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], Outpatient Prospective Payment System (OPPS) [Table 2], and Physician (Non-Facility) Fee Schedule (PFS) [Table 3] for 2017. 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 2016 to 2017. There were no changes to the PFS (Facility) 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	2017 Ambulatory Surgery Center Fee Schedule	2016 Ambulatory Surgery Center Fee Schedule	Payment Difference
36555	Insertion of non-tunneled centrally inserted central venous catheter, younger than 5 years of age	$369.36	$482.30	($112.94)
36556	Insertion of non-tunneled centrally inserted central venous catheter, age 5 years or older	$369.36	$482.30	($112.94)
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	$2,118.71	$1,256.58	$862.03
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age	$369.36	$482.30	($112.94)
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	$369.36	$482.30	($112.94)
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	$369.36	$482.30	($112.94)
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	$369.36	$482.30	($112.94)
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	$3,599.73	$2,122.27	$1,477.46
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access	$369.36	$482.30	($112.94)
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	$369.36	$482.30	($112.94)
36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	$369.36	$482.30	($112.94)
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	$369.36	$482.30	($112.94)

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	2017 Hospital Outpatient Payment	2016 Hospital Outpatient Payment	Payment Difference
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	$1,269.25	$1,037.50	$231.75
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	$1,269.25	$1,037.50	$231.75
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	$1,269.25	$1,037.50	$231.75

Table 2 Continued on next page

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.

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Table 2: Changes in Hospital Outpatient Reimbursement for Procedures of Interest (Continued)				
CPT Code	Procedural Description	2017 Hospital Outpatient Payment	2016 Hospital Outpatient Payment	Payment Difference
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed, with bronchial or endobronchial biopsy(s), single or multiple sites	$1,269.25	$1,037.50	$231.75
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed, with placement of fiducial markers, single or multiple	$4,361.11	$3,066.48	$1,294.63
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	$2,430.20	$1,991.92	$438.28
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	$2,430.20	$1,991.92	$438.28
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)	$1,269.25	$1,037.50	$231.75
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	$2,430.20	$1,991.92	$438.28
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	$2,430.20	$1,991.92	$438.28
36555	Insertion of non-tunneled centrally inserted central venous catheter, younger than 5 years of age	$683.84	$862.51	($178.67)
36556	Insertion of non-tunneled centrally inserted central venous catheter, age 5 years or older	$683.84	$862.51	($178.67)
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	$3,922.62	$2,247.33	$1,675.29
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	$2,359.60	$2,247.33	$112.27
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	$2,359.60	$2,247.33	$112.27
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	$2,359.60	$2,247.33	$112.27
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	$3,922.62	$3,795.28	$127.34
36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	$2,359.60	$2,247.33	$112.27
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	$3,922.62	$3,795.28	$127.34
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age	$683.84	$862.51	($178.67)
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	$683.84	$862.51	($178.67)
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age	$2,359.60	$2,247.33	$112.27
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	$2,359.60	$2,247.33	$112.27
36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	$683.84	$482.83	$201.01
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	$683.84	$862.51	($178.67)

Table 2 Continued on next page

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Table 2: Changes in Hospital Outpatient Reimbursement for Procedures of Interest (Continued)				
CPT Code	Procedural Description	2017 Hospital Outpatient Payment	2016 Hospital Outpatient Payment	Payment Difference
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	$2,359.60	$2,247.33	$112.27
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	$683.84	$862.51	($178.67)
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	$2,359.60	$2,247.33	$112.27
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	$2,359.60	$2,247.33	$112.27
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venousaccess	$3,922.62	$3,795.28	$127.34
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access	$683.84	$862.51	($178.67)
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venousaccess	$2,359.60	$2,247.33	$112.27
36589	Removal of tunneled central venous catheter, withoutsubcutaneous port or pump	$683.84	$482.83	$201.01
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	$683.84	$862.51	($178.67)
36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	$2,359.60	$2,247.33	$112.27
36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	$683.84	$862.51	($178.67)
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	$683.84	$862.51	($178.67)
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	$3,922.62	$3,795.28	$127.34
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	$2,359.60	$2,247.33	$112.27
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	$2,359.60	$2,247.33	$112.27
37200	Transcatheter biopsy	$3,922.62	$3,795.28	$127.34
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	2017 Medicare Non-Facility Physician Fee Schedule	2016 Medicare Non-Facility Physician Fee Schedule	Payment Difference
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	$1,024.98	$1,373.45	($348.47)
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	$1,254.31	$1,357.34	($103.03)
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	$1,272.25	$1,395.29	($123.04)
NOTE: This is not an all-inclusive list of procedural code changes.				