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AAMC's Medicare Outpatient Prospective Payment System (OPPS) Rule Impact Report

Overview

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What are AAMC's Medicare OPPS Rule Impact Reports?

Purpose

The AAMC's Medicare OPPS Rule Impact Reports estimate the impact of Medicare's OPPS Proposed and Final Rules on your hospital, including any major proposed/finalized Medicare policy changes related to other legislative or regulatory actions. The reports also allow you to:

- Estimate budget impacts for the upcoming year based on new payment rates
- Unpack overall impacts into individual payment factors
- Compare your payment impact to national, state, and AAMC-member hospital benchmarks
- Examine the impact of specific policy changes

Eligibility and Access

Any individuals at an AAMC-member teaching hospital paid under OPPS are eligible to receive the report. If you would like to receive this report, please email COTH@aamc.org with your name, title, institution, email address, and mailing address.

Timing

The AAMC generates a hospital-specific OPPS Impact Report following the OPPS Proposed Rule and following the Final Rule corresponding to each calendar year.

The following slides walk you through each section (tab) of the hospital-specific impact report (excel file).

Introduction to your Impact Report: File Layout tab

The first tab of the report helps you navigate the report through a color-coded table of contents linking to each section, including a description of each tab, a dictionary of the acronyms used in the report (not pictured) and contact information for report-related questions (not pictured).

Table of Contents		
Worksheet tab topic	Worksheet tab name	Content
Documentation of Data Sources	Documentation	This tab identifies the data source for each value used in the Hospital Payment tab. Hyperlinks for each of these sources are provided in the notes of this tab.
How Your OPSS Payment Is Computed	2022_OPSS_Factsheet	This tab uses your hospital's CY2022 payment factors (e.g. wage index) to illustrate the basic structure of the OPSS payment system.
Your CY2022 OPSS Payment Compared to CY2021	Hospital Payment	This tab shows your projected CY2022 OPSS payment and payment changes between CY2021 and CY2022 due to different proposed policy changes. Proposed changes of individual payment factors between CY2021 and CY2022 are presented and benchmarked against different hospital cohorts.
Impact of Changes to the Wage Index	Wage Index	This tab provides an estimate of the impact of CMS's proposed changes to the wage index calculation.
Your Hospital's Most Frequently Paid APCs	APC	This tab shows policy and payment changes to your most frequently paid APCs.
Your Hospital Payment at the APC Family Level	APC Families	This tab presents payment impacts at the APC family level that may match hospital operational units, such as departments.
Your Hospital's Most Frequent Separately Payable HCPCS and Most Common Comprehensive APC J1 Codes	HCPCS	This tab shows policy and payment changes to your most frequent separately payable HCPCS and most common comprehensive APC J1 codes.

Regular payment updates (fixed) →

Policy changes (changes each Rule season depending on the proposed/finalized policies) →

Frequently paid services (fixed) →

NOTE: The pictured table of contents is an example, the blue policy tabs are not fixed and change each rule season. The grey, pink and green tabs are fixed and do not change.

Introduction to your Impact Report: Documentation

The second tab of the report helps you to trace the sources of each variable used in the report by providing a description of each variable, the external data file from which the variable derives, and the location of the variable in each tab of the report.

This tab also directs you to the location and name of the variable within the external data file and provides links to the CMS impact files and addenda cited in the report.

Tab: Hospital Payment						
Line	Column	Description	CY2022		CY2021	
			Data Source	Variable	Data Source	Variable
A	E, F	Estimated Total OPSS Payment	2022 NPRM Impact File 070920201.xlsx ¹	Estimated 2022 OPSS Payment	2022 NPRM Impact File 070920201.xlsx ¹	Estimated 2021 OPSS Payment
D	E, F	Conversion Factor	CMS-1753-P		CMS-1736-FC	
G	E, F	Wage Index	2022 NPRM Impact File 070920201.xlsx ¹	Post Reclassification Wage Index	2021 NFRM Impact File 11302020.xlsx ²	Post Reclassification Wage Index
J		Outlier Payment	2022 NPRM Impact File 070920201.xlsx ¹	Estimated 2021 Outlier Payment	N/A	N/A
M		Paid Lines	2022 NPRM Impact File 070920201.xlsx ¹	Provider Lines	N/A	N/A

