



# Medicare Cost Savings Tied to Ambulatory Surgery Centers



Produced with cost savings analysis from



## Acknowledgements

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# EXECUTIVE SUMMARY

*Even in today's divisive political environment, there's at least one important area of consensus among policymakers: the threat posed by rising health care costs to both our nationaleconomyandthefederaland state governments' balance sheets. This concern is particularly acute in the Medicare program, where costs are expected to rise dramatically as new treatments are developed and a generation of Baby Boomers enters retirement. Burgeoning health care costs, it seems certain, will be near the top of Washington, DC's agenda for years to come.*

As they work to reduce health care costs and extend the solvency of programs like Medicare, policymakers will confront tough choices in the months and years ahead. Yet, they must also be alert for reforms that cut costs while maintaining quality services for beneficiaries. This analysis by Professor Brent Fulton and Dr. Sue Kim of the University of California at Berkeley explores one possible way for policymakers to generate substantial Medicare savings without reducing services or quality of care.

This study examines ambulatory surgery centers (ASCs). ASCs are technologically advanced medical facilities that provide same-day surgical procedures, including important diagnostic and preventive services like colonoscopies. Today, more than 5,300 Medicare-certified ASCs serve communities throughout our nation. These ASCs perform many of the same procedures as hospital outpatient departments (HOPDs). ASCs, however, are able to provide care much more efficiently and without the often costly overhead associated with hospitals. According to an industry calculation, the Medicare program currently reimburses ASCs at 58 percent of the HOPD rate, meaning that Medicare—and the taxpayers who fund it—realize savings every time a procedure is performed in an ASC instead of an HOPD.

When one considers the millions of same-day surgical procedures performed in ASCs through the Medicare program each year, the nationwide savings add up quickly. In this study, University of California at Berkeley's Professor Brent Fulton and Dr. Sue Kim analyze the numbers to determine how much ASCs save the Medicare program and its beneficiaries. They begin by analyzing government data to identify how much money ASCs saved Medicare in recent years, and then, forecast how much more ASCs will save Medicare in the future. The key findings are the following:

- During the four-year period from 2008 to 2011, ASCs saved the Medicare program and its beneficiaries \$7.5 billion. ASCs saved Medicare and its beneficiaries \$2.3 billion in 2011 alone.

- \$6 billion of these savings were realized by the federal Medicare program. The remaining \$1.5 billion went directly to Medicare beneficiaries. In other words, Medicare patients nationwide saved \$1.5 billion thanks to the less expensive care offered at ASCs.
- ASCs have the potential to save the Medicare program and its beneficiaries up to \$57.6 billion more over the next decade.
- Beneficiaries themselves also stand to save considerably in future years. Because Medicare reimburses ASCs at a lower rate than HOPDs, patients also pay a smaller coinsurance amount in an ASC. The authors use the example of cataract surgery, noting that a Medicare beneficiary will save \$148 on his or her coinsurance by electing to undergo surgery in an ASC instead of a hospital.

These findings have important implications for policymakers’ ongoing discussion about how to most effectively reduce health care costs and the national budget deficit. The clearest implication is that, while public officials may indeed confront tough choices in the years ahead, the choice to encourage ASC use within the Medicare program is an easy decision. These findings suggest that ASCs offer a “win-win” for patients and the Medicare system, since they provide substantial savings without any corresponding reduction in quality or benefits.

While the future savings offered by ASCs are easily attainable, however, they are not inevitable. Indeed, a discrepancy in Medicare reimbursement policy could jeopardize the savings ASCs provide. Medicare uses two different factors to update ASC and HOPD payments—despite the fact that the two settings provide the same surgical services. ASC payments are updated based on the consumer price index for all urban consumers (CPI-U), which measures changes in the costs of all consumer goods; HOPD rates, meanwhile, are updated on the hospital market basket, which specifically measures changes in the costs of providing health care, and so, more accurately reflects the increased costs that outpatient facilities face.

Since consumer prices have inflated more slowly than medical costs, the gap in ASC and HOPD reimbursement



rates has widened over time. If the reimbursement rate for ASCs continues to fall relative to their HOPD counterparts, ASC owners and physicians will face increasing pressure to leave the Medicare system and allow their facilities to be acquired by nearby hospitals. When an ASC is acquired by a hospital, the Medicare reimbursement rate jumps roughly 75 percent. This threatens to turn the cost-saving advantage of ASCs into a perverse market incentive that drives ASCs from the Medicare program.

Already, the widening disparity in reimbursement has led more than 60 ASCs to terminate their participation in Medicare over the last three years. If the reimbursement gap continues to widen, more ASCs will leave the Medicare program. As a result, more Medicare cases will be driven to the HOPD, causing costs to both the Medicare program and its beneficiaries to rise.

Thus, realizing the full potential savings that ASCs offer will likely require policymakers to step in and halt this continuing “slide” in ASC reimbursement rates. Because Medicare saves money virtually every time a procedure is performed in an ASC instead of an HOPD, any policies that reduce the widening reimbursement gap between ASCs and HOPDs, and that otherwise encourage the migration of cases from the hospital setting into ASCs, will increase total savings for the Medicare program and its beneficiaries.

# I. AN INTRODUCTION TO AMBULATORY SURGERY CENTERS

Only 40 years ago, virtually all surgeries and diagnostic procedures were performed in hospitals. Today, however, standalone facilities known as Ambulatory Surgery Centers (ASCs) provide outpatient surgical care in an atmosphere removed from the competing demands that are often encountered in an acute care hospital.

ASCs, as this report details, offer patients a cost-effective alternative to hospital outpatient departments (HOPDs). The first ASC opened in 1970, and today, there are more than 5,300 Medicare-certified ASCs in the United States. The overwhelming majority of these ASCs are at least partially owned by physicians, which allows for better control over scheduling, as procedures are not often delayed or rescheduled due to staffing issues or competing demands for operating room space from emergency cases.

ASC surgeons perform a diverse range of procedures, many of them diagnostic or preventive in nature. For example:

- ASCs perform more than 40 percent of all Medicare colonoscopies, contributing to a decade-long decline in colorectal cancer mortality.
- The ASC industry also led the development of minimally invasive procedures and the advancement of technology to replace the intraocular lens, a procedure that is now used nearly one million times each year to restore vision for Medicare patients with cataracts. Once an inpatient hospital procedure, it can now be performed safely at an ASC at a much lower cost.

