ASC vs OBL vs HYBRID

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Disclosure

- Founder and CEO of Vascular Management Associates- a company founded to assist endovascular specialists open and operate outpatient interventional suites

In this talk:

- OBL vs ASC:
  - Definition
  - Regulation
  - Ownership
  - Billing
  - Buildout
  - Procedures allowed
  - Reimbursement
  - Costs
- Hybrid considerations

Definition

Office

- Place of service code 11
- Per CMS: Location, other than a hospital, SNF (skilled nursing facility), military treatment facility, community health center, State or local public health clinic, or ICF (intermediate care facility), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis

Ambulatory Surgery Center

- Place of service code 24
- CMS: A freestanding facility (other than a physician's office) where surgical and diagnostic services are provided on an ambulatory basis

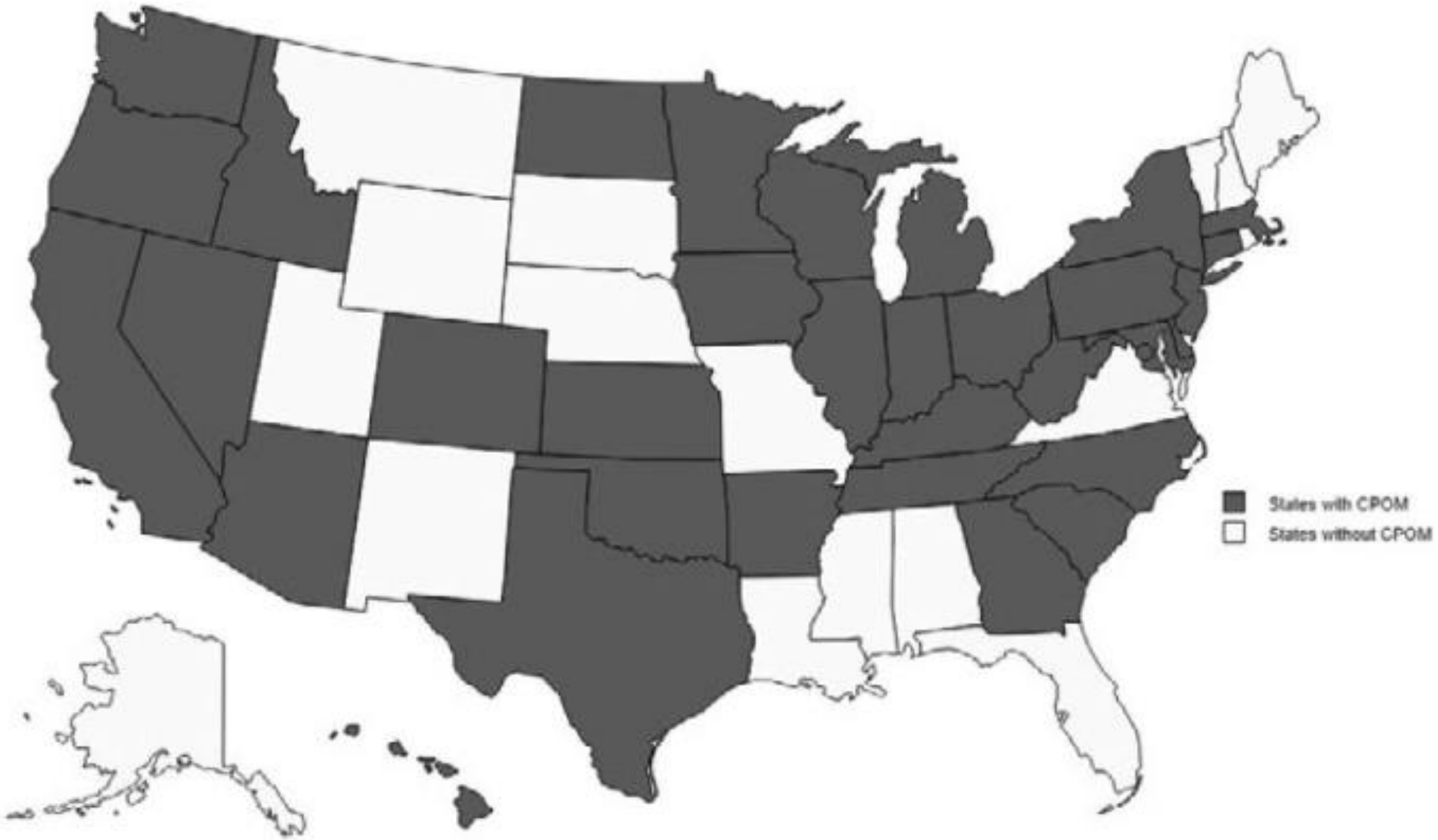
Regulation

Office	ASC
• Office-based surgery/anesthesia generally regulated by Medical Board and/or the State • May or may not require certificate of need or special permits for office-based surgery (depending on state) • No special regulation from Medicare for participation as long as billing provider and practice are Medicare participants • A few states (like Florida) require state inspection and/or accreditation	• ASC operation/licensing generally regulated by the State • In most states, requires a certificate of need and/or state licensing • Strict layout/building requirements: size of hallways, number of beds, parking spaces, HVAC requirements, etc. • Requires Medicare-Deemed status to receive reimbursement from Medicare

