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) [Table 3 and Table 4] 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, OPPS and PFS from 2015 to 2016. 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
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	$5,926.16	$1,706.20	$4,219.96
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	$5,926.16	$1,706.20	$4,219.96
50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous	Deleted for 2016	$1,142.40	($1,142.40)
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	$842.37	New code for 2016	$842.37
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	$842.37	New code for 2016	$842.37
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	$293.28	New code for 2016	$293.28
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	$293.28	New code for 2016	$293.28
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	$1,254.53	New code for 2016	$1,254.53
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	$1,254.53	New code for 2016	$1,254.53
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	$1,254.53	New code for 2016	$1,254.53
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	$842.37	$300.79	$541.58
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	$842.37	$1,142.40	($300.03)

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Table 1: Changes in Ambulatory Surgery Center Reimbursement for Procedures of Interest (continued)				
CPT Code	Procedural Description	2016 Ambulatory Surgery Center Fee Schedule	2015 Ambulatory Surgery Center Fee Schedule	Payment Difference
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	$842.37	$672.32	$170.05
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	$842.37	$1,142.40	($300.03)
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	$1,254.53	$1,142.40	$112.13
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	$1,744.29	$1,142.40	$601.89
52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	$1,254.53	$1,142.40	$112.13
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	$1,254.53	$1,142.40	$112.13
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
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	$7,428.27	$3,113.76	$4,314.51
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	$7,428.27	$3,113.76	$4,314.51
50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous	Deleted for 2016	$2,084.85	($2,084.85)
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	$1,506.42	New code for 2016	$1,506.42
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	$1,506.42	New code for 2016	$1,506.42
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	$524.48	New code for 2016	$524.48
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	$524.48	New code for 2016	$524.48
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	$2,243.49	New code for 2016	$2,243.49

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Table 2: Changes in Hospital Outpatient Reimbursement for Procedures of Interest (continued)				
CPT Code	Procedural Description	2016 Hospital Outpatient Payment	2015 Hospital Outpatient Payment	Payment Difference
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	$2,243.49	New code for 2016	$2,243.49
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	$2,243.49	New code for 2016	$2,243.49
50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement	$4,001.15	$3,779.40	$221.75
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	$1,506.42	$548.93	$957.49
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	$1,506.42	$2,084.85	($578.43)
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	$1,506.42	$1,226.95	$279.47
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	$1,506.42	$2,084.85	($578.43)
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	$2,243.49	$2,084.85	$158.64
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	$3,393.73	$2,084.85	$1,308.88
52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	$2,243.49	$2,084.85	$158.64
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	$2,243.49	$2,084.85	$158.64
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	$3,393.73	$3,113.76	$279.97
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	$3,393.73	$3,113.76	$279.97
74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	Deleted for 2016	$1,226.95	($1,226.95)
NOTE: This is not an all-inclusive list of procedural code changes.				

Table 3: Changes in Physician (Non-Facility) Fee Schedule Reimbursement for Procedures of Interest NOTE: This applies to procedures performed in a physician's office.				
CPT Code	Procedural Description	2016 Medicare Non-Facility Physician Fee Schedule	2015 Medicare Non-Facility Physician Fee Schedule	Payment Difference
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	$858.08	New code for 2016	$858.08

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Table 3: Changes in Physician (Non-Facility) Fee Schedule Reimbursement for Procedures of Interest (continued) NOTE: This applies to procedures performed in a physician's office.				
CPT Code	Procedural Description	2016 Medicare Non-Facility Physician Fee Schedule	2015 Medicare Non-Facility Physician Fee Schedule	Payment Difference
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	$1,155.09	New code for 2016	$1,155.09
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	$914.33	New code for 2016	$914.33
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	$479.74	New code for 2016	$479.74
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	$1,075.20	New code for 2016	$1,075.20
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	$1,184.11	New code for 2016	$1,184.11
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	$1,443.86	New code for 2016	$1,443.86
NOTE: This is not an all-inclusive list of procedural code changes.				

Table 4: Changes in Physician (Facility) Fee Schedule Reimbursement for Procedures of Interest NOTE: This applies to procedures performed in a hospital or ambulatory surgery center (ASC).				
CPT Code	Procedural Description	2016 Medicare Facility Physician Fee Schedule	2015 Medicare Facility Physician Fee Schedule	Payment Difference
50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous	Deleted for 2016	$226.74	($226.74)
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	$228.58	New code for 2016	$228.58
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	$282.32	New code for 2016	$282.32
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	$216.40	New code for 2016	$216.40

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Table 4: Changes in Physician (Facility) Fee Schedule Reimbursement for Procedures of Interest (continued)

NOTE: This applies to procedures performed in a hospital or ambulatory surgery center (ASC).

CPT Code	Procedural Description	2016 Medicare Facility Physician Fee Schedule	2015 Medicare Facility Physician Fee Schedule	Payment Difference
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	$104.98	New code for 2016	$104.98
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	$226.43	New code for 2016	$226.43
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	$292.71	New code for 2016	$292.71
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	$370.82	New code for 2016	$370.82

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