CMS Released CY 2023 HOPPS Final Rule

On November 1st, 2022, the Centers for Medicare and Medicaid Services (CMS) released the calendar year (CY) 2023 Hospital Outpatient Prospective Payment System (HOPPS) final rule. The finalized changes are effective January 1st, 2023.

CMS increased the conversion factor by 3.8 percent bringing it up to $ 85.585 for CY 2023. CMS will continue to implement the statutory 2.0 percentage point reduction in payments for hospitals that fail to meet the hospital outpatient quality reporting requirements by applying a reporting factor of 0.9807 percent to the OPPS payments and copayments for all applicable services. The reduced conversion factor for hospitals failing to meet the Hospital Outpatient Quality Reporting (OQR) Program requirements is $ 83.934.

In the CY 2023 HOPPS Final Rule, CMS placed 71271 (Low Dose CT for Lung Cancer Screening) in APC 5522 with payment rate of $106.88. In addition, CMS placed G0296 (visit to determine lung LDCT eligibility) in APC 5822, with a payment rate of $75.85.

For CY 2023, CMS has not changed the structure of the seven imaging APCs.

CY 2023 HOPPS Finalized Imaging APCs

APC	Group Title	CY 2022 Payment Rate	CY 2023 Payment Rate
5521	Level 1 Imaging without Contrast	$82.61	$86.88
5522	Level 2 Imaging without Contrast	$111.19	$106.88
5523	Level 3 Imaging without Contrast	$235.00	$233.52
5524	Level 4 Imaging without Contrast	$493.48	$503.13
5571	Level 1 Imaging with Contrast	$182.43	$180.34
5572	Level 2 Imaging with Contrast	$376.09	$368.43
5573	Level 3 Imaging with Contrast	$730.67	$740.75

CMS finalized the proposal to add one additional Comprehensive APC (C-APC) under the existing C-APC payment policy in CY 2023: C-APC 5372 (Level 2 Urology and Related Services). Table 2 in the final rule lists the C-APCs for CY 2023.

For CY 2023, CMS will remove 11 services from the Inpatient Only List (IPO) list, as well as add 8 newly created services. Table 65 in the rule contains the finalized changes to the IPO list.

OPPS Payment for Software as a Service
In CY 2018, HeartFlow was the first other Software as a Service (SaaS) procedure for which CMS made separate payment under the OPPS. Since then, there have been several SaaS products that CMS has made payment for. From 2021 to 2022, CMS has reviewed and approved New Technology applications for the LiverMultiScan, Optellum, and QMRCP SaaS procedures.

In the CY 2023 HOPPS proposed rule, CMS proposed not to recognize the select CPT add-on codes that describe SaaS procedures under the OPPS. CMS proposed to instead establish HCPCS codes, specifically, C-codes, to describe the add-on codes as standalone services that would be billed with the associated imaging service. CMS believed the payment for the proposed C-codes describing the SaaS procedures with add-on CPT codes, when billed concurrent with the acquisition of the images, should be equal to the payment for the SaaS procedures when the services are furnished without imaging and described by the standalone CPT code because the SaaS procedure is the same regardless of whether it is furnished with or without the imaging service.

In the final rule, CMS is finalizing the proposals with modifications. Specifically, CMS is recognizing SaaS CPT add-on codes and will pay separately for them. CMS is not establishing HCPCS codes, specifically C-codes, to describe the add-on codes as standalone services that would be billed with the associated imaging service. The SaaS CPT add-on codes will be assigned identical APCs and have the same status indicator assignments as their standalone codes.

SaaS Procedure CPT Codes

CPT Code	Trade Name	Long Descriptor	APC	Status Indicator
0648T	LiverMultiScan	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session	1511	S
0649T	LiverMultiScan	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	1511	S

0721T	Optellum LCP	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	1508	S
0722T	Optellum LCP	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure)	1508	S
0723T	Quantitative Magnetic Resonance Cholangiopancreatography (QMRCP)	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session	1511	S
0724T	Quantitative Magnetic Resonance Cholangiopancreatography (QMRCP)	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (e.g., organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	1511	S

The ACR is reviewing the final rule and will release a detailed summary in the coming weeks. If you have any questions, please email Kimberly Greck at kgreck@acr.org or Christina Berry at cberry@acr.org.