## *What is an ASC?*

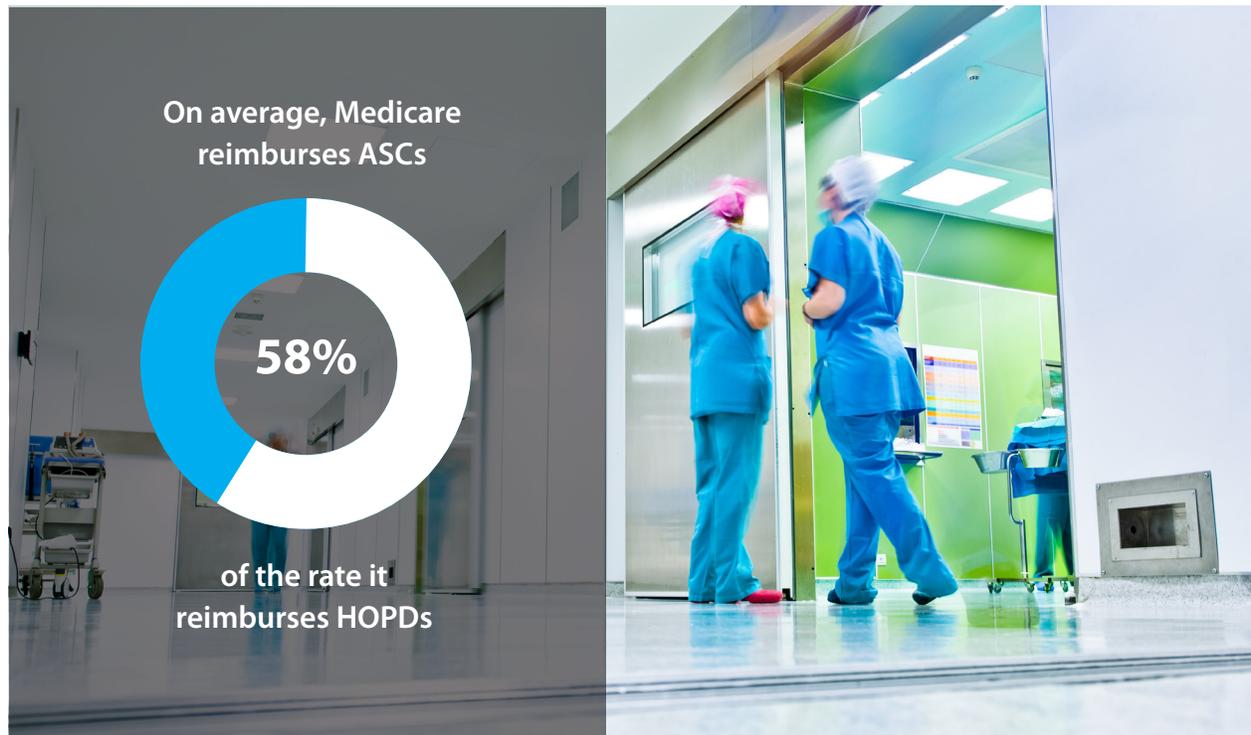
*Ambulatory Surgery Centers are modern health care facilities focused on providing a range of same-day surgical care, the same types of procedures that were once performed exclusively in hospitals. Today, as a result of medical advancements and new technologies—including minimally invasive surgical techniques and improved anesthesia—a range of procedures can be performed safely and effectively on an outpatient basis.*

## II. ASCS: SAVING THE SYSTEM

The more than 5,300 Medicare-certified ASCs in the United States today provide identical services to those performed at HOPDs throughout the country. ASCs are able to perform these surgeries much more efficiently than HOPDs. ASCs do not incur the often substantial administrative and overhead costs associated with a hospital. This enables ASCs to provide these services at substantially less cost to the Medicare program—and to its beneficiaries—than their hospital counterparts.

Today, Medicare reimburses ASCs at an average of 58 percent of the rate it reimburses HOPDs for the same procedures.

The savings that accrue over time, even for individual procedures, are significant. For example, in 2011, Medicare beneficiaries (excluding Medicare Advantage beneficiaries) had 1,709,175 cataract surgeries, of which, 1,120,388 were performed in ASCs and the other 588,787 in HOPDs. The parallel reimbursements per surgery were \$951 for an ASC and \$1,691 for an HOPD, meaning that every time a patient elected to receive treatment in an ASC, the Medicare program saved \$740. When applied across the 1,120,388 cataract surgeries performed in ASCs during 2011, the total savings for this single procedure reached \$829 million.



## III. COST SAVINGS ANALYSIS

### Data and Methodology

Professor Fulton and Dr. Kim conducted the following analysis, which looks at government data from the Centers for Medicare & Medicaid Services (CMS), to answer two fundamental questions. First, how much money did the Medicare program and its beneficiaries save from 2008 to 2011 because surgical and diagnostic procedures were performed at ASCs instead of HOPDs? Second, how much more could the Medicare program and its beneficiaries save over the next decade (2013–2022) if additional procedures move from HOPDs to the ASC setting during that timeframe?

Government data was used to ascertain the volume of procedures performed in ASCs, HOPDs and physician offices from 2008 through 2011, as well as the reimbursement rates for procedures done at ASCs and HOPDs. The volume data reports are from the Medicare Physician Supplier Procedure Specific file available from CMS. It excludes Medicare Advantage enrollees. The ASC reimbursement rates are from the ASC Addendum AA<sup>1</sup>, and the HOPD reimbursement rates are from Hospital Outpatient Prospective Payment System Addendum.<sup>2</sup>

When forecasting future cost savings, the Berkeley analysts relied on CMS' predicted number of Medicare beneficiaries from 2013 to 2022. This data set also excludes Medicare Advantage enrollees.<sup>3</sup>

To ensure a realistic baseline for their analysis and predictions, the analysts limited the data set to the 120 procedures most commonly performed at ASCs in 2011, which represented 73 percent of the total volume of all procedures performed in ASCs in 2011.<sup>4</sup>

### Past Savings

To estimate the savings generated by ASCs from 2008 to 2011, the analysts calculated the differences in reimbursement rates for each of the 120 procedures, then multiplied those differences by the number of procedures performed at ASCs. For example, the cataract surgery discussed in the previous section, when performed in an ASC, generated a total of \$829 million in savings in 2011. They applied the same method for all of the 120 procedures in each year from 2008 to 2011. They broke the numbers into savings that accrued to the Medicare program and savings that directly benefited beneficiaries. The beneficiary share of the total savings was 20 percent over the four-year period. Professor Fulton's and Dr. Kim's analysis found the following:

- During the four-year period from 2008 to 2011, the lower ASC reimbursement rate generated a total of \$7.5 billion in savings for the Medicare program and its beneficiaries.
- \$6 billion of these savings were realized by the federal Medicare program. The remaining \$1.5 billion was saved by Medicare beneficiaries themselves. In other words, Medicare patients nationwide saved \$1.5 billion thanks to the less expensive care offered at ASCs.
- These savings increased each year, rising from \$1.5 billion in 2008 to \$2.3 billion in 2011. The increase results from the total number of procedures growing from 20.4 million to 24.7 million (or 6.6 percent annually) between 2008 and 2011 as well as the reimbursement rate gap widening between HOPDs and ACSs. These savings were realized despite the share of total Medicare procedures performed in ASCs decreasing over this period, falling from 22.9 percent in 2008 to 21.7 percent in 2011.

<sup>1</sup> [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11\\_Addenda\\_Updates.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html)

<sup>2</sup> <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html>

<sup>3</sup> <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/downloads/tr2011.pdf> (p.51).

