

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) [Tables 3 and 4] 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. 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
19350	Nipple/areola reconstruction	\$1,005.57	\$1,223.47	(\$217.90)

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
19350	Nipple/areola reconstruction	\$2,498.42	\$2,187.94	\$310.48
19499	Unlisted procedure, breast	\$2,498.42	\$2,187.94	\$310.48
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	\$9,748.31	\$9,542.35	\$205.96
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiological service;	\$1,643.96	\$1,506.42	\$137.54
58555	Hysteroscopy, diagnostic (separate procedure)	\$2,084.59	\$1,861.18	\$223.41
58558	Hysteroscopy, surgical, with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	\$2,084.59	\$1,861.18	\$223.41
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	\$3,809.24	\$3,660.20	\$149.04
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	\$3,809.24	\$3,660.20	\$149.04
58561	Hysteroscopy, surgical; with removal of leiomyomata	\$3,809.24	\$3,660.20	\$149.04
58562	Hysteroscopy, surgical; with removal of impacted foreign body	\$2,084.59	\$1,861.18	\$223.41
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	\$3,809.24	\$3,660.20	\$149.04
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	\$3,809.24	\$3,660.20	\$149.04
59160	Curettage, postpartum	\$2,084.59	\$1,861.18	\$223.41
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	\$2,084.59	\$1,861.18	\$223.41
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	\$2,084.59	\$1,861.18	\$223.41

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.

Table 3: Changes in Physician (Facility) Reimbursement for Procedures of Interest

CPT Code	Procedural Description	2017 Physician (Facility) Fee Schedule	2016 Physician (Facility) Fee Schedule	Payment Difference
58561	Hysteroscopy, surgical; with removal of leiomyomata	\$449.33	\$554.25	(\$104.92)

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

Table 4: Changes in Physician (Non-Facility) Reimbursement for Procedures of Interest

CPT Code	Procedural Description	2017 Physician (Non-Facility) Fee Schedule	2016 Physician (Non-Facility) Fee Schedule	Payment Difference
58558	Hysteroscopy, surgical, with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	\$1,382.07	\$409.60	\$972.47

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

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