

2022 Centesis and Drainage Coding and Reimbursement Guide

Introduction

Coverage, coding and payment for medical procedures and devices can be complicated and confusing. This guide was developed to assist with Medicare reporting and reimbursement when performing centesis and drainage procedures.

Coverage

Medicare carriers may issue Local Coverage Decisions (LCDs) listing criteria that must be met prior to coverage. Physicians are urged to review these policies <http://www.cms.hhs.gov/mcd/search.asp?> and contact their carrier's medical director <http://www.cms.hhs.gov/apps/contacts/> or commercial insurers to determine if a procedure is covered.

Coding

Thoracentesis

32554 Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance

32555 Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance

Pleural drainage

32556 Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance

32557 Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance

Pericardiocentesis

33016 Pericardiocentesis, including imaging guidance, when performed

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Payment

CPT® Code	Procedure Description	Ambulatory Surgery Center		Outpatient Hospital		Physician Services	
		Facility Payment (National Medicare Avg) ¹	APC	Facility Payment (National Medicare Avg) ²	APC	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³	Fee When Procedure Is Performed in Office (National Medicare Avg) ³
Thoracentesis							
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	\$279.95	5181	\$552.04		\$90.67	\$249.51
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	\$279.95	5181	\$552.04		\$111.09	\$334.30
Pleural drainage							
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	\$706.87	5302	\$1,658.81		\$125.62	\$796.29
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	\$558.36	5182	\$1,436.16		\$150.88	\$709.43
Pericardiocentesis							
33016	Pericardiocentesis, including imaging guidance, when performed	\$558.36	5182	\$1,436.16		\$238.78	N/A*

N/A* - Medicare has not developed a rate for procedure in this setting.

¹ 2022 Medicare Ambulatory Surgery Center Fee Schedule

² 2022 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule

³ 2022 Medicare Physician Fee Schedule

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2022 physician fees for your local area can be found at the following CMS links:

<https://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

or

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>



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