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Medicare National Rates

OFFICE – SITE OF SERVICE 11

Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance	CPT® Code ¹	Physician Payment ^{2, 3}
Diagnostic, with or without cell washing (separate procedure)	31622	\$246.20
With bronchial or endobronchial biopsy(s), single or multiple sites	31625	\$338.43
With transbronchial lung biopsy(s), single lobe	31628	\$358.89
With transbronchial lung biopsy(s), each additional lobe (listed separately in addition to code for primary procedure)	31632	\$66.04

HOSPITAL – SITE OF SERVICE 21, 22 AND 23

Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance	CPT® Code	Physician Payment	APC Code	Hospital Outpatient Payment ⁴
Diagnostic, with or without cell washing (separate procedure)	31622	\$136.74	5153	\$1,269.79
With bronchial or endobronchial biopsy(s), single or multiple sites	31625	\$162.58	5153	\$1,269.79
With transbronchial lung biopsy(s), single lobe	31628	\$182.67	5154	\$2,431.23
With transbronchial lung biopsy(s), each additional lobe (listed separately in addition to code for primary procedure)	31632	\$50.96	n/a	n/a

AMBULATORY SURGICAL CENTER – SITE OF SERVICE 24

Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance	CPT® Code	Physician Payment	ASC Payment ⁵
Diagnostic, with or without cell washing (separate procedure)	31622	\$136.74	\$569.54
With bronchial or endobronchial biopsy(s), single or multiple sites	31625	\$162.58	\$569.54
With transbronchial lung biopsy(s), single lobe	31628	\$182.67	\$1,118.35
With transbronchial lung biopsy(s), each additional lobe (listed separately in addition to code for primary procedure)	31632	\$50.96	n/a

Relative Value Units

Coding	Office Based			Facility Based				
	Physician Reimbursement			Physician Reimbursement			Facility Reimbursement	
CPT® Code	Work RVU	Practice RVU	Malpractice RVU	Work RVU	Practice RVU	Malpractice RVU		
31622	2.53	4.05	0.28	2.53	1.00	0.28		
31625	3.11	6.04	0.28	3.11	1.14	0.28		
31628	3.55	6.17	0.28	3.55	1.26	0.28		
31632	1.03	0.73	0.08	1.03	0.31	0.08		

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