

2017 Reimbursement for ECP in a Hospital

Endoscopic CycloPhotocoagulation (ECP) is a surgical approach to glaucoma management that has been embraced by ophthalmologists across different specialties: Cataract; Glaucoma; & Retina. In addition to the clinical benefits for patients - long term IOP reduction and reduction of medications, there are significant financial benefits for both surgeons, and medical facilities

Coding

The CPT Code for ECP is **66711** and is applicable for all patients with Glaucoma (mild, moderate, and severe and can be billed with every ECP surgery performed even on the same patient.

ECP can be filed as a stand-alone procedure or combined with cataract surgery.

For ECP Alone:

Hospital Fee: \$1823.59

Surgeon Fee: \$653.89

For ECP combined with Cataract

When cataract and ECP are performed as a combined procedure the following reimbursement applies, when ECP is billed as a secondary procedure (50% of full ECP reimbursement)*:

Hospital Fee: \$911.80

Surgeon Fee: \$326.95

Combining with MIGS

Based on your local and state reimbursement guidelines, ECP can be billed as a first, second or third procedure. Please refer to the Medicare guidelines for filing.

Disclaimer: These reimbursement guidelines are provided as an information resource but in no way can it be used as legal advice nor does it take into account local reimbursement. For further guidelines on how to file, please refer to Government/Medicare information sites such as: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/How_to_MPFS_Booklet_ICN901344.pdf