

2024 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 <https://www.cms.gov/medicare-coverage-database/search.aspx> 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 | 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 | \$325.88 | 5181 | \$599.17 | \$86.88 | \$233.35 | |
| 32555 | Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance | \$325.88 | 5181 | \$599.17 | \$106.52 | \$311.24 | |
| Pleural drainage | | | | | | | |
| 32556 | Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance | \$831.84 | 5302 | \$1,814.88 | \$121.83 | \$735.65 | |
| 32557 | Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance | \$619.20 | 5182 | \$1,527.52 | \$145.47 | \$652.44 | |
| Pericardiocentesis | | | | | | | |
| 33016 | Pericardiocentesis, including imaging guidance, when performed | \$619.20 | 5182 | \$1,527.52 | \$228.69 | N/A* | |

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

¹ 2024 Medicare Ambulatory Surgery Center Fee Schedule

² 2024 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule

³ 2024 Medicare Physician Fee Schedule

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2024 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>



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