

Ambulatory Surgery Center Payment System, Hospital Outpatient Prospective Payment System and Physician Fee Schedule

Medicare has made some significant changes to its Ambulatory Surgery Center payment system (ASC) [Table 1], Hospital Outpatient Prospective Payment System (OPPS) [Table 2] and Physician Fee Schedule (PFS) for 2016. In the charts below, we have identified some of the most significant changes. We have chosen to focus on changes greater than or equal to \$100 for ASC and OPPS from 2015 to 2016. There were no changes to the PFS that met this criterion. If you have questions about specific information in this document, or perhaps something you do not see in this document, please do not hesitate to contact our reimbursement team at 800.468.1379 or reimbursement@cookmedical.com.

Table 1: Changes in Ambulatory Surgery Center Reimbursement for Procedures of Interest

CPT Code	Procedural Description	2016 Ambulatory Surgery Center Fee Schedule	2015 Ambulatory Surgery Center Fee Schedule	Payment Difference
30630	Repair nasal septal perforations	\$904.15	\$1,066.43	(\$162.28)

NOTE: This is not an all-inclusive list of procedural code changes.

Table 2: Changes in Hospital Outpatient Reimbursement for Procedures of Interest

CPT Code	Procedural Description	2016 Hospital Outpatient Payment	2015 Hospital Outpatient Payment	Payment Difference
30630	Repair nasal septal perforations	\$1,616.90	\$1,946.20	(\$329.30)
70390	Sialography, radiological supervision and interpretation	\$191.97	\$337.03	(\$145.06)

NOTE: This is not an all-inclusive list of procedural code changes.

Disclaimer: The information provided herein reflects Cook's understanding of the procedure(s) and/or device(s) from sources that may include, but are not limited to, the CPT coding system; Medicare payment systems; commercially available coding guides; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Cook does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. When you are making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Cook does not promote the off-label use of its devices.