Ownership

Office	ASC
• Can only be owned by medical professionals in states with corporate practice of medicine laws (such as Texas and California)	• Can be owned by non-medical professionals or corporations.

FIGURE 1. CPOM Applicability in the U.S.



From EMRA Advocacy Handbook, 4th Edition, 2016

Billing

Office (11)	ASC (24)
• Does not bill separate facility fee • Professional "non-facility" fee covers both the physician's professional service and the costs of providing that service in the office, such as rent, staffing, equipment, and supplies	• Physicians bill for their professional services and the ASC bills separately for the facility fee • May be able to bill for devices and supplies, but varies depending upon insurance company

Building/Build-out

Office
• No special regulations • General life-safety and building codes apply (OSHA, State, City) • Provide for patient safety and comfort

ASC
• Generally very stringent • Very specific HVAC and space requirements • Can be difficult to retro-fit an existing facility to ASC requirements

Procedures allowed

- For both office and ASC, only elective (not emergent) procedures should be performed
- Low risk of complications
- No overnight stay
- Transfer unlikely

Reimbursement

Office	ASC
• All peripheral vascular diagnostic and all therapeutic except carotid and AAA • Thrombolysis pro fee only • Iliac atherectomy not paid • Additional non-lower extremity arterial and venous stent paid	• All peripheral diagnostic and therapeutic except carotid, AAA, and tibials • Thrombolysis allowed • Iliac atherectomy paid • Additional non-lower extremity arterial and venous stent not paid

Differences in Reimbursements

- Most endovascular cases are reimbursed better in the OBL than in the ASC.
- The main exceptions are hemodialysis declot procedures which may be reimbursed better in the ASC

Reimbursement Examples

CPT	Description	POS 11	Total ASC	POS 24 (facility pmt)	Professional Pmt ASC
37224	Fem-pop angioplasty	$4,192	$3,249	$2,774	$475
37225	Fem-pop atherectomy/pta	$14,530	$7,724	$6,159	$646
37226	Pta/stent	$12,603	$6,0667	$5,978	$556
37227	Stent/atherectomy/pta	$18,730	$10,725	$9,48	$776
37220	Iliac pta	$3,482	$2,352	$1,924	$428
37221	Iliac stent/pta	$4,954	$6,134	$5,605	$529
37238	Venous stent	$4,303	$5,970	$5,642	$327
37238 + 36010 + 75820 + 37252	Venous stent + venous cath + venogram + IVUS (one vessel)	$5,359	$6,222	$5,970	$252
36475	RFA	$1,676	$1,554	$1,255	$299
37252	IVUS	$1,500	$97	$-	$97

Reimbursement Examples- AVF

CPT	Description	POS 11	Total ASC	POS 24 (facility pmt)	Professional Pmt ASC
36901	Shuntogram	$752	$684	$501	$ 182
36902	Shuntogram/pta	$1,494	$2,185	$1,924	$ 261
36903	Shuntogram/pta/stent	$6,402	$6,111	$5,766	$ 344
36904	Shuntogram/thrombectomy	$2,196	$2,327	$1,924	$ 402
36905	Shuntogram/pta/ thrombectomy	$2,766	$4,382	$3,898	$ 483
36906	Shuntogram/pta/ thrombectomy/ stent	$7,831	$9,900	$ 9,343	$557
36907	+ pta central	$844	$159	$ -	$159
36908	+ pta/stent central	$2,851	$224	$ -	$ 224
36909	+ Embolization	$2,299	$217	$	$ 217
36821	AVF Creation	$711	$1,966	$1,254	$711

