

CODING AND REIMBURSEMENT GUIDE

Critical Care

CONTACT

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DISCLAIMER

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Critical Care

		Ambulatory Surgery Center		Hospital Outpatient			Physician Services		
CPT Code	Procedure Description	Payment Indicator ¹	Facility Payment ¹	Status Indicator ²	APC ²	Facility Payment ²	Work RVUs ³	Physician (Facility) ³	Physician (Non-Facility) ³
Percutaneous Tracheostomy									
31600	Tracheostomy, planned (separate procedure)	G2	\$1,480.50	J1	5164	\$3,387.27	5.42	\$274.25	NA
Thoracentesis									
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	G2	\$344.58	T	5181	\$640.89	1.77	\$79.55	\$261.83
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	G2	\$344.58	T	5181	\$640.89	2.21	\$94.32	\$312.51
Pleural Drainage									
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	G2	\$894.33	J1	5302	\$1,960.47	2.44	\$112.45	\$845.90
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	G2	\$649.99	J1	5182	\$1,608.25	3.04	\$129.91	\$651.55
Pericardiocentesis									
33016	Pericardiocentesis, including imaging guidance, when performed	G2	\$649.99	J1	5182	\$1,608.25	4.29	\$205.10	NA
Endobronchial Ultrasound (EBUS) Biopsy									
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	G2	\$1,696.42	J1	5154	\$3,809.10	4.35	\$199.06	\$1,363.51
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	G2	\$1,696.42	J1	5154	\$3,809.10	4.84	\$220.20	\$1,407.15
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic interventions(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	N1	NA	N	NA	NA	1.37	\$60.09	\$131.92
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	A2	\$843.77	J1	5153	\$1,818.45	2.56	\$119.84	\$304.46
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	A2	\$843.77	J1	5153	\$1,818.45	3.03	\$141.32	\$386.36
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	A2	\$1,696.42	J1	5154	\$3,809.10	3.46	\$159.45	\$410.87
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	A2	\$1,696.42	J1	5154	\$3,809.10	3.66	\$169.18	\$499.82
31632	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	N1	NA	N	NA	NA	1.00	\$43.30	\$69.48
31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	N1	NA	N	NA	NA	1.29	\$56.39	\$86.60

1. 2026 Medicare Ambulatory Surgery Center Fee Schedule

2. 2026 Medicare Hospital Outpatient Prospective Payment System

3. 2026 Medicare Physician Fee Schedule. The rates shown in this guide reflect the CY 2026 qualifying APM conversion factor of \$33.57. For reference, the CY 2026 nonqualifying APM conversion factor is \$33.40.

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