

# EXTRACORPOREAL LIFE SUPPORT ORGANIZATION

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## Center for Medicare Services (CMS) - Reimbursement for ECMO

On Oct 1, 2018, Center for Medicare Services (CMS) will abruptly change the codes and DRG reimbursement for ECMO to much lower reimbursement. This was based on advice from a consultant that ECMO is usually accomplished by peripheral vascular access which is much simpler than central access, similar to a balloon pump for cardiac failure or a mechanical ventilator for respiratory failure. This decision was not based on any data or input from the critical care community.

On September 18, 2018, at a meeting organized by LivaNova, a small group of clinicians met with a CMS panel to point out that ECMO is a major procedure involving a large team of personnel, complex devices, extracorporeal circulation of all the blood for days or weeks, and is used when all other modes of treatment have failed and death is immanent. The method of vascular access depends on the clinical circumstances, and is irrelevant for purposes of expense or reimbursement. This seemed to come as a surprise to the four panel members.

The ELSO Registry has all the data needed to guide these decisions. For example there are 5500 cases of ECMO in adults in the US each year. 58% are cardiac and 42% are respiratory. Peripheral access is used in 89%. The healthy survival rate ranges from 25% for ECPR to 60% for respiratory failure (much higher survival than most cancers).

Approximately 10% of adult ECMO cases are over age 65 (covered by CMS) so the overall impact on ECMO reimbursement is small at present. However, most insurance carriers follow the CMS coding and reimbursement, hence this policy will affect all hospitals, patients, and clinicians in the US. Hospitals will have to decide whether to support ECMO programs and a decision to close ECMO programs impact patients and patients will suffer.

ELSO is taking the lead on negotiating these issues with CMS. We invite industry, CMS, representatives of the clinical societies which use ECMO, and ECMO patients to join with ELSO to educate and guide CMS and other payers. Contact the ELSO office ([www.elseo.org](http://www.elseo.org)) for more information.

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## Addendum

The PCS codes were changed to specify: Central ECMO; Peripheral VA ECMO; and Peripheral VV ECMO. The PCS codes were changed and the DRGs were changed according to the following table.

### Previous Codes and DRG

PCS code	Description	DRG	Base \$
5A15223	ECMO	003	101,892

### New Codes and DRG

PCS code	Description	DRG	Base \$
5A1522F	Central ECMO	003	101,892
5A1522G	Peripheral VA ECMO		
	Heart failure and shock	291	7,492
	Cardiac arrest	296	8,551
	VA ECMO plus pVAD	215	71,759
5A1522H	Peripheral VV ECMO		
	Vent support 96 hrs	207	31,165
	Sepsis with Vent support	870	35,057
	VV ECMO plus pVAD	215	71,759

pVAD is peripheral ventricular assist device (Impella)