| Code | Mod | Short Descriptor | 2016 Non-facility | 2016 Facility | 2017 Non-facility | 2017 Facility | Non-fac. Difference | Fac. Difference |
|---|---|---|---|---|---|---|---|---|
| 33208 | | Insert heart PM atrial & ven | NA | $553.53 | NA | $543.35 | NA | -$10.18 |
| 33228 | | Remv & replc pm gen dual lead | NA | $379.53 | NA | $367.50 | NA | -$12.03 |
| 33229 | | Remv & replc pm gen mult leads | NA | $399.93 | NA | $389.39 | NA | -$10.54 |
| 33249 | | Eltrd/insert pace-defib | NA | $962.78 | NA | $955.00 | NA | -$7.78 |
| 33262 | | Remv & replc dfb gen sing lead | NA | $399.58 | NA | $387.96 | NA | -$11.62 |
| 33263 | | Remv & replc dfb gen dual lead | NA | $417.84 | NA | $404.11 | NA | -$13.73 |
| 33264 | | Remv & replc dfb gen mult lead | NA | $431.80 | NA | $421.33 | NA | -$10.47 |
| 78452 | | SPECT - multiple study | $491.95 | NA | $494.55 | NA | $2.60 | NA |
| 78452 | 26** | SPECT - multiple study | $80.20 | $80.20 | $80.39 | $80.39 | $0.19 | $0.19 |
| 92928 | | Coronary stent with angiography | NA | $630.87 | NA | $618.72 | NA | -$12.15 |
| 92941 | | Revascularization during AMI | NA | $704.27 | NA | $695.52 | NA | -$8.75 |
| 93000 | | Electrocardiogram, complete | $17.19 | NA | $17.23 | NA | $0.04 | NA |
| 93010 | | Electrocardiogram report | $8.59 | $8.59 | $8.61 | $8.61 | $0.02 | $0.02 |
| 93015 | | Cardiovascular stress test | $76.26 | NA | $77.52 | NA | $1.26 | NA |
| 93016 | | Cardiovascular stress test, supervision only | $22.20 | $22.20 | $22.61 | $22.61 | $0.41 | $0.41 |
| 93224 | | Ecg monit/reprt up to 48 hrs | $92.02 | NA | $92.59 | NA | $0.58 | NA |
| 93280 | | PM device program evalulation, dual | $58.36 | NA | $59.22 | NA | $0.86 | NA |
| 93306 | | Rest TTE | $229.86 | NA | $231.48 | NA | $1.62 | NA |
| 93306 | 26** | Rest TTE | $64.45 | $64.45 | $64.96 | $64.96 | $0.51 | $0.51 |
| 93306 | TC* | Rest TTE | $165.42 | NA | $166.52 | NA | $1.11 | NA |
| 93350 | | Stress TTE | $242.75 | NA | $243.33 | NA | $0.57 | NA |
| 93458 | 26** | Left heart cath | $323.67 | $323.67 | $310.44 | $310.44 | -$13.23 | -$13.23 |
| 93620 | 26** | Electrophysiology evaluation | $663.81 | $663.81 | $655.69 | $655.69 | -$8.13 | -$8.13 |
| 93641 | 26** | Electrophysiology evaluation | $338.35 | $338.35 | $326.23 | $326.23 | -$12.12 | -$12.12 |
| 93653 | | EP evaluation & SV ablation | NA | $882.22 | NA | $873.89 | NA | -$8.33 |
| 93654 | | EP evaluation & AF ablation | NA | $1,174.74 | NA | $1,170.33 | | -$4.41 |
| 93880 | | Extracranial study | $205.52 | NA | $205.64 | NA | $0.13 | NA |
| 99152† | | Mod sed same phys/qhp 5/>yrs first 15 min | NA | NA | $52.04 | $12.56 | NA | NA |
| 99153† | | Mod sed same phys/qhp ea addl 15 min | NA | NA | $11.13 | NA | NA | NA |
| 99211 | | Established office visit - level 1 | $20.05 | $9.31 | $20.46 | $9.33 | $0.41 | $0.02 |
| 99212 | | Established office visit - level 2 | $44.04 | $25.78 | $44.14 | $25.84 | $0.10 | $0.06 |
| 99213 | | Established office visit - level 3 | $73.40 | $51.56 | $73.93 | $51.68 | $0.53 | $0.12 |
| 99214 | | Established office visit - level 4 | $108.13 | $79.13 | $108.74 | $79.67 | $0.61 | $0.55 |
| 99215 | | Established office visit - level 5 | $146.08 | $112.07 | $146.43 | $112.69 | $0.34 | $0.62 |
| 99223 | | Initial hospital care - level 3 | NA | $204.08 | NA | $205.64 | NA | $1.56 |
| 99232 | | Subsequent hospital care - level 2 | NA | $72.68 | NA | $73.21 | NA | $0.53 |
| 99233 | | Subsequent hospital care - level 3 | NA | $104.91 | NA | $105.87 | NA | $0.97 |
| 99238 | | Hospital discharge day | NA | $73.04 | NA | $73.57 | NA | $0.53 |
| 99490 | | Chron care mgt 20 min | $40.82 | $31.51 | $42.71 | $32.66 | $1.89 | $1.15 |
| 99495 | | Trans care mgmt 14 day disch | $164.70 | $111.35 | $165.45 | $111.97 | $0.75 | $0.62 |
| 99496 | | Trans care mgmt 7 day disch | $232.37 | $161.12 | $233.99 | $162.22 | $1.62 | $1.10 |
| 99497 | | Advanced care plan 30 min | $85.93 | $79.49 | $82.90 | $77.88 | -$3.03 | -$1.61 |
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| | Facility reimbursement is for services provided in the hospital. | | | | | | | |
| | Non-facility reimbursement is for service provided outside the hospital, i.e., a physician office. | | | | | | | |
| | *Technical component includes equipment, supplies, technician salaries, liability | | | | | | | |
| | **Professional component includes physician work and associated overhead and | | | | | | | |
| | † New code to separately report previously inherent moderate sedation performed by same | | | | | | | |
| | | | | | | | | |