

CMS Released CY 2025 HOPPS Final Rule

On November 1, 2024, the Centers for Medicare and Medicaid Services (CMS) released the calendar year (CY) 2025 [Hospital Outpatient Prospective Payment System \(HOPPS\) final rule](#). These finalized changes are effective January 1, 2025.

CMS finalized an increase to the conversion factor of 2.9 percent, bringing it up to \$89.169 for CY 2025. 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 0.9806 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 finalized to be \$87.439.

CMS finalized the APC placement of code 71271 for Low Dose CT for Lung Cancer Screening in APC 5522 with payment rate of \$106.34. In addition, CMS finalized placement of G0296 (visit to determine lung LDCT eligibility) in APC 5822, with a payment rate of \$92.50.

CMS finalized their proposal with modification for code 74263 (CT colonography screening services), placing it in APC 5523 (Level 3 Imaging without Contrast) and payment rate of \$241.72 for CY 2025.

CMS finalized the APC placement of code 76145 (Medical Physics Dose Evaluation for Radiation Exposure That Exceeds Institutional Review Threshold, Including Report) in APC 5723 with payment rate \$530.60 for CY 2025.

CY 2025 HOPPS Finalized Imaging APCs

APC	APC Title	CY 2024 Payment Rate	CY 2025 Finalized Payment Rate
5521	Level 1 Imaging without Contrast	\$86.58	\$88.05
5522	Level 2 Imaging without Contrast	\$104.75	\$106.34
5523	Level 3 Imaging without Contrast	\$233.47	\$241.72
5524	Level 4 Imaging without Contrast	\$525.63	\$548.30
5571	Level 1 Imaging with Contrast	\$175.06	\$178.02
5572	Level 2 Imaging with Contrast	\$366.42	\$357.13
5573	Level 3 Imaging with Contrast	\$762.88	\$790.06

CMS included no structural changes to the seven imaging APCs in the final rule.

Comprehensive-APC Policies

CMS conducted an annual review, and no changes were made to the current number of 72 C-APCs in the final rule. Table 5 in the final rule lists all C-APCs for CY2025. CMS finalized complexity adjustments for several existing C-APCs.

OPPS Payment for Software as a Service

For CY 2025, CMS finalized the proposal to maintain the APC placement for payable code 0625T describing atherosclerosis imaging-quantitative computer tomography. After expressing uncertainty about lack of available claims data, CMS referenced the developer’s initial New Tech APC application to best estimate the cost of the service. For CPT codes 0648T and 0649T for quantitative magnetic resonance analysis, CMS had originally proposed to apply the universal low volume policy to these codes. However, in the final rule, CMS agreed with commenters who expressed that there are not sufficient claims data to justify an APC reassignment at this time. Therefore, these services will remain in APC 1511 for CY 2025 with payment rate of \$950.50.

Despite only identifying three claims for code 0721T and none for 0722T for quantitative computed tomography tissue characterization, CMS believes it is appropriate to continue to assign these codes to their current APC of 1508 (New Technology Level 8 with payment rate of \$650.50 due to insufficient claims data to capture the cost of service at this time. For codes 0723T and 0724T that describe quantitative magnetic resonance cholangiopancreatography, CMS finalized the proposal to continue to assign them to APC 1511 (New Technology Level 11 - \$950.50) due to insufficient claims data.

CMS noted in the final rule that they recognize that software-based technologies are rapidly evolving and, therefore, CMS is considering for future rulemaking whether specific adjustments to payment policies, including their New Technology APC policies, are needed to more accurately and appropriately pay for these products and services across settings of care.

Software as a Service (Saas) CY 2025 Finalized APC Placements and Payment Rates

CPT Code	Long Descriptor	CY2024 APC	CY2024 Payment Rate	Finalized CY2025 APC	Finalized CY2025 Payment Rate
0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computer tomographic angiography; computerized analysis of data from coronary computed tomographic angiography	1511	\$950.50	1511	\$950.50

0648T	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	\$950.50	1511	\$950.50
0649T	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	\$950.50	1511	\$950.50
0721T	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	\$650.50	1508	\$650.50
0722T	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	\$650.50	1508	\$650.50

0723T	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	\$950.50	1511	\$950.50
0724T	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	\$950.50	1511	\$950.50

Separate Payment for Diagnostic Radiopharmaceuticals

CMS finalized the proposal to pay separately for diagnostic radiopharmaceuticals with per day costs above a threshold of \$630, which is approximately two times the volume weighted average cost amount currently associated with diagnostic radiopharmaceuticals. CMS also finalized the proposal to update the \$630 threshold in CY 2026 and subsequent years by the Producer Price Index (PPI) for Pharmaceutical Preparations. CMS finalized the proposal to pay separately for payable diagnostic radiopharmaceuticals based on their Mean Unit Cost (MUC) derived from OPPS claims.

Payment Policy for Devices in Category B Investigational Device Exemption Clinical Trials and Drugs and Devices with a Medicare Coverage with Evidence Development (CED) Designation

In the CY 2023 OPPS final rule with comment period, CMS finalized a policy to make a single blended payment for devices and services in Category B Investigational Device Exemptions (IDE) studies in order to preserve the scientific validity of these studies by avoiding differences in Medicare payment methods that would otherwise reveal the group to which a patient had been assigned. After consideration of the public comments CMS received, CMS is not finalizing their proposal to develop alternative methods of payment under Medicare Part B for drugs and devices being studied in clinical trials under a CED NCD at this time. Additionally, CMS is not finalizing their proposal to codify the coding and payment policy for Category B IDE clinical trials with control arms through revisions to § 419.47(a) to specify that the policy applies only to IDE studies with a control arm and where a payment adjustment is necessary to preserve the scientific validity of such a study.



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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.

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