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Welcome! This month's issue will focus on all things cardiovascular in surgery centers.

Benefits for the Conversion of OBL to a Hybrid OBL/ASC

MedAxiom

Interventional cardiovascular procedures are transitioning rapidly to the outpatient surgery setting, and the hybrid OBL/ASC model maximizes efficiency and profitability. [Read more here.](#)

OBL, ASC, or Hybrid: Which Model Is Right for You?

Endovascular Today

A surgeon and a device rep [discuss](#) ambulatory surgery centers and office-based labs for cardiac and vascular procedures and the emergence of the hybrid business model.

CMS Increases Joint, Spine, and CV Rates for 2023

ASCA

CMS just [posted the proposed 2023 Medicare fee schedules](#). To adjust for inflation, CMS made increases across the board on fee schedule. In its continued recognition of the value of

ASCs to provide complex care, CMS made significant increases specifically to joint replacement, certain spine surgeries, and some cardiovascular procedures.

12 Business and Legal Considerations for Successfully Developing a “Hybrid” Office-Based Laboratory—Ambulatory Surgery Center

McGuire Woods

Changes to Centers for Medicare and Medicaid Services' (CMS) reimbursement policies for outpatient interventional procedures has both expanded the scope of surgical services that may be performed safely in outpatient non-hospital based settings (such as a Medicare-certified ASCs and office based laboratories), while simultaneously adjusting reimbursement in these settings.

Since it is presently unclear how Medicare reimbursement rates and site-neutral payment policies will unfold in outpatient non-hospital based settings, many providers are evaluating the benefits of a “hybrid” office-based laboratory–ASC model to provide outpatient interventional procedures to guard against this uncertainty

Dallas Market Visit

Scott Bacon and team will be in Dallas for a market visit in early September – let us know if you're around or know someone we should meet then! You can reply directly to this email.

What's Holding you Up?

These days, we don't go a week at Compass without new opportunities in CV or endovascular cases to our ASCs. As reimbursement schedules for vascular procedures have rapidly shifted in the last two years (and are scheduled to shift further), the efficacy of moving the majority of cardio AND endovascular cases to licensed, regulated surgery centers will rise (as opposed to the “OBL” model described in the articles above). This creates opportunities for anyone who operates an ASC today. However, CV differs in a myriad of ways from other more traditional outpatient procedures (variety of cases, patient complexity risk, equipment needs, etc.).

In some markets, it will make sense for cardiologists, IRs, vascular surgeons, etc. to bring cases to an existing surgery center rather than develop their own. We'll be navigating the need to add specialized labs to existing ASCs, which are expensive and cannot be easily used for other surgeries. We expect this scenario, but we also believe that CV is a specialty that should be handled "with care," a phrase that encompasses both patient care and financial projections.

We'd love to know from ASC owners how you are approaching the possibility of adding vascular or cardiovascular as a service line to your center.

-Will Holding



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