<sup>4</sup> The data set was initially narrowed to 148 procedures, which represented about 90% of the total volume. Twenty-seven procedures were dropped because of missing data on the number of procedures or reimbursement rates. One additional procedure was dropped the ASC share was 100%, and it thus provided no basis for comparison with HOPDs.

These findings are illustrated in the following chart.

Descriptor	Annual Change	Total (2008—2011)	2008	2009	2010	2011
Number of procedures per 1,000 Medicare beneficiaries	5.6%		573.9	587.3	600.3	674.9
Procedures (million)						
ASC	4.7%	19.5	4.7	4.7	4.8	5.4
HOPD	5.9%	22.3	5.3	5.3	5.4	6.3
Physician office	7.7%	45.5	10.4	10.8	11.3	13.0
Total # of procedures	6.6%	87.3	20.4	20.8	21.5	24.7
ASC share*	1.5%	22.3%	22.9%	22.7%	22.3%	21.7%
Savings (\$billion) **						
Program	16.6%	\$6.0	\$1.2	\$1.4	\$1.5	\$1.9
Beneficiaries	14.8%	\$1.5	\$0.3	\$0.4	\$0.4	\$0.5
Total***	16.3%	\$7.5	\$1.5	\$1.8	\$1.9	\$2.3

**Notes:**

\* The ASC share reported in the table is influenced by (or weighted for) high-volume procedures, such as cataracts. The analysts also calculated the ASC share based on a simple average across the 120 procedures. The ASC shares for 2008 to 2011 were 30.4%, 31.0%, 31.4% and 31.8%, respectively, each year, and averaged 31.1% over the four years.

\*\*Savings are reported in nominal dollars.

\*\*\*Totals may not sum and percentages may not total to 100% due to rounding.

## Future Savings

The ASC industry is certain to continue generating savings to both the Medicare program and its beneficiaries over the next decade. The magnitude of these savings, however, will hinge on whether, and how much, the ASC share of surgeries grows within the Medicare program. That growth rate will, in turn, depend on market trends, demographic factors and how policymakers act—or decline to act—to encourage the use of ASCs within the Medicare program.

To estimate the savings Medicare would realize from having more procedures performed in ASCs from 2013 to 2022, Professor Fulton and Dr. Kim applied the methodology above to six scenarios. These six scenarios, which incorporate different assumptions about both the growth of ASC share and the overall growth of Medicare procedure rates, provide a range of possible savings offered by ASCs in the next decade.

The analysts divided the scenarios into two subsets. For subset A, they assumed that the number of procedures per 1,000 Medicare beneficiaries would remain constant at the 2010 rate. For subset B, they assumed that the 2011 rate would increase by 3 percent annually for each procedure.<sup>5</sup> Within each subset, the analysts examined three scenarios:

1. The ASC share of each procedure in 2011 will remain constant between 2013 and 2022. *This is a baseline assumption that assumes ASC share does not grow at all in the coming decade.*
2. The ASC share of each procedure will increase by 2 percent per year from 2013 through 2022, equivalent to the average increase across procedures from 2008 through 2011.<sup>6</sup> The analysts capped the share for any given procedure at 90 percent to avoid implausible assumptions.

3. The ASC share growth for each procedure will vary depending on that procedure's historical share growth rate. The analysts assumed three growth rates and, again, capped the share for any single procedure at 90 percent.

- The “low” group included procedures that had negative or no growth in the share of procedures performed at ASCs during 2008–2011. The analysts assumed that the ASC share of these procedures will increase 1 percent annually from 2013–2022. This group included approximately 30 percent of the procedures.
- The “middle” group included procedures that had up to 5 percent growth in share of procedures performed at ASCs during 2008–2011. It was assumed that the ASC share of these procedures will increase 5 percent annually from 2013–2022. This group included approximately 43 percent of the procedures.
- The “high” group included procedures that had greater than 5 percent growth in share of procedures performed at ASCs during 2008–2011. This group had a median ASC share growth rate of about 11 percent annually during 2008–2011. The analysts projected that the ASC share of these procedures will increase 10 percent annually from 2013–2022. This group included approximately 27 percent of the procedures.

The estimated savings are tabulated in the following table. The savings analysis and predictions for each individual procedure are tabulated in the appendix.

<sup>5</sup> The number of procedures per 1,000 Medicare beneficiaries significantly increased between 2010 and 2011 (see table on page 9). For the lower-savings estimates (subset A), the lower 2010 rate was used as a baseline. For the higher-savings estimates (subset B), the 2011 rate was used as the baseline.

<sup>6</sup> The 2% annual average increase is based on a simple average across the 120 procedures, meaning the average is not influenced by (or weighted for) for high-volume procedures, such as cataracts.

Projected Savings (\$Billion)	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2013-2017	2018-2022	2013-2022
<b>A. Volume of Procedures per 1,000 Medicare Beneficiaries Remains Constant and:</b>													
A1. ASC share remains constant	\$2.3	\$2.5	\$2.8	\$3.0	\$3.2	\$3.3	\$3.5	\$3.7	\$4.0	\$4.2	\$13.7	\$18.7	\$32.5
A2. ASC share increases at 2% annually	\$2.4	\$2.7	\$3.0	\$3.3	\$3.6	\$3.8	\$4.1	\$4.4	\$4.8	\$5.2	\$14.9	\$22.5	\$37.3
A3. ASC share increases either 1%, 5% or 10% annually (depending on the procedure)	\$2.5	\$2.8	\$3.1	\$3.5	\$3.8	\$4.2	\$4.6	\$5.0	\$5.5	\$6.0	\$15.7	\$25.3	\$41.0
<b>B. Volume of Procedures per 1,000 Medicare Beneficiaries Increases by 3% Annually and:</b>													
B1. ASC share remains constant	\$2.8	\$3.1	\$3.5	\$3.9	\$4.3	\$4.7	\$5.1	\$5.5	\$6.0	\$6.6	\$17.6	\$27.9	\$45.5
B2. ASC share increases at 2% annually	\$2.9	\$3.3	\$3.8	\$4.3	\$4.8	\$5.4	\$5.9	\$6.6	\$7.4	\$8.2	\$19.1	\$33.4	\$52.6
B3. ASC share increases either 1%, 5% or 10% annually (depending on the procedure)	\$3.0	\$3.5	\$4.0	\$4.6	\$5.2	\$5.8	\$6.6	\$7.4	\$8.3	\$9.4	\$20.2	\$37.5	\$57.6

**Note:** Savings are reported in nominal dollars. In all scenarios, the Berkeley analysts inflated the reimbursement amounts over time using a forecasted Consumer Price Index for All Urban Consumers, which averaged 2.4% from 2013–2022.

## Conclusions

ASCs saved the Medicare program and its beneficiaries \$7.5 billion over the four-year period from 2008 to 2011. Even under the most conservative assumptions, the future savings generated by ASCs are substantial.

