**2018 HOPPS Final Rule**

Late this evening, CMS released CY2018 Hospital Outpatient Prospective Payment System (HOPD) Final Rule. ASE is currently reviewing the details of the policy and payment modifications contained in the rule and will provide a more extensive summary soon. The HOPD final rule will be published in the Federal Register on November 13, 2017, however it can be downloaded [here](https://www.federalregister.gov/documents/2017/11/13/2017-23932/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment).

This final rule with comment period revises the Medicare hospital outpatient prospective payment system for CY 2018 to implement changes arising from CMS’ continuing experience with these systems and certain provisions under the 21st Century Cures Act.  In this final rule with comment period, CMS describes the changes to the amounts and factors used to determine the payment rates for Medicare services paid under the OPPS payment system.

This final rule with comment period will become effective on January 1, 2018. CMS will accept comments on this later than 5 p.m. EST on December 31, 2017.

**2018 Hospital Outpatient Prospective Payment Final Rule**

* **OPPS Payment Update:** CMS is increasing the OPPS payment rates by 1.35 percent for 2018. The change is based on the hospital market basket increase of 2.7 percent minus both a 0.6 percentage point adjustment for multi-factor productivity and a 0.75 percentage point adjustment required by law. After considering all other policy changes under the final rule, including estimated spending for pass-through payments, CMS estimates an overall impact of 1.4 percent payment increase for providers paid under the OPPS in CY 2018.
* **Payment for hospital outpatient contrast-enhanced echocardiography:** The 2018 proposed rule HOPD rule this year again included significant restructuring of Ambulatory Payment Classifications (APCs) for imaging services and consolidating several APCs. CMS proposed adjustments to the APC to both non-contrast and contrast enhanced diagnostic imaging procedures. ASE, along with ACC and SCMR, met with CMS to request modifications to the structure of the proposed rule APCs.

The CY2018 proposed payment level represented a significant underpayment for contrast agents (ultrasound enhancing agents) and the costs for their administration with the rate for contrast echocardiography proposed at only $15 higher than unenhanced echocardiography. Thus, constructing an economic disincentive for hospital to use a high value, low cost, precision cardiac procedure.

We are pleased that CMS accepted the cardiology community’s proposals which continued the stabilization of echo reimbursement established in recent years and creates greater clinical homogeneity. Attached is a chart highlighting the CY 2018 APC Payment rates for the most common echocardiography procedures.

* **Patients Over Paperwork**: CMS recently launched the Patients over Paperwork Initiative, a cross-cutting, collaborative process that evaluates and streamlines regulations with a goal to reduce unnecessary burden, increase efficiencies, and improve the beneficiary experience. Through the Patients over Paperwork Initiation, CMS, along with its partners and stakeholders, is committed to removing regulatory obstacles that get in the way of providers spending time with patients. CMS finalized proposals that balance the value of quality data with efforts to limit provider burden. CMS finalized the removal of 6 Hospital Outpatient Quality Reporting Program quality measures, resulting in a burden reduction of 457,490 hours and saving $16.7 million in CY2020 for hospitals.
  + Two measures being removed which may be of interest are:
    - OP-4: Aspirin at Arrival, which assesses the rate of patients with chest pain or possible heart attack who received aspirin within 24 hours of arrival or before transferring from the emergency department. This measure was proposed to be removed beginning with the CY 2021 payment determination, but is being finalized for removal beginning with the CY 2020 payment determination in response to public comments requesting earlier removal.
    - OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional, which assesses the time from ED arrival to provider contact for emergency department patients. This measure was proposed to be removed beginning with the CY 2021 payment determination, but is being finalized for removal beginning with the CY 2020 payment determination in response to public comments requesting earlier removal.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Comparison of CY2017 Final - CY2018 Proposed and Final HOPPS APC Rates for Echocardiography Services** | | | | | | |
| **CPT1/ HCPCS** | **Descriptor** | **CY2017 Final APC rate** | **CY2018 Proposed APC rate** | **CY2018 Final APC Rate** | **Diff CY2017 to CY2018 $** | **Diff CY2017 to CY2018 %** |
| **Transthoracic Echocardiography** | | | | | | |
| 93303 | Echo transthoracic | $449.50 | $472.98 | $486.66 | $37.16 | 8% |
| 93304 | Echo transthoracic | $449.50 | $472.98 | $486.66 | $37.16 | 8% |
| 93306 | Tte w/doppler complete | $449.50 | $472.98 | $486.66 | $37.16 | 8% |
| 93307 | Tte w/o doppler complete | $449.50 | $264.07 | $486.66 | $37.16 | 8% |
| 93308 | Tte f-up or lmtd | $225.81 | $264.07 | $245.22 | $19.41 | 9% |
| **Transesophageal Echocardiography** | | | | | | |
| 93312 | Echo transesophageal | $449.50 | $472.98 | $486.66 | $37.16 | 8% |
| 93313 | Echo transesophageal | $449.50 | $472.98 | $486.66 | $37.16 | 8% |
| 93315 | Echo transesophageal | $449.50 | $472.98 | $486.66 | $37.16 | 8% |
| 93316 | Echo transesophageal | $225.81 | $264.07 | $486.66 | $260.85 | 116% |
| 93318 | Echo transesophageal intraop | $449.50 | $472.98 | $486.66 | $37.16 | 8% |
| **Stress Transthoracic Echocardiography** | | | | | | |
| 93350 | Stress tte only | $449.50 | $472.98 | $486.66 | $37.16 | 8% |
| 93351 | Stress tte complete | $449.50 | $472.98 | $486.66 | $37.16 | 8% |
| **Contrast Enhanced Echocardiography** | | | | | | |
| C8921 | TTE w or w/o fol w/cont, com | $656.63 | $487.72 | $681.83 | $25.20 | 4% |
| C8922 | TTE w or w/o fol w/cont, f/u | $656.63 | $487.72 | $681.83 | $25.20 | 4% |
| C8923 | 2D TTE w or w/o fol w/con,co | $656.63 | $487.72 | $681.83 | $25.20 | 4% |
| C8924 | 2D TTE w or w/o fol w/con,fu | $426.34 | $339.14 | $456.34 | $30.00 | 7% |
| C8925 | 2D TEE w or w/o fol w/con,in | $656.63 | $487.72 | $681.83 | $25.20 | 4% |
| C8926 | TEE w or w/o fol w/cont,cong | $656.63 | $487.72 | $681.83 | $25.20 | 4% |
| C8927 | TEE w or w/o fol w/cont, mon | $656.63 | $487.72 | $681.83 | $25.20 | 4% |
| C8928 | TTE w or w/o fol w/con,stres | $656.63 | $487.72 | $681.83 | $25.20 | 4% |
| C8929 | TTE w or wo fol wcon,Doppler | $656.63 | $487.72 | $681.83 | $25.20 | 4% |
| C8930 | TTE w or w/o contr, cont ECG | $656.63 | $487.72 | $681.83 | $25.20 | 4% |