Tab: APC						
Column	Description	Data Source				
B	Most Frequently Paid APC	Estimated by Watson Policy Analysis (WPA) by applying CY2022 payment policies as specified in the CY2022 OPSS Proposed Rule to CY2019 outpatient claim data.				
C	Paid Counts					
D	% of APC Volume					
E	% of APC Payment					
			CY2022		CY2021	
Column	Description	Data Source	Variable	Data Source	Variable	
F, G	APC Description	2022 NPRM Addendum A.07092021.xlsx ¹	Group Title	2021 NFRM Addendum A.11302020.xlsx ²	Group Title	
H, I	Status Indicator	2022 NPRM Addendum A.07092021.xlsx ¹	SI	2021 NFRM Addendum A.11302020.xlsx ²	SI	
J, K	APC Payment Rate	2022 NPRM Addendum A.07092021.xlsx ¹	Payment Rate	2021 NFRM Addendum A.11302020.xlsx ²	Payment Rate	

Tab: APC Families		
Column	Description	Data Source
E, F	Payment 2022, 2021	Estimated by Watson Policy Analysis (WPA) by applying CY2022/CY2021 payment policies as specified in the CY2022 OPSS Proposed Rule and CY2021 Final Rule to CY2019 outpatient claims data.

- All CY2022 Proposed Rule data can be found at the following webpage:
<https://www.cms.gov/medicare/medicare-fee-service-payment/hospital-outpatient-ppshospital-outpatient-regulations-and-notices/cms-1753-p>
 The link to the CY2021 impact file is titled "2022 OPSS Facility-Specific Impacts"
 The link to Addendum A is titled "2022 NPRM OPSS Addenda"
 The link to Addendum B is titled "2022 NPRM OPSS Addenda"
- All CY2021 Final Rule data can be found at the following webpage:
<https://www.cms.gov/medicare/medicare-fee-service-payment/hospital-outpatient-ppshospital-outpatient-regulations-and-notices/cms-1736-fc>
 The link to the CY2021 impact file is titled "2021 NFRM OPSS Facility-Specific Impacts."
 The link to both Addendum A and B is titled "2021 NFRM OPSS Addenda"
- For a description of comment indicators (CI) for CY2022, please refer to CY2022 NPRM Addendum D2

Pink Tabs: Regular Payment Updates

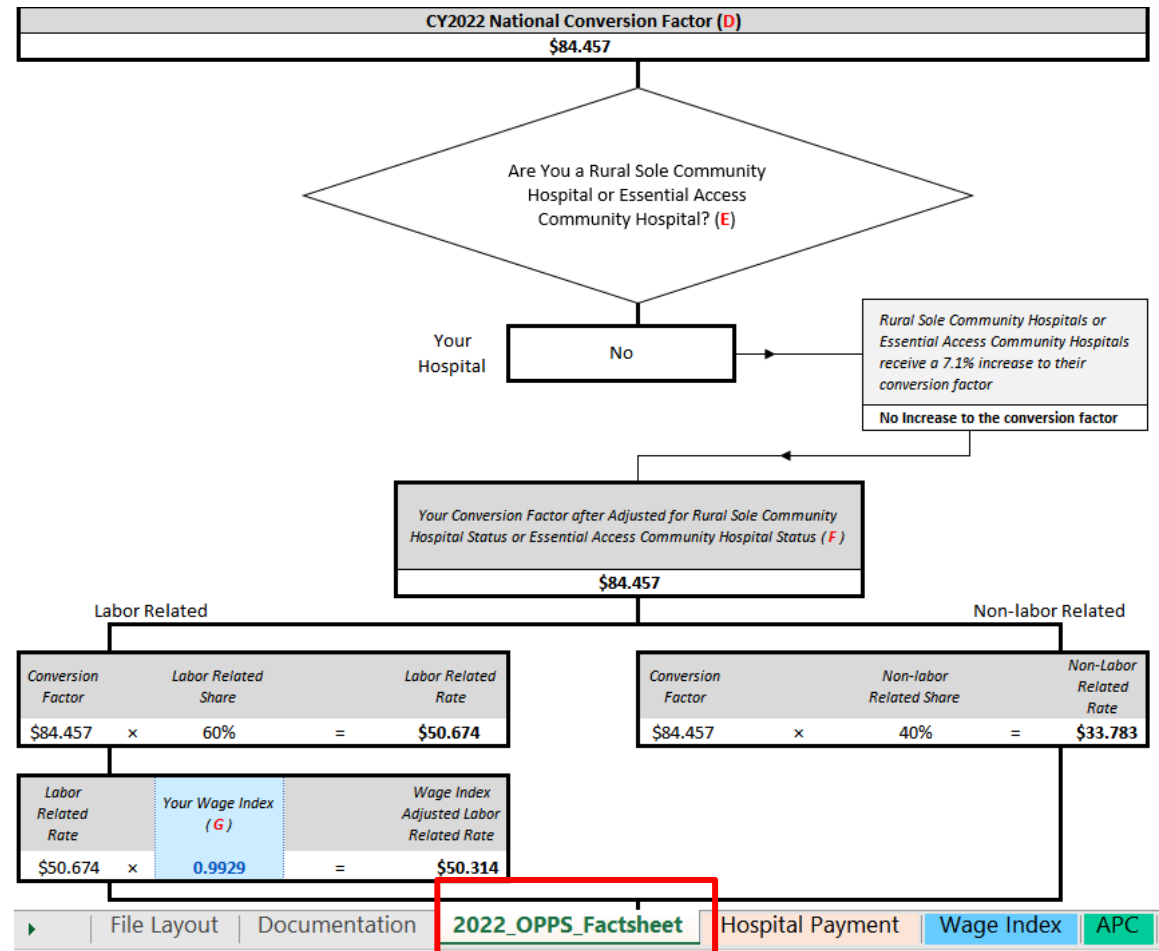
The next set of slides outline the pink tabs in the report, which provide an overview of how OPPS payment for individual hospitals are computed.