- Under the baseline scenario, which assumes that neither ASC share nor Medicare procedure volume will grow over the next decade, ASCs will save the Medicare program an additional \$32.5 billion during that time.
- As the share of procedures performed in ASCs grows within the Medicare program, so do the savings. If ASC share within the Medicare system increases even slightly, as in scenarios B2 and B3, the savings could exceed \$57.6 billion over 10 years—an average savings of \$5.76 billion each year.
- Medicare beneficiaries also save money by choosing ASCs, since a lower Medicare reimbursement rate means that patients, in turn, pay a smaller coinsurance. While the forward-looking portion of this study does not examine coinsurance rates for each procedure, it is clear that the savings realized by the Medicare program imply additional savings for beneficiaries. Using the example of cataract surgeries: a Medicare beneficiary will pay coinsurance of \$338.20 for such a surgery to be performed in an HOPD, but only \$190.20 for that same surgery in an ASC—a \$148 savings that goes directly to the patient.

Further, the above estimates are quite conservative. Even the most “optimistic” scenario assumes that ASC share growth per procedure grows only modestly more quickly than historical averages, and that Medicare volume grows at a modest, and historically consistent, rate. If policy decisions or other factors cause either growth rate to accelerate further, the savings generated by ASCs within the Medicare system would certainly exceed the \$57.6 billion estimated here.

### BY THE NUMBERS:

**\$7.5 billion**

in savings generated by ASCs from 2008 to 2011

Up to

**\$57.6 billion**

additional savings in Medicare program generated by ASCs over the next 10 years

Up to

**\$5.76 billion**

average future yearly savings

A final note: although this study examined only data from the Medicare program, ASCs typically also charge private payers, including those in the Medicare Advantage program, less than their HOPD counterparts. Thus, similar cost savings also exist in the commercial health insurance market and in the Medicare Advantage program. We believe it is important to quantify these private-side savings as well and encourage others to examine this subject in future studies.

## IV. POLICY IMPLICATIONS AND CONSIDERATIONS

An aging population, along with inflation in health care costs, means that the federal government's expenditures through the Medicare program are projected to increase substantially in the coming years. Consequently, policymakers in Washington, DC, are exploring potential ways to reduce projected Medicare outlays and extend the program's solvency. We believe that this study offers an important contribution to that discussion. Two specific policy concerns stand out.

### **AVOIDING ASC TO HOPD CONVERSIONS**

Our first and most important observation is that, while the future savings offered by ASCs are easily attainable, they are not inevitable. Because they provide identical services to HOPDs but do so at an average of 58 percent of the reimbursement rate that the Medicare program pays HOPDs for those services, ASCs represent a source of value to the program and the taxpayers who fund it. A discrepancy in the way Medicare reimbursement rates are updated, however, threatens to marginalize ASCs' role within the program.

CMS currently applies different measures of inflation to determine the adjustments it provides to its payment systems for ASCs and HOPDs each year. For ASCs, that measure is the CPI-U, which is tied to consumer prices. The index for HOPD reimbursements, on the other hand, remains tied to the hospital market basket, which measures inflation in actual medical costs. Since consumer prices have inflated more slowly than medical costs, the gap in ASC and HOPD reimbursement rates has widened over time. As the reimbursement rate for ASCs continues to fall relative to their HOPD counterparts, ASC owners and physicians will face increasing pressure to leave the Medicare system and allow their facilities to be acquired by nearby hospitals.

When an ASC is acquired by a hospital, in what is known as "an ASC to HOPD conversion," the Medicare reimbursement rate jumps roughly 75 percent and all savings to the Medicare program and its beneficiaries are promptly lost. The

continuing reduction in reimbursement led more than 60 ASCs to terminate their participation in Medicare over the last three years. If policymakers allow this gap in reimbursements to continue widening, the cost-saving advantage that ASCs offer could morph into a perverse market incentive that drives ASCs from the Medicare program.

Some in Congress have introduced legislation, which is titled the "Ambulatory Surgical Center Quality and Access Act," that aims to fix this problem. This bill would correct the imbalance in reimbursement indices and ensure that ASC reimbursements do not continue to fall relative to their HOPD counterparts. Additionally, it would establish an ASC value-based purchasing (VBP) program designed to foster collaboration between ASCs and the government and create additional savings for the Medicare system in the process.

### **ASCS AS PART OF BROADER COST-SAVINGS EFFORTS**

Many of the policy options aimed at reducing Medicare costs that are being considered in Congress today involve important "trade-offs," where reduced outlays come at the expense of retirees' benefits. Often-discussed options such as raising the Medicare retirement age or increasing cost-sharing, for example, generate savings as a direct result of reducing the amount of benefits delivered by the Medicare program. The savings offered by ASCs, however, do not involve such trade-offs; they make it possible for the Medicare program, and its beneficiaries, to realize significant savings without any corresponding reduction in benefits.

There are more than 5,300 Medicare-certified ASCs throughout the country, all of which represent an important source of efficiency for the Medicare program and the taxpayers who fund it. We recommend that policymakers explore all potential options for encouraging further growth of ASC share within the Medicare system.

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# APPENDIX: METHODOLOGY AND CHART OF INDIVIDUAL PROCEDURE SAVINGS

The following table shows detailed statistics for the 120 procedures. In the table, the procedures are first sorted by the annual ASC share increase assumptions in Scenarios A3 and B3, which were 1, 5, and 10 percent annually (see Column “% ASC Share Growth Assumptions for A3 and B3”). Within the 1, 5, and 10 percent buckets, the procedures are then sorted based on the savings they generated in 2011 (see Column “Savings 2011”).

The table shows the average annual change in the ASC share from 2008 through 2011, the 2011 ASC share of procedures and projected ASC share in 2022 if the share increases by 2 percent annually or in the range of 1 to 10 percent annually. In addition, it shows the 2011 and projected 2022 volume per 1,000 Medicare beneficiaries. Most importantly, those columns are followed by two sets of three columns that show the projected savings estimates in 2022 when the number of procedures per 1,000 Medicare beneficiaries remains constant and when the number of procedures per 1,000 Medicare beneficiaries increases by 3 percent per year. Within each set, the ASC share assumptions are based on the assumptions presented in the table on page 11.

The first row of the table illustrates that cataract surgeries (HCPCS 66984) alone generated a savings of \$829 million in 2011. In 2011, the ASC share of this procedure was 56 percent, and that share either increases to 62 or 69 percent depending on the scenario. Depending on whether the number of cataract surgeries per 1,000 Medicare beneficiaries increases and the share of procedures performed in ASCs, the projected savings for Medicare and its beneficiaries range from \$1.5 billion to \$2.95 billion in 2022.

The last row of the table shows column totals and averages (see page 9). In 2011, there were \$2.3 billion in savings for the 120 procedures, and the projected savings in 2022 range from \$4.2 billion to \$9.4 billion, depending on the scenario.

