



Medicare approved 400+ interventional radiology ASC codes — Is it time to invest?

Written by Angie Stewart | September 14, 2018 | [Print](#) | [Email](#)

Interventional radiology ASCs have more ways than ever to collect for procedures, thanks to a surge in the number of billing codes supporting these facilities, according to [Mark F. Weiss and Cecilia Kronawitter](#).

Here's what you should know:

1. irASCs are reimbursed as ASCs rather than imaging centers. They receive payment from Medicare and other payers based on current procedural terminology coded facility fees to ASCs.
2. In 2015, Medicare approved about 30 codes for irASC payment. The low number of codes available discouraged irASC investment, and IR procedures were instead performed in hospitals or physician offices.
3. In 2016, there was a spike in billing codes for irASCs. Medicare added approximately 117 new IR procedure codes in its 2016 ASC Fee Schedule, followed by nearly 90 more in 2017. This year, Medicare added 176 for a total of more than 413 irASC CPT codes.
4. Mr. Weiss and Ms. Kronawitter expect irASC codes to expand more as Medicare and commercial payers move cases from hospitals to ASCs to cut costs. Some interventional radiology procedures that cost around \$25,000 in a hospital can be performed in an irASC for between \$10,000 and \$15,000 without sacrificing profit, the authors said.
5. To develop an irASC, start with analyzing projected cases, case volumes, collections and development and operation costs, Mr. Weiss and Ms. Kronawitter suggested. Consider hiring a consultant with irASC experience, then assemble a deal-oriented, irASC-experienced team.

Mr. Weiss and Ms. Kronawitter concluded, "irASCs present a tremendous opportunity for interventional radiologists and their groups to capture both the professional fee and the facility fee for many interventional procedures. With careful analysis and planning, investment in a properly structured and designed irASC can deliver a tremendous and ongoing financial return."

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