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■ Regular payment updates ■ Policy changes ■ Frequently paid services		
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Regular Payment Updates: 2022 OPPS Fact Sheet tab

The first pink tab in the report, the OPPS Fact Sheet tab, shows how your OPPS payment is computed by walking through your hospital-specific payment rates and illustrates how those payment rates are used to compute your total OPPS payment.

The hospital and payment factors illustrated in the Fact Sheet tab are updated with each OPSS release to reflect data published by CMS.



Regular Payment Updates: Hospital Payment tab

The second pink tab in the report, the Hospital Payment tab, shows year-over-year changes to your OPPS payment based on proposed or finalized payment policies and rates. It builds from the Fact Sheet tab by isolating the total OPPS payment in that tab and breaks it down into the individual factors used to compute the total OPPS payment. It also provides a benchmark comparisons alongside your hospital's impacts.

This example hospital's CY2022 payment is estimated to increase by 3.16% compared to the national increase of 1.84%

A breakdown of the payment factors that drive your OPPS payment

		Your Hospital		Benchmark Comparison ¹						
OVERALL IMPACT		CY2022	CY2021	Percent Change	National	AAMC Member ³	Teaching Status ²			Your State
A	Estimated Total OPPS Payment ⁴	\$29,331,750	\$28,432,774	3.16%	1.84%	1.71%	Major	Minor	Non-teaching	Rhode Island
Conversion Factor (equivalent to payment base rate)				Percent Change						
D	Conversion Factor ⁵	\$84.457	\$82.797	2.00%	2.00%					
E	Are you a Rural Sole Community hospital or Essential Access Community Hospital?	No	No							
F	Conversion Factor after Adjusting for Rural Sole Community Hospital Status or Essential Access Community Hospital Status	\$84.457	\$82.797	2.00%						
Wage Index (Labor-related portion of the Conversion Factor is adjusted for wage index)				Percent Change	National	AAMC Member	Major	Minor	Non-teaching	Rhode Island
G	Wage Index ⁶	1.0268	1.0163	1.03%	-0.19%	0.06%	-0.08%	-0.34%	-0.14%	-0.01%
H	Labor-related Portion	60%	60%							
I	Wage Index Adjusted Conversion Factor (F*H*G+F*(1-H)) ⁷	\$85.815	\$83.607	2.64%	1.88%	2.01%	1.93%	1.79%	1.91%	1.97%
APC Factor (equivalent to the concept of average case mix)				Percent Change	National	AAMC Member	Major	Minor	Non-teaching	Rhode Island
J	Outlier Payment ⁸	\$181,529								
K	OPPS Payment w/o Outlier (A-J)	\$29,150,221	\$28,251,245	3.18%						
M	Paid Lines/Number of APCs ⁹	527,926								
N	APC Factor (K/I/M) ¹⁰	0.6434	0.6401	0.53%	0.02%	-0.24%	-0.18%	0.06%	0.11%	-0.15%

Blue Tabs: Policy Changes

The next slide outlines the blue tabs in the report, which highlight the hospital-specific impacts of proposed or finalized policy changes.