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No.	HCPCS	HCPCS Description	Savings 2011 (\$million)	Average Annual ASC Share Change 2008-2011	Baseline: 2011 ASC Share of Procedures	Projected ASC Share Increase (2% per year)	Projected ASC Share Increase (varies)	2011 Volume of Procedures (# per 1,000 Medicare Beneficiaries)	Projected Volume of Procedures for 2022 (# per 1,000 Medicare Beneficiaries)*	Volume per 1,000 Medicare Beneficiaries Remains Constant			Volume per 1,000 Medicare Beneficiaries Increases By 3% per Year			% ASC Annual Share Growth Assumption for A3 & B3	Reimbursement Difference Between ASC and HOPDs
										A1. Baseline: Savings for 2022 (ASC share remains constant) (\$million)	A2. Savings for 2022 (ASC share increases 2% per year) (\$million)	A3. Savings for 2022 (ASC share increase varies) (\$million)	B1. Baseline: Savings for 2022 (ASC share remains constant) (\$million)	B2. Savings for 2022 (ASC share increases 2% per year) (\$million)	B3. Savings for 2022 (ASC share increase varies) (\$million)		
1	66984	Cataract surg w/iol 1 stage	\$829	-3.56%	56%	69%	62%	54.9	76.0	\$1,500	\$1,870	\$1,670	\$2,370	\$2,950	\$2,650	1%	\$740
2	66982	Cataract surgery complex	\$63	-0.96%	52%	65%	59%	4.4	6.1	\$116	\$144	\$129	\$180	\$224	\$201	1%	\$740
3	64483	Inj foramen epidural l/s	\$60	-3.02%	35%	44%	39%	20.6	28.5	\$106	\$132	\$119	\$173	\$215	\$193	1%	\$229
4	62311	Inject spine l/s (cd)	\$53	-13.67%	26%	33%	29%	24.1	33.4	\$73	\$91	\$82	\$152	\$188	\$169	1%	\$229
5	66821	After cataract laser surgery	\$43	-2.96%	43%	54%	48%	16.2	22.4	\$86	\$107	\$96	\$124	\$154	\$138	1%	\$169
6	29881	Knee arthroscopy/surgery	\$25	-0.25%	39%	48%	43%	2.0	2.7	\$51	\$64	\$57	\$71	\$89	\$79	1%	\$903
7	28285	Repair of hammertoe	\$22	-0.22%	37%	46%	41%	2.4	3.3	\$38	\$47	\$43	\$64	\$79	\$71	1%	\$681
8	43235	Uppr gi endoscopy diagnosis	\$21	-0.18%	34%	43%	38%	6.1	8.5	\$38	\$47	\$42	\$59	\$73	\$66	1%	\$268
9	64622	Destr paravertebral nerve l/s	\$18	-4.98%	35%	44%	40%	3.6	5.0	\$28	\$34	\$31	\$52	\$64	\$58	1%	\$386
10	52000	Cystoscopy	\$16	-0.03%	8%	10%	9%	24.4	33.8	\$33	\$41	\$37	\$47	\$58	\$52	1%	\$224
11	62310	Inject spine c/t	\$14	-13.54%	30%	37%	33%	5.5	7.6	\$18	\$23	\$20	\$39	\$49	\$44	1%	\$229
12	29848	Wrist endoscopy/surgery	\$11	-0.10%	51%	63%	57%	0.7	0.9	\$20	\$25	\$23	\$32	\$40	\$36	1%	\$903
13	29823	Shoulder arthroscopy/surgery	\$10	-2.73%	28%	35%	31%	0.7	0.9	\$14	\$17	\$16	\$29	\$36	\$32	1%	\$1,460
14	63650	Implant neuroelectrodes	\$9	-20.87%	24%	29%	26%	1.2	1.7	\$10	\$12	\$11	\$26	\$32	\$29	1%	\$846
15	20680	Removal of support implant	\$7	-1.14%	26%	32%	29%	1.1	1.5	\$14	\$17	\$15	\$21	\$27	\$24	1%	\$720
16	28296	Correction of bunion	\$7	-0.91%	41%	50%	45%	0.5	0.7	\$15	\$18	\$17	\$20	\$25	\$23	1%	\$1,002
17	52005	Cystoscopy & ureter catheter	\$7	-0.11%	25%	31%	28%	0.9	1.3	\$12	\$15	\$13	\$19	\$24	\$22	1%	\$794
18	45381	Colonoscopy submucous inj	\$7	-4.10%	43%	54%	48%	1.5	2.0	\$7	\$9	\$8	\$19	\$23	\$21	1%	\$281
19	36561	Insert tunneled cv cath	\$6	-1.43%	7%	8%	7%	2.6	3.7	\$12	\$15	\$13	\$17	\$21	\$19	1%	\$927
20	29875	Knee arthroscopy/surgery	\$5	-1.21%	46%	57%	51%	0.3	0.4	\$8	\$10	\$9	\$14	\$17	\$15	1%	\$903
21	30520	Repair of nasal septum	\$5	-0.30%	30%	37%	34%	0.6	0.8	\$8	\$9	\$8	\$14	\$17	\$15	1%	\$773
22	52281	Cystoscopy and treatment	\$5	-0.75%	9%	11%	10%	2.7	3.7	\$11	\$13	\$12	\$14	\$17	\$15	1%	\$530
23	58558	Hysteroscopy biopsy	\$4	-2.25%	13%	17%	15%	1.1	1.5	\$7	\$9	\$8	\$10	\$13	\$12	1%	\$696
24	65426	Removal of eyelision	\$3	-0.03%	59%	73%	66%	0.2	0.2	\$5	\$6	\$6	\$8	\$10	\$9	1%	\$736
25	64626	Destr paravertebral nerve c/t	\$3	-7.96%	38%	48%	43%	0.8	1.2	\$4	\$5	\$5	\$8	\$10	\$9	1%	\$229
26	14041	Skin tissue rearrangement	\$3	-2.49%	13%	16%	15%	1.0	1.4	\$5	\$6	\$6	\$7	\$9	\$8	1%	\$519
27	43251	Operative upper GI endoscopy	\$2	-0.85%	35%	44%	39%	0.6	0.9	\$4	\$5	\$4	\$6	\$8	\$7	1%	\$268
28	64627	Destr paravertebral n add-on	\$2	-0.43%	39%	48%	43%	1.9	2.6	\$3	\$3	\$3	\$6	\$8	\$7	1%	\$80
29	44361	Small bowel endoscopy/biopsy	\$2	-1.36%	53%	66%	60%	0.3	0.5	\$4	\$5	\$4	\$6	\$7	\$6	1%	\$307
30	62264	Epidural lysis on single day	\$2	-17.63%	29%	36%	32%	0.4	0.5	\$2	\$2	\$2	\$5	\$6	\$5	1%	\$386

