

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 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 and OPPS from 2016 to 2017. 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	2017 Ambulatory Surgery Center Fee Schedule	2016 Ambulatory Surgery Center Fee Schedule	Payment Difference
10180	Incision and drainage, complex, postoperative wound infection	\$1,030.52	\$790.85	\$239.67
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	\$1,352.27	\$1,195.26	\$157.01
19350	Nipple/areola reconstruction	\$1,005.57	\$1,223.47	(\$217.90)
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	\$1,113.05	\$1,301.02	(\$187.97)
49565	Repair recurrent incisional or ventral hernia; reducible	\$2,037.05	\$1,460.91	\$576.14
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	\$2,037.05	\$1,460.91	\$576.14

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
10180	Incision and drainage, complex, postoperative wound infection	\$2,148.00	\$1,414.28	\$733.72
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	\$2,503.63	\$2,137.49	\$366.14
19350	Nipple/areola reconstruction	\$2,498.42	\$2,187.94	\$310.48
45999	Unlisted procedure, rectum	\$667.40	\$492.45	\$174.95
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	\$2,166.60	\$2,326.64	(\$160.04)
49560	Repair initial incisional or ventral hernia; reducible	\$2,861.53	\$2,612.57	\$248.96
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	\$2,861.53	\$2,612.57	\$248.96
49565	Repair recurrent incisional or ventral hernia; reducible	\$4,197.36	\$2,612.57	\$1,584.79
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	\$4,197.36	\$2,612.57	\$1,584.79
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	\$4,197.36	\$4,001.15	\$196.21
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	\$4,197.36	\$4,001.15	\$196.21
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	\$6,966.89	\$6,860.91	\$105.98

Table 2 continues on next page

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
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	\$6,966.89	\$6,860.91	\$105.98
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	\$6,966.89	\$6,860.91	\$105.98
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	\$6,966.89	\$6,860.91	\$105.98
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	\$4,197.36	\$4,001.15	\$196.21

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.