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Policy Changes: Policy Impacts

The Policy Changes tabs show how individual policy changes will impact your OPPS payment by isolating the impact of specific major policy changes (proposed or finalized) to your total OPPS payment in the calendar year. Recent examples of policy changes impacting OPPS payment that were included as blue policy tabs in past reports include changes to 340B, Site-Neutral, Wage Index and ASC Covered Procedure list policies

340B Policy Impact

Proposed Policy Change: In the CY2019 Outpatient Prospective Payment System (OPPS) final rule, CMS finalized their proposal to expand the CY2018 340B payment policy to non-excepted off-campus provider based departments (PBDs). This policy will reduce payment for non-pass-through separately payable drugs provided at non-excepted PBDs of 340B hospitals from Average Sales Price (ASP) plus six percent (ASP+6%) to ASP minus 22.5%. **According to CMS's proposal, this expansion of 340B payment policy will NOT be implemented in a budget neutral way.**

This tab includes an estimate of the payment reduction in CY2019 to your hospital as a result of CMS's CY2018 340B policy as well as the CY2019 finalized expansion to non-excepted PBDs (provided by our data consultant, Watson Policy Analysis). **Cells with data from CMS are shaded in blue.** You can go to a separate file entitled OPSS 2019 Proposed_340B Calculator.xlsx to use AAMC's 340B impact calculator to estimate the payment reduction to 340B drugs on your own.

Watch the following tutorial for a walk-through of this tab

↓

Tutorial IV: 340B Payment Reduction

Is Your Hospital an Active Participant of the 340B Program? ¹	Yes
1. 340B hospitals are identified based on criteria specified by CMS in the CY2018 OPSS final rule using HRSA 340B database.	
Your Total CY2019 OPSS Payment Estimated by CMS	\$234,959,380

CMS's Finalized and Adopted 340B Policies	CY2019 Impact on Your Hospital ²
Impact of CY2019 Finalized Payment Reduction to Non-Pass-Through Separately Payable Drugs at 340B Hospital Non-Excepted PBDs ³	-\$1,078,852
Net Impact of CY2018 340B Policy (See Below for Details)	-\$7,973,968
Combined Impact of CY2018 and CY2019 Policies	-\$9,052,820
% Impact of Combined 340B Policies	-3.7%
Total OPSS Payment without CMS's CY2018 or CY2019 340B Policies ⁴	\$244,012,200

2. The impact analysis was provided by our data consultant Watson Policy Analysis (WPA) using CY2017 claim data and CY2019 payment rates.
3. The impact is estimated based on "PN" modifier reported in CY2017 claim data and CY2019 payment rates. The finalized extension to the CY2018 340B payment reduction policy would not be implemented in a budget neutral manner.
4. We assume CMS's estimates of CY2019 OPSS payment included the impact of the finalized 340B policy extension to non-excepted off-campus PBDs.

Site Neutral Policies

Outpatient Prospective Payment System (OPPS) proposed rule, CMS included two proposals to expand site-neutral policy: 1) a 60% payment cut to off-campus provider-based departments (PBDs) that were excepted from Section 603, and 2) a 60% payment cut to off-campus PBDs that did not furnish prior to 11/2/2015 at excepted off-campus PBDs. In the CY2019 OPSS final rule, CMS finalized the first proposal, a two-year period, and did not finalize the second proposal. As part of the two-year phase-in, beginning January 1st, 2019, off-campus PBDs that did not furnish prior to 11/2/2015 at excepted off-campus PBDs will have a 60% payment cut to hospital clinic visits, with that cut being further increased to 60% beginning January 1st, 2020. This policy will not be implemented in a budget neutral way.

reduction(s) to your hospital as a result of CMS's site-neutral policies: 1) CY2019 payment reduction as a result of Section 603 and finalized payment reduction to clinic visits; and 2) projected CY2020 payment reduction to clinic visits. **Cells with data from CMS are shaded in blue.**

Watch the following tutorial for a walk-through of this tab

↓

Tutorial III: Site-Neutral Proposals

Estimated by CMS¹	\$234,959,380
OPSS payment included the impact of the finalized payment reduction to clinic visits provided at excepted/grandfathered off-campus PBDs.	