No.	HCPCS	HCPCS Description	Savings 2011 (\$million)	Average Annual ASC Share Change 2008-2011	Baseline: 2011 ASC Share of Procedures	Projected ASC Share for 2022 (2% increase per year)	Projected ASC Share for 2022 (share increase varies)	2011 Volume of Procedures (# Medicare Beneficiaries)	Projected Volume of Procedures for 2022 (# per 1,000 Medicare Beneficiaries)*	Volume per 1,000 Medicare Beneficiaries Remains Constant			Volume per 1,000 Medicare Beneficiaries Increases By 3% per Year			% ASC Annual Share Growth Assumption for A3 & B3	Reimbursement Difference Between HOPDs 2011
										A1. Baseline: Savings for 2022 (ASC share remains constant) (\$million)	A2. Savings for 2022 (ASC share increases 2% per year) (\$million)	A3. Savings for 2022 (ASC share increase varies) (\$million)	B1. Baseline: Savings for 2022 (ASC share remains constant) (\$million)	B2. Savings for 2022 (ASC share increases 2% per year) (\$million)	B3. Savings for 2022 (ASC share increase varies) (\$million)		
31	13132	Repair of wound or lesion	\$2	-4.69%	6%	7%	6%	5.3	7.4	\$2	\$3	\$3	\$5	\$6	\$5	1%	\$140
32	62319	Inject spine w/ cath I/s (cd)	\$2	-18.47%	30%	38%	34%	0.4	0.5	\$2	\$2	\$2	\$4	\$6	\$5	1%	\$386
33	64520	N block lumbar/thoracic	\$1	-13.74%	23%	29%	26%	0.6	0.8	\$1	\$2	\$2	\$3	\$4	\$4	1%	\$229
34	64450	N block other peripheral	\$1	-1.62%	1%	2%	1%	10.2	14.1	\$1	\$1	\$1	\$3	\$4	\$3	1%	\$226
35	11042	Deb subqt tissue 20 sq cm/<	\$1	-14.48%	1%	1%	1%	28.9	40.0	\$1	\$2	\$2	\$2	\$3	\$2	1%	\$82
36	20552	Inj trigger point 1/2 muscl	\$1	-7.74%	1%	2%	1%	8.3	11.5	\$1	\$1	\$1	\$2	\$2	\$2	1%	\$163
37	43239	Upper gi endoscopy biopsy	\$143	0.58%	45%	55%	76%	32.8	45.5	\$243	\$303	\$416	\$409	\$509	\$700	5%	\$268
38	45380	Colonoscopy and biopsy	\$107	1.11%	48%	59%	82%	21.8	30.2	\$197	\$245	\$336	\$306	\$380	\$523	5%	\$281
39	45385	Lesion removal colonoscopy	\$82	2.10%	46%	58%	79%	17.2	23.9	\$162	\$202	\$278	\$236	\$293	\$403	5%	\$281
40	45378	Diagnostic colonoscopy	\$66	0.27%	40%	49%	68%	16.2	22.4	\$157	\$195	\$268	\$190	\$236	\$324	5%	\$281
41	29826	Shoulder arthroscopy/surgery	\$38	1.27%	33%	40%	56%	2.2	3.1	\$53	\$66	\$91	\$110	\$137	\$188	5%	\$1,460
42	G0105	Colorectal scrm: hi risk ind	\$30	2.48%	52%	64%	88%	6.3	8.7	\$54	\$68	\$93	\$85	\$105	\$145	5%	\$249
43	64721	Carpal tunnel surgery	\$25	1.01%	40%	50%	68%	3.0	4.2	\$50	\$62	\$85	\$72	\$90	\$124	5%	\$577
44	64623	Destr paravertebral in add-on	\$24	4.03%	36%	44%	61%	8.1	11.2	\$31	\$39	\$53	\$69	\$86	\$118	5%	\$229
45	G0121	Colon ca scrm not hi risk ind	\$24	2.22%	45%	56%	77%	5.8	8.0	\$42	\$52	\$72	\$68	\$84	\$115	5%	\$249
46	29827	Arthroscop rotator cuff repr	\$23	3.71%	32%	39%	54%	1.4	1.9	\$44	\$55	\$75	\$66	\$82	\$112	5%	\$1,460
47	29880	Knee arthroscopy/surgery	\$21	1.64%	41%	51%	71%	1.5	2.1	\$44	\$55	\$76	\$59	\$73	\$100	5%	\$903
48	45384	Lesion remove colonoscopy	\$19	0.93%	42%	52%	71%	4.5	6.3	\$40	\$49	\$68	\$56	\$69	\$95	5%	\$281
49	67904	Repair eyelid defect	\$17	3.55%	63%	79%	90%	1.2	1.7	\$32	\$40	\$46	\$48	\$60	\$69	5%	\$603
50	64484	Inj foramen epidural add-on	\$16	3.71%	34%	42%	58%	11.2	15.6	\$23	\$29	\$40	\$46	\$58	\$79	5%	\$117
51	26055	Incise finger tendon sheath	\$16	1.20%	44%	55%	76%	1.9	2.7	\$28	\$35	\$49	\$46	\$58	\$79	5%	\$517
52	43248	Uppr gi endoscopy/guide wire	\$14	0.86%	53%	67%	90%	2.6	3.6	\$25	\$31	\$42	\$39	\$49	\$66	5%	\$268
53	29824	Shoulder arthroscopy/surgery	\$11	0.45%	33%	42%	57%	1.0	1.4	\$15	\$19	\$26	\$32	\$40	\$55	5%	\$903
54	49505	Pip I/hem init reduct >5 yr	\$11	2.77%	15%	19%	26%	1.9	2.7	\$23	\$28	\$39	\$30	\$38	\$52	5%	\$997
55	67917	Repair eyelid defect	\$10	3.72%	60%	74%	90%	0.8	1.0	\$18	\$23	\$27	\$28	\$35	\$43	5%	\$603
56	23412	Repair rotator cuff chronic	\$10	3.46%	33%	41%	56%	0.6	0.8	\$20	\$25	\$34	\$27	\$34	\$47	5%	\$1,426
57	14060	Skin tissue rearrangement	\$9	0.50%	18%	22%	30%	2.6	3.6	\$18	\$22	\$30	\$25	\$31	\$43	5%	\$519
58	55700	Biopsy of prostate	\$8	2.92%	12%	14%	20%	5.1	7.0	\$17	\$21	\$29	\$24	\$30	\$42	5%	\$393
59	66180	Implant eye shunt	\$8	3.44%	52%	65%	89%	0.3	0.4	\$16	\$20	\$27	\$22	\$27	\$38	5%	\$1,303
60	43450	Dilate esophagus	\$8	1.82%	54%	67%	90%	1.9	2.7	\$8	\$11	\$14	\$22	\$27	\$36	5%	\$198

