

Medicare's 2022 Fee Schedule for Cardiovascular ASC and OBL Procedures: 5 Details

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In the past 10 years, we have seen Medicare shift many cardiovascular procedures to the outpatient site of service: peripheral arterial disease (PAD), electrophysiology (EP) implants, diagnostic coronary catheterizations, percutaneous coronary intervention (PCI), and complex PCI. In an unprecedented move, Medicare removed 255 cases from the ambulatory surgical center (ASC) payable list for 2022, and several of these cases impact cardiovascular procedures. Optimism is still very high on cardiovascular outmigration with over 100 operational cardiovascular ASCs and several dozen currently under development across the United States.

(1) We have essentially reached reimbursement site neutrality for PAD.

For years, PAD has reimbursed higher in the office-based laboratory (OBL) versus the ASC. For 2022 for the combined codes 37224 to 37231, the ASC rates are approximately 5% higher than the OBL when adding in the professional fee. Some

PAD cases will reimburse higher in the OBL, while others pay more in the ASC (see Figure 1 example), which may lead to confusion as to which setting is best for each specific PAD procedure.

Thanks to the valiant efforts of the Cardiovascular Coalition (CVC), the cuts were not as large as expected. However, the cuts themselves should come as no surprise, since Medicare has proposed significant cuts in PAD reimbursement in the OBL since 2015. With the American Medical Association's reclassification of lower-extremity CPT codes for 2023, more cuts could be coming in 2023.

(2) PCI and diagnostic caths received a +2-3% increase in Medicare reimbursement in the ASC, but still no Medicare reimbursement for fractional flow reserve (FFR) in the ASC.

(3) EP Implants: Pacemakers, implantable cardioverter defibrillators (ICDs), and loop recorders received a +2% to 3% increase in

Table 1. Cardiovascular procedures that have been removed by Medicare from the ASC site of service.

37191	Insertion of endovascular vena cava filter
37193	Removal of endovascular vena cava filter
C9602	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft
C9607	Percutaneous transluminal revascularization of chronic total occlusion.

ASC reimbursement for 2022, but nothing new was announced on EP ablation. Several cardiovascular ASCs are performing right heart ablation on patients with commercial insurance plans, so it wouldn't be surprising to see Medicare add it to the ASC payable list soon.

(4) Implantable loop recorders (ILRs) received an -11.5% reduction in Medicare reimbursement in the office to \$4600, while ILR Medicare reimbursement in the ASC gained +3% to \$7200.

(5) Medicare has removed cardiovascular procedures of note from the ASC site of service (Table 1).

In conclusion, while removing these codes from the ASC approved list for 2022 won't materially impact the financial performance of many cardiovascular ASCs, it sets a concerning precedent that Medicare can randomly remove previously approved cases in ASCs.

We can do our part in delivering excellent clinical outcomes by adhering to appropriate use criteria and participating in data collection. All key stakeholders should consider collaboration and participation in proper representation in Washington, D.C. in order to ensure our ASCs are effectively represented. ■

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Higher ASC reimbursement on Fem/pop revascularization with atherectomy & stent

	OBL	ASC ↑~9%
CPT 37227	\$11,883	\$13,039 (Includes professional fee)

Higher OBL reimbursement on Fem/pop revascularization with atherectomy

	OBL	ASC ↑~11%
CPT 37225	\$9,274	\$8,172 (Includes professional fee)

Figure 1. Some PAD cases will reimburse higher in the OBL, while others pay more in the ASC, which may lead to confusion as to which setting is best for each specific PAD procedure.