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Medicare National Rates

OFFICE – SITE OF SERVICE 11

Laryngoscopy, flexible; Fiberoptic	CPT® Code ¹	Physician Payment ^{2, 3}
Diagnostic	31575	\$115.20
With Biopsy	31576	\$269.64
With Stroboscopy	31579	\$183.24
Endoscopy Swallow Test (FEES)	92612	\$194.76

HOSPITAL – SITE OF SERVICE 21, 22 AND 23

Laryngoscopy, flexible; Fiberoptic	CPT® Code	Physician Payment	APC Code	Hospital Outpatient Payment ⁴
Diagnostic	31575	\$68.76	5151	\$157.08
With Biopsy	31576	\$269.64	5153	\$1,323.70
With Stroboscopy	31579	\$122.76	5152	\$375.47
Endoscopy Swallow Test	92612	\$69.48	n/a	n/a

AMBULATORY SURGICAL CENTER – SITE OF SERVICE 24

Laryngoscopy, flexible; Fiberoptic	CPT® Code	Physician Payment	ASC Payment ⁵
Diagnostic	31575	\$68.76	\$76.68
With Biopsy	31576	\$269.64	\$588.22
With Stroboscopy	31579	\$122.76	\$106.20
Endoscopy Swallow Test	92612	\$69.48	n/a

Relative Value Units

Coding	Office Based			Facility Based		
	Physician Reimbursement			Facility Reimbursement		
CPT® Code	Work RVU	Practice RVU	Malpractice RVU	Work RVU	Practice RVU	Malpractice RVU
31575	.94	2.13	.13	.94	.84	.13
31576	1.89	5.34	.26	1.89	1.23	.26
31579	1.88	2.95	.26	1.88	1.27	.26
92612	1.27	4.07	.07	1.27	.59	.08

¹ Current Procedural Terminology (CPT) is a copyright of the American Medical Association. All rights reserved. No fee schedules, basic units, relative values, or related listing are included in CPT.
² CY 2018 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Medicare Part B. CMS-1676-F. Final Rule. 2017-11-15. [CY 2018 PFS Final Rule Addenda](#)
³ "Allowed Amount" is the payment Medicare determines to be the maximum allowance for any Medicare covered service. Actual payment will vary based on the geographically adjusted maximum allowed amount less any applicable deductible, coinsurance, etc. ⁴ Hospital Outpatient Prospective Payment- Final Rule with Comment Period and CY2018 Payment Rates. 2017-12-27. [CY 2018 OPFS Addenda](#) ⁵ January 2018 ASC Approved HCPCS Code and Payment Rates (Updated 12/22/17). [CY 2018 ASC Payment Rate](#). Federal law (USA) restricts this device to sale by or on the order of a physician. For complete instructions for use, storage, warnings, indications, contraindications, precautions, adverse reactions and disclaimer of warranties, please refer to the insert accompanying each product or online at www.cogentixmedical.com. 10116D 1/18 © 2015 Cogentix Medical. All rights reserved.