

2017 Hospital Outpatient Proposed Rule

The Centers for Medicare and Medicaid Services (CMS) recently published the 2017 Hospital Outpatient Prospective Payment System (HOPPS) proposed rule, which impacts facility payments to hospital outpatient departments.

- CMS proposed to consolidated the 4 clinical APCs for Therapeutic Radiation Treatment Preparation into 3 Treatment Prep APCs. Three reassigned codes (CPT 77280, 77333, 77370), including the special medical physics code, have proposed payment decreases of 30.1%.
- CMS created 25 new Comprehensive APCs. Many brachytherapy related surgical codes would be converted from a clinical APC to a Comprehensive APC.
- CMS reassigns the brachytherapy tube & button catheter placement code (CPT 19298) to a new lower paying Comprehensive APC (41.8% payment decrease)

- CMS reassigns the ultrasound prostate volume study for brachytherapy (CPT 76873) to a lower paying clinical APC (23.6% payment decrease)
- CMS proposes lower Comprehensive APC payment for IORT codes 77424, 77425 and brachytherapy balloon catheter placement code 19296 (11.4% payment decrease)
- CMS reassigns of simple neutron beam treatment to a higher level APC (153% payment increase)

For additional information, please download the [CMS Fact Sheet](#).