No.	HCPCS	HCPCS Description	Savings 2011 (\$million)	Average Annual ASC Share Change 2008-2011	Baseline: Share of Procedures	Projected ASC Share for 2022 (2% increase per year)	Projected ASC Share for 2022 (share increase varies)	2011 Volume of Procedures (# per 1,000 Medicare Beneficiaries)	Projected Volume of Procedures for 2022 (# per 1,000 Medicare Beneficiaries)*	Volume per 1,000 Medicare Beneficiaries Remains Constant			Volume per 1,000 Medicare Beneficiaries Increases By 3% per Year			% ASC Annual Share Growth Assumption for A3 & B3	Reimbursement Difference Between ASCs and HOPDs 2011
										A1: Baseline: Savings for 2022 (ASC share remains constant) (\$million)	A2: Savings for 2022 (ASC share increases 2% per year) (\$million)	A3: Savings for 2022 (ASC share increases varies) (\$million)	B1: Baseline: Savings for 2022 (ASC share remains constant) (\$million)	B2: Savings for 2022 (ASC share increases 2% per year) (\$million)	B3: Savings for 2022 (ASC share increases varies) (\$million)		
61	25447	Repair wrist joint(s)	\$7	1.12%	47%	58%	80%	0.4	0.5	\$14	\$17	\$23	\$21	\$26	\$36	5%	\$1,184
62	43249	Esoph endoscopy dilation	\$7	1.08%	30%	38%	52%	2.2	3.1	\$12	\$15	\$20	\$19	\$24	\$33	5%	\$268
63	66170	Glaucoma surgery	\$6	4.40%	61%	76%	90%	0.4	0.5	\$13	\$16	\$19	\$18	\$23	\$27	5%	\$736
64	29822	Shoulder arthroscopy/surgery	\$6	2.28%	36%	45%	61%	0.5	0.7	\$10	\$13	\$17	\$18	\$23	\$31	5%	\$903
65	14040	Skin tissue rearrangement	\$6	1.83%	16%	20%	27%	2.1	2.9	\$13	\$16	\$22	\$18	\$23	\$31	5%	\$519
66	28270	Release of foot contracture	\$5	3.02%	28%	35%	48%	0.8	1.1	\$9	\$12	\$16	\$15	\$19	\$26	5%	\$681
67	15260	Skin full graft een & lips	\$5	4.70%	18%	22%	31%	1.5	2.0	\$10	\$12	\$17	\$14	\$18	\$25	5%	\$519
68	45383	Lesion removal colonoscopy	\$5	1.36%	36%	45%	62%	1.3	1.8	\$10	\$13	\$18	\$14	\$17	\$24	5%	\$281
69	66711	Ciliary endoscopic ablation	\$5	1.70%	79%	90%	90%	0.3	0.4	\$7	\$8	\$8	\$14	\$16	\$16	5%	\$539
70	67924	Repair eyelid defect	\$5	3.72%	61%	76%	90%	0.3	0.5	\$9	\$11	\$13	\$13	\$17	\$20	5%	\$603
71	52353	Cystouretero w/lithotripsy	\$4	4.90%	13%	16%	21%	0.8	1.2	\$8	\$10	\$14	\$12	\$15	\$21	5%	\$1,126
72	67028	Injection eye drug	\$4	3.19%	1%	1%	2%	54.4	75.4	\$6	\$8	\$11	\$11	\$14	\$19	5%	\$169
73	52234	Cystoscopy and treatment	\$4	1.27%	19%	24%	33%	0.7	0.9	\$7	\$9	\$13	\$11	\$13	\$18	5%	\$794
74	64718	Revise ulnar nerve at elbow	\$4	3.70%	36%	45%	62%	0.5	0.7	\$6	\$8	\$11	\$11	\$13	\$18	5%	\$577
75	28308	Incision of metatarsal	\$3	1.92%	38%	48%	65%	0.4	0.5	\$5	\$7	\$9	\$10	\$12	\$17	5%	\$681
76	26123	Release palm contracture	\$3	1.37%	47%	58%	80%	0.2	0.3	\$8	\$10	\$13	\$10	\$12	\$17	5%	\$897
77	26160	Remove tendon sheath lesion	\$3	0.77%	44%	55%	75%	0.4	0.6	\$6	\$8	\$11	\$10	\$12	\$17	5%	\$517
78	67950	Revision of eyelid	\$3	2.29%	64%	80%	90%	0.2	0.3	\$5	\$7	\$7	\$9	\$12	\$13	5%	\$603
79	52224	Cystoscopy and treatment	\$3	4.95%	8%	11%	14%	1.3	1.9	\$7	\$9	\$12	\$9	\$12	\$16	5%	\$794
80	52310	Cystoscopy and treatment	\$3	0.06%	9%	11%	16%	1.8	2.5	\$6	\$8	\$10	\$9	\$11	\$15	5%	\$530
81	67961	Revision of eyelid	\$3	1.27%	55%	69%	90%	0.2	0.3	\$5	\$6	\$9	\$9	\$11	\$14	5%	\$603
82	52235	Cystoscopy and treatment	\$3	2.23%	14%	18%	24%	0.7	1.0	\$6	\$7	\$10	\$9	\$11	\$15	5%	\$794
83	66986	Exchange lens prosthesis	\$3	0.17%	63%	78%	90%	0.2	0.2	\$5	\$6	\$7	\$8	\$10	\$12	5%	\$740
84	64479	Inj foramen epidural c/t	\$3	0.16%	31%	38%	53%	1.1	1.5	\$5	\$6	\$9	\$8	\$10	\$14	5%	\$229
85	66250	Follow-up surgery of eye	\$2	1.83%	37%	46%	64%	0.3	0.4	\$4	\$5	\$7	\$6	\$7	\$10	5%	\$539
86	14061	Skin tissue rearrangement	\$2	1.01%	16%	19%	27%	0.7	0.9	\$4	\$5	\$7	\$6	\$7	\$10	5%	\$519
87	17311	Mohs 1 stage h/n/hf/g	\$1	3.76%	1%	2%	2%	14.8	20.5	\$2	\$2	\$3	\$3	\$4	\$5	5%	\$162
88	13121	Repair of wound or lesion	\$1	0.48%	6%	7%	10%	2.8	3.8	\$1	\$1	\$1	\$2	\$2	\$3	5%	\$95
89	15823	Revision of upper eyelid	\$41	6.61%	68%	85%	90%	2.4	3.4	\$84	\$105	\$111	\$117	\$146	\$155	10%	\$671
90	50590	Fragmenting of kidney stone	\$13	10.88%	18%	23%	52%	1.5	2.1	\$25	\$31	\$72	\$36	\$45	\$103	10%	\$1,265

