

## 2019 Hospital Outpatient Prospective Payment System (HOPPS) Changes

- **Updates to HOPPS Payment Rates**
  - In accordance with Medicare law, CMS is updating OPSS payment rates by 1.35%
    - This update is based on the hospital market basket increase of 2.9% minus both a 0.8% point adjustment for multifactor productivity (MFP) and a 0.75% point adjustment required by law
- **Updates to ASC Payment Rates**
  - CMS historically updated ASC payment rates by the percentage increase in the Consumer Price Index (CPI-U)
  - For CY 2019 Final Rule, in response to the comments received, CMS proposed to update ASC payment rates using the hospital market basket rather than the CPI-U for CY 2019 through CY 2023
  - Using the hospital market basket, CMS is updating ASC rates for CY 2019 by 2.1%
  - The change is based on the hospital market basket increase of 2.9% minus a 0.8% point adjustment for MFP
  - This change will help to promote “site-neutrality” between hospitals and ASCs and encourage the migration of services from the hospital setting to the lower cost ASC setting
- **Rates saw (very) small increases for the most part:**
  - 78452 Multiple MPI will increase by two (2) percent, for \$1,202.68 in CY 2018 to \$1,227.59 in CY 2019
  - 78815 PET/CT will increase by 0.6%, for \$1,377.22 in CY 2018 to \$1,386.06 in CY 2019
  - The codes for the administration of therapeutic radiopharmaceuticals, all in APC 5661, will see decreases of 1.5% in 2019
  - The CY 2018 rate of \$238.48 will drop to \$234.88 in CY 2019
  - In January 2018, CMS reduced reimbursement for most separately payable drugs and biologicals acquired through the 340B program
  - This change reduced drug-related revenues for hospitals by around \$1.6 billion this year. In 2019, CMS will continue to reimburse 340B-acquired drugs at ASP -22.5%

- **Several radiopharmaceuticals will retain pass-thru status in 2019:**
  - A9586 Florbetapir f18, diagnostic, per study dose, up to 10 millicuries, APC 9084
  - A9587 Gallium ga-68, dotatate, diagnostic, 0.1 millicurie, APC 9084
  - A9588 Fluciclovine, F18, diagnostic, 1 millicurie, APC 9056
  - C9031 Lutetium Lu 177, dotatate, therapeutic, 1 millicurie, APC 9067
- **Other radiopharmaceuticals will lose pass-thru status:**
  - A9515 Choline C11, diagnostic, per study dose, APC 9461
  - Q9982 Flutemetamol F18, diagnostic per study dose, up to 5 millicuries, APC 9459
  - Q9983 Florbetaben F18, diagnostic per study dose, up to 8.1 millicuries, APC 458
- **LEU add-on payment**
  - For CY 2019, CMS also is not planning to change its \$10 add-on payment for Non-HEU sourced Mo-99 agents - they did need to change the status of the code used to bill for LEU, Q9969, to facilitate payment in 2019
  - As a nod to the fact the United States would like to eliminate domestic reliance on these reactors, CMS states they anticipate this change in the supply source for the radioisotope used for modern medical imaging will introduce new costs into the payment system that are not accounted for in the historical claims data that are the basis for determine APC rates for procedures
- **2019 Medicare Physician Fee Schedule (MPFS) Changes**
- CMS released the CY 2019 Medicare Physician Fee Schedule (MPFS) final rule on November 1<sup>st</sup> Conversion Factor and CMS Overall Impact Estimates
  - CMS finalized a CY 2019 conversion factor of \$36.0391, which reflects the 0.25% update specified by the Medicare Access and CHIP Reauthorization Act and a budget neutrality adjustment of -0.14%
  - Overall, this is a slight increase from the current conversion factor of \$35.9996
- **Nuclear Medicine Procedures**
  - Most nuclear medicine procedures were basically flat – changes of plus or minus two (2) percent
  - There were some outliers:
  - 78468 (planar imaging) went up five (5) percent, from \$203.04 in CY 2018 to \$211.91 in CY 2019
  - 78483 (MUGA scan) went down over four (4) percent, from \$254.16 in CY 2018 to \$246.15 in CY 2019