Reimbursement Examples- Cardiac

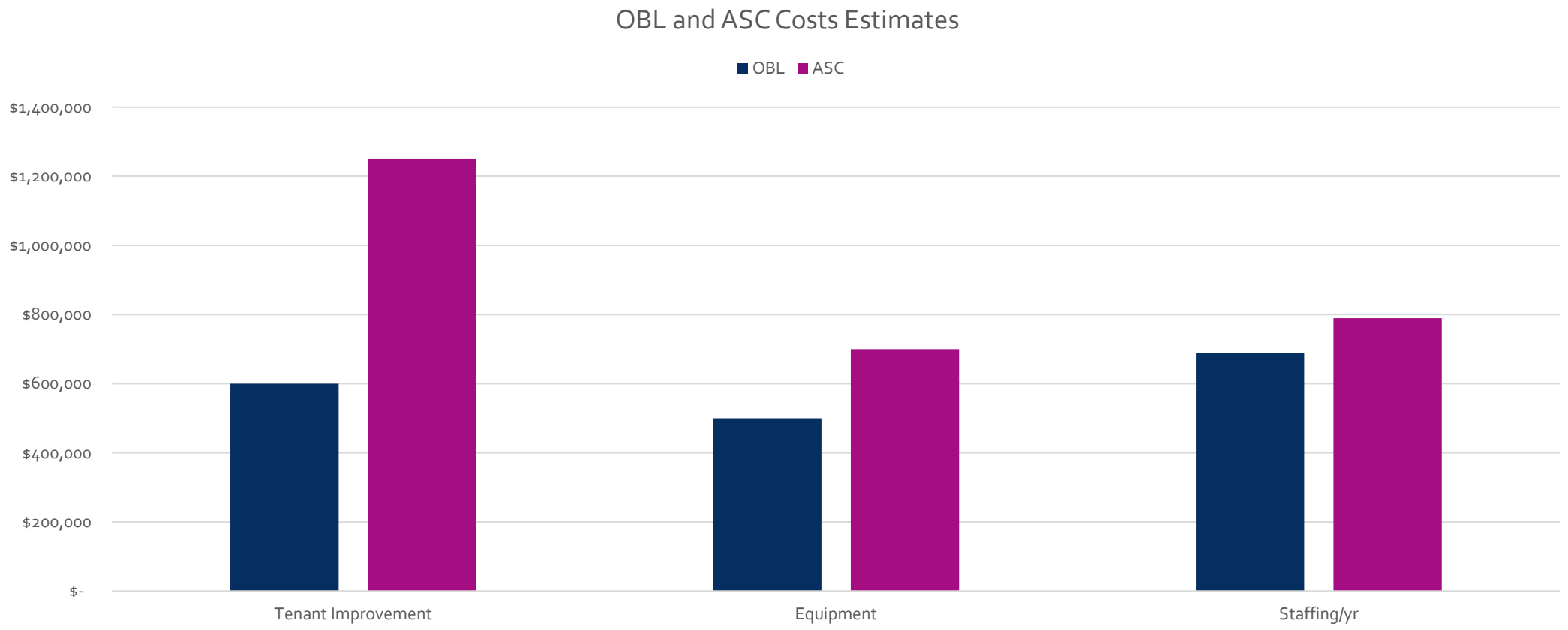
CPT	Description	POS 11	Total ASC
33208	Insert PM with atrial and ventricular leads	$545	$8,065
93454	Coronary angiogram	$1,015	$1,306
33230	Insert dual lead ICD	$417	$19,481

Reimbursement Examples- IR

CPT	Description	POS 11	Total ASC	POS 24 (facility pmt)	Professional Pmt ASC
22513	Thoracic kyphoplasty	$8,217	$3,201	$2,636	$565
37243	Uterine artery embolization	$11,520	$4,517	$3,898	$618
36558	Insert tunneled CVC w/o port	$887	$1,542	$1,254	$287
36571	Insert PICC with port	$1,479	$1,595	$1,254	$340

Costs

	OBL	ASC
Tenant Improvement	$ 600,000	$ 1,250,000
Equipment	$ 500,000	$ 700,000
Staffing/yr	$ 690,000	$ 790,000



ASC or OBL?

Advantage Office
• Most endovascular procedures

Advantage ASC
• Hemodialysis thrombectomy procedures • Creation AVF • Pacemaker • Iliac artery intervention • Venous stent • Ports

Hybrid Considerations

- Generally, the OBL and ASC cannot operate at the same time
- Hybrid practices use some days per week as OBL and others as ASC
- Expensive to retro-fit an OBL to ASC; consider costs
- If starting from scratch, consider build-out according to ASC specifications so you can convert to hybrid at any time

Conclusion

- OBL remains a good option for most endovascular procedures
- Hybrid options becoming more popular for access declot and cardiac procedures
- Evaluate your procedures and reimbursement to determine options
- If starting from scratch, best option may be to build to ASC standards since retro-fitting generally expensive