No.	HCPCS	HCPCS Description	Savings 2011 (\$million)	Average Annual Change 2008-2011	Baseline: 2011 ASC Share of Procedures	Projected ASC Share for 2022 (2% increase per year)	Projected ASC Share for 2022 (share increase varies)	2011 Volume of Procedures per 1,000 Medicare Beneficiaries	Projected Volume of Procedures for 2022 (# per 1,000 Medicare Beneficiaries)*	Volume per 1,000 Medicare Beneficiaries Remains Constant			Volume per 1,000 Medicare Beneficiaries Increases By 3% per Year			% ASC Annual Share Growth Assumption for A3 & B3	Reimbursement Difference Between ASCs and HOPDs 2011
										A1: Baseline: Savings for 2022 (ASC share remains constant) (\$million)	A2: Savings for 2022 (ASC share increases 2% per year) (\$million)	A3: Savings for 2022 (ASC share increase varies) (\$million)	B1: Baseline: Savings for 2022 (ASC share remains constant) (\$million)	B2: Savings for 2022 (ASC share increases 2% per year) (\$million)	B3: Savings for 2022 (ASC share increase varies) (\$million)		
91	67042	Vit for macular hole	\$13	7.78%	42%	53%	90%	0.7	0.9	\$26	\$32	\$55	\$36	\$45	\$77	10%	\$1,234
92	52332	Cystoscopy and treatment	\$10	5.10%	13%	16%	36%	2.6	3.6	\$15	\$18	\$42	\$27	\$34	\$78	10%	\$794
93	67041	Vit for macular pucker	\$9	7.36%	40%	50%	90%	0.5	0.6	\$19	\$24	\$42	\$24	\$30	\$54	10%	\$1,234
94	65855	Laser surgery of eye	\$8	10.98%	22%	28%	63%	4.0	5.6	\$18	\$23	\$52	\$24	\$30	\$68	10%	\$257
95	67900	Repair brow defect	\$8	7.23%	68%	85%	90%	0.4	0.6	\$14	\$18	\$19	\$24	\$30	\$32	10%	\$801
96	31255	Removal of ethmoid sinus	\$8	11.19%	39%	49%	90%	0.6	0.8	\$17	\$21	\$38	\$22	\$28	\$51	10%	\$933
97	67036	Removal of inner eye fluid	\$6	10.53%	38%	47%	90%	0.4	0.5	\$13	\$16	\$31	\$18	\$23	\$43	10%	\$1,234
98	31267	Endoscopy maxillary sinus	\$6	11.09%	37%	46%	90%	0.5	0.7	\$11	\$14	\$26	\$18	\$22	\$44	10%	\$933
99	30140	Resect inferior turbinate	\$6	16.88%	39%	48%	90%	0.5	0.7	\$12	\$15	\$28	\$16	\$20	\$37	10%	\$773
100	67108	Repair detached retina	\$6	11.99%	34%	43%	90%	0.4	0.5	\$11	\$14	\$29	\$16	\$20	\$42	10%	\$1,234
101	47562	Laparoscopic cholecystectomy	\$5	11.18%	6%	7%	16%	1.8	2.5	\$11	\$14	\$32	\$16	\$19	\$44	10%	\$1,442
102	66761	Revision of IIS	\$5	5.24%	27%	34%	78%	2.2	3.1	\$11	\$13	\$31	\$15	\$19	\$43	10%	\$237
103	67040	Laser treatment of retina	\$5	8.70%	33%	41%	90%	0.3	0.4	\$10	\$12	\$27	\$13	\$17	\$36	10%	\$1,234
104	52204	Cystoscopy w/ biopsy(s)	\$5	7.61%	19%	24%	55%	0.8	1.1	\$9	\$11	\$25	\$13	\$16	\$37	10%	\$794
105	20610	Drain/inject joint/bursa	\$4	18.62%	0.5%	1%	1%	153.1	212.0	\$8	\$10	\$24	\$12	\$14	\$33	10%	\$149
106	31256	Exploration maxillary sinus	\$4	8.96%	37%	46%	90%	0.3	0.4	\$7	\$9	\$18	\$12	\$14	\$28	10%	\$933
107	31276	Sinus endoscopy surgical	\$4	22.38%	33%	41%	90%	0.4	0.5	\$10	\$12	\$27	\$11	\$14	\$31	10%	\$933
108	64640	Injection treatment of nerve	\$4	75.05%	13%	16%	36%	1.8	2.4	\$6	\$8	\$18	\$10	\$13	\$29	10%	\$437
109	67255	Reinforce/graft eye wall	\$3	6.57%	50%	63%	90%	0.3	0.3	\$4	\$6	\$8	\$9	\$12	\$17	10%	\$706
110	69436	Create eardrum opening	\$3	11.68%	40%	50%	90%	0.3	0.5	\$6	\$8	\$14	\$7	\$9	\$17	10%	\$522
111	45330	Diagnostic sigmoidoscopy	\$2	15.64%	17%	21%	48%	1.3	1.7	\$5	\$6	\$14	\$7	\$9	\$20	10%	\$324
112	68815	Probe nasolacrimal duct	\$2	9.08%	51%	64%	90%	0.2	0.3	\$4	\$5	\$6	\$7	\$9	\$12	10%	\$603
113	46221	Ligation of hemorrhoid(s)	\$2	59.92%	11%	14%	33%	1.7	2.4	\$4	\$5	\$11	\$6	\$8	\$18	10%	\$296
114	67840	Remove eyelid lesion	\$2	15.10%	8%	10%	24%	1.4	2.0	\$4	\$4	\$10	\$5	\$6	\$15	10%	\$422
115	45331	Sigmoidoscopy and biopsy	\$1	5.08%	34%	43%	90%	0.7	0.9	\$3	\$3	\$7	\$4	\$5	\$11	10%	\$175
116	67210	Treatment of retinal lesion	\$1	10.61%	7%	9%	21%	2.9	4.0	\$3	\$4	\$9	\$4	\$5	\$11	10%	\$169
117	67228	Treatment of retinal lesion	\$1	11.58%	7%	9%	20%	2.3	3.2	\$2	\$3	\$6	\$3	\$4	\$8	10%	\$169
118	11642	Exc face-nm malleus+margin 1.1-2	\$1	7.98%	3%	4%	10%	3.5	4.9	\$2	\$2	\$4	\$3	\$4	\$8	10%	\$226
119	64480	Inj foramen epidural add-on	\$1	17.51%	29%	36%	83%	0.8	1.0	\$2	\$2	\$5	\$3	\$3	\$8	10%	\$117
120	51700	Irrigation of bladder	\$0.5	29.91%	3%	4%	10%	4.0	5.5	\$1	\$1	\$3	\$1	\$2	\$4	10%	\$99
<b>Total or Mean**</b>			<b>\$2,307</b>	<b>3.46%</b>	<b>32%</b>	<b>40%</b>	<b>52%</b>	<b>5.62</b>	<b>7.78</b>	<b>\$4,203</b>	<b>\$5,231</b>	<b>\$6,013</b>	<b>\$6,604</b>	<b>\$8,212</b>	<b>\$9,383</b>	<b>N/A</b>	<b>\$589</b>

**NOTES:**  
 \*Increases volume per 1,000 Medicare beneficiaries by 3% annually.  
 \*\*The reported totals are for savings. The remaining columns are simple means across the 120 procedures, for which the mean is not influenced by (or weighted for) high-volume procedures, such as cataracts. Savings are reported in nominal dollars. N/A: not applicable.



# Medicare Cost Savings Tied to Ambulatory Surgery Centers



Produced with cost savings analysis from

