

FLOWNOMICS™

Pump Reimbursement Resources

Prometra® II Pump

The Flowonix Prometra drug delivery system was designed with a simple goal in mind: to accurately deliver Infumorph, a specialized pain medication to patients suffering from long term pain in an effort to help them reclaim their lives. Flowonix is committed to providing our customers with insightful information on health policy and reimbursement. As part of this commitment, we are providing you with the latest updates specific to the 2022 Medicare Final Rules published in the Federal Register.

On November 16, 2021 the Centers for Medicare and Medicare Services (CMS) released the 2022 Final Rules for Outpatient Payment Prospective System (OPPS); Ambulatory Surgery Centers (ASC); Physician Fee Schedule (PFS) and Inpatient Hospital (IPPS). Final policy and payment rates are effective **January 1, 2022**.

Please see the tables below for the following payment highlights for Ambulatory Surgery Center, Hospital Outpatient, Hospital Inpatient and Physician Fee Schedule.

Table 1. Ambulatory Surgery Center (ASC) – Implant

Implant ASC	2022 Rate	2021 Rate	Change in \$	% of Change
CPT Codes and Description				
62362 Pump	\$14,469	\$14,163	\$307	2.2%
62350 Catheter*	\$3,613	\$3,533	\$81	2.3%
Total ASC Catheter & Pump	\$18,082	\$17,696	\$388	2.2%
*Subject to multi-procedure rule - payable at 50%				
Total Using Multi-Procedure Rule	\$16,276	\$15,930	\$346	2.2%

Table 2. Ambulatory Surgery Center – Trial

Trial ASC	2022 Rate	2021 Rate	Change in \$	% of Change
CPT Codes and Description				
ASC Trial 62323	\$329	\$321	\$8	2.5%
ASC Tunneled Trial 62327	\$426	\$416	\$10	2.4%

Table 3. Outpatient Hospital – Implant

Implant Outpatient Hospital	2022 Rate	2021 Rate	Change in \$	% of Change
APC, CPT Codes and Description				
5471, 62362, Pump Implant	\$17,405	\$17,032	\$373	2.2%

Table 4. Outpatient Hospital – Trial

Trial Outpatient Hospital	2022 Rate	2021 Rate	Change in \$	% of Change
APC, CPT Codes and Description				
5442, 62323 Trial	\$648	\$635	\$13	2.0%
5443, 62327 Tunneled Trial	\$841	\$822	\$19	2.3%

Table 5. Inpatient Hospital – Trial Codes

Trial Inpatient Hospital	2022 Rate	2021 Rate	Change in \$	% of Change
DRG Codes and Description				
DRG 091 Other Disorders of Nervous System W/MCC	\$9,972	\$9,714	\$258	2.7%
DRG 092 Other Disorders of Nervous System W/CC	\$5,974	\$5,810	\$164	2.8%
DRG 093 Other Disorders of Nervous System W/O CC/MCC	\$4,725	\$4,603	\$122	2.7%

Table 6. Inpatient Hospital – Implant Codes

Implant Inpatient Hospital	2022 Rate	2021 Rate	Change in \$	% of Change
DRG Codes and Description				
DRG 040 Periph/Cranial Nerve & Other Nerv Syst Proc W/MCC	\$23,346	\$23,317	\$29	0.1%
DRG 041 Periph/Cranial Nerve & Other Nerv Syst Proc W/CC	\$14,194	\$13,851	\$343	2.5%
DRG 042 Periph/Cranial Nerve & Other Nerv Syst Proc W/O CC/MCC	\$11,484	\$11,105	\$379	3.4%

Table 7. Physician Trial Fees

Trial Physician Fees	2022 Rate	2021 Rate	Change in \$	% of Change
CPT Codes and Description				
62323 Trial	\$270	\$274	\$(4)	-1.5%
62323 Trial in a Facility (ASC/In or Out Patient Hospital)	\$101	\$101	–	0.0%
62327 Tunneled Trial	\$276	\$275	\$1	0.4%
62327 Tunneled Trial in a Facility (ASC/In or Out Patient Hospital)	\$106	\$105	\$1	1.0%

Table 8. Physician Implant Fees

Implant Physician Fees	2022 Rate	2021 Rate	Change in \$	% of Change
CPT Codes and Description				
62350 Catheter Implant	\$407	\$409	\$(2)	-0.5%
62362 Pump Implant	\$394	\$397	\$(3)	-0.8%
Total Physician Implant Fees	\$801	\$806	\$(5)	-0.6%

Table 9. Physician Office Refill/Post MRI Management Fees

Refill Management Physician Fees	2022 Rate	2021 Rate	Change in \$	% of Change
CPT Codes and Description				
62370 Refill with Programming	\$96	\$101	\$(5)	-5.0%
76942 <i>Ultrasound</i>	\$59	\$59	–	0.0%
99213 Evaluation and Management	\$92	\$92	–	0.0%
Total Physician Refill Management Fees	\$247	\$252	\$(5)	-2.2%

Disclaimer: Flowonix Medical provides this information for your convenience only. It is not intended as a recommendation regarding clinical practice. It is the responsibility of the physician or facility to determine coverage, submit appropriate codes, modifiers and charges for the services that were rendered. Customers must contact their payers for interpretation of coverage, coding and payment policies.

Sources: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FeeScheduleGenInfo/index>