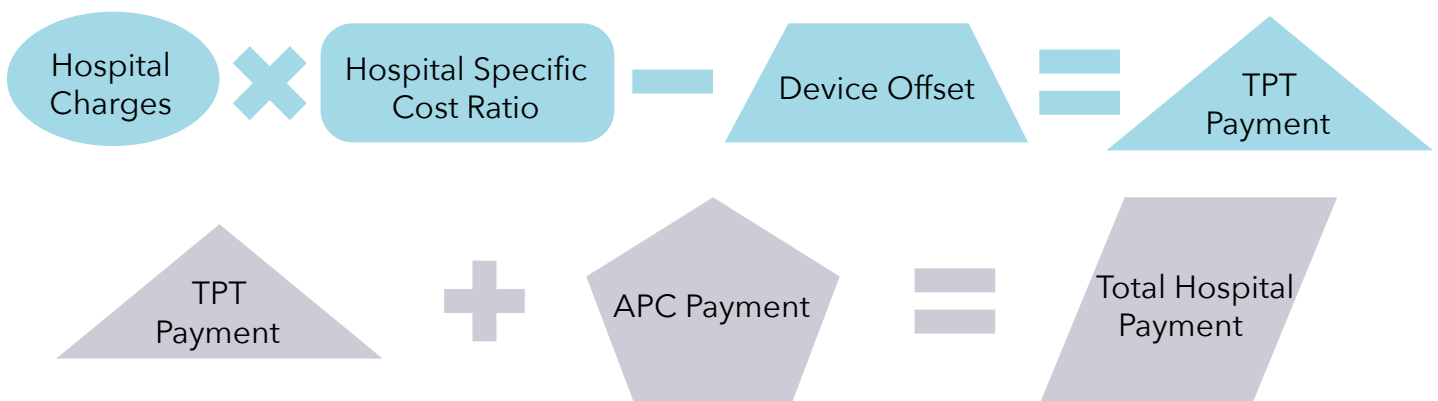
- Known as Traditional Pass-Through Payment (TPT) and New Technology Ambulatory Payment Classification (APC)
- TPT is how the facility gets paid an additional sum for devices deemed as new technology performed as an outpatient under the Outpatient Prospective Payment System (OPPS)
- TPT does not apply to physician payment or payment for services provided as inpatient
- TPT applies to traditional fee-for-service Medicare only. TPT is not supported by Medicare Advantage or commercial plans
- Hospitals still bill for and receive payment for the APC associated with the procedure

Hospital must report:

- ✓ Revenue code
- ✓ CPT® code
- ✓ HCPCS code

Hospital essentially receives two payments: one for the APC plus an additional payment to help offset the costs of the device.

TPT payment differs from the APC as it is not a set, published payment amount. It is a calculation based on the hospital's charges and costs less a specified device offset. The device offset is determined by CMS and published in the OPPS to account for device costs already included in the APC payment.



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Example: Renal Denervation

- Approved for TPT effective January 1, 2025
- TPT payment will continue for up to 3 years (as published in the OPSS each year)

Current Category 3 CPT® Codes

0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral

Device HCPCS Codes

C1735	Catheter, renal denervation, radiofrequency
C1736	Catheter, renal denervation, ultrasound

Known Payment Factors (2025 Medicare National Rate)

5192 APC Assignment	\$5,701.52
Device Offset Unilateral	\$1,443.62
Device Offset Bilateral	\$2,456.78

ASC Payment (2025 Medicare National Rate)

0338T	\$2,629.62
0339T	\$3,740.44
C1735	Carrier priced
C1736	Carrier priced

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References

The Centers for Medicare and Medicaid Services (2025). Pass-Through Payment Status and New Technology Ambulatory Payment Classification (APC). <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/pass-through-payment-status-new-technology-ambulatory-payment-classification-apc>

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