CY2019 Payment Reduction due to CMS's Site-Neutral Policies	
Site-Neutral Policies	CY2019 Payment Reduction to Your Hospital ¹
clinic visits at excepted off-campus PBDs	-\$3,784,569
ad; 30% cut in CY2019 and 60% cut in CY2020 finalized	
non-excepted PBDs due to Section 603 implementation	-\$4,304,063
in CY2017 with a 50% MPFS Relativity Adjuster; 40% adjuster for CY2018 and CY2019	
due to Site-Neutral Policies	-\$8,088,632

40% payment adjuster and CY2019 finalized payment reductions to clinic visits provided at off-campus PBDs that were excepted from Section 603 in the CY2019 OPSS final rule. Impact analysis was provided by our data consultant Watson Policy Analysis (WPA) using CY2017 claim data and CY2019 payment rates.

Without CMS's Site Neutral Policies	\$243,048,012
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Finalized Payment Changes to Clinic Visits at Excepted Off-Campus PBDs on Your Hospital	
at excepted off-campus sites?¹	Yes
off-campus sites are identified using "PO" modifier and HCPCS code G0463 from CY2017 claims. Per CMS's DUA requirement, we are not reporting sites with fewer than 11, but greater than zero, units.	

CY2019 Payment Change to Hospital Clinic Visits at Excepted Off-campus PBDs	
Clinic Visits at Excepted Off-Campus PBDs before the reduction	\$12,615,231
Clinic Visits at Excepted Off-Campus PBDs after the CY2019 reduction	\$8,830,662
Change to the Policy	-\$3,784,569

Updates to the ASC Covered Procedures List

Outpatient Prospective Payment System (OPPS) proposed rule, CMS proposed to expand the types of procedures included in the ASC Covered Procedures List. The proposal included 12 cardiac catheterization codes (93451-93462) in the final list of ASC covered surgical procedures in the final rule. These 12 codes were finalized and are separately payable. HCPCS 93462, 93566, 93567, 93568, 93569, 93570, 93571, 93572, 93573, 93574, 93575, and 93576. We do not report their unit counts. However, the 12 cardiac catheterization codes are included under APC 5191, so this tab also shows counts of that APC. **Numbers are shaded in orange.**

Watch the following tutorial for a walk-through of this tab

↓

Tutorial II: Updates to the ASC Covered Procedures List

Estimated by CMS¹	\$234,959,380
OPSS payment included the impact of the finalized payment reduction to clinic visits provided at excepted/grandfathered off-campus PBDs.	

Your Hospital's Numbers	
Total CY2019 OPSS Payment	\$234,959,380
Number of Outpatient Clinic Visits	35,355
Number of Outpatient Clinic Visits at Excepted Off-Campus PBDs	\$2,810
Percentage of Outpatient Clinic Visits at Excepted Off-Campus PBDs	0.7%
Number of Outpatient Clinic Visits at Excepted Off-Campus PBDs	507
Percentage of Outpatient Clinic Visits at Excepted Off-Campus PBDs	5%
Total OPSS Payment without CMS's CY2018 or CY2019 340B Policies	\$1,424,878
Total OPSS Payment without CMS's CY2018 or CY2019 340B Policies	\$1,353,634
Net Impact of CMS's Site-Neutral Policies	-\$71,244

1. We assume CMS's estimates of CY2019 OPSS payment included the impact of the finalized 340B policy extension to non-excepted off-campus PBDs.

Analysis (WPA), using CY2017 claims and APC 5191. Some of the codes may be fewer than the sum of unit counts of the 11 codes in 11 but greater than zero.

of projected volume loss in outpatient setting to a certain degree by increase of zero) for APC 5191, then your net impact actual net impact is therefore less than the provided net impact value.

Green Tabs: Frequently Paid Services

The next set of slides outline the green tabs in the report, which show the impact of proposed or finalized policy and payment changes to your most frequently paid services.

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Frequently Paid Services: APCs

This tab shows the impact of proposed or finalized policy and payment changes to your most frequently paid APCs by isolating the APC payment factor and applying it to your claims data. The tab includes two tables separately illustrating frequently paid non-drug APCs (pictured) and frequently paid drug-related APCs (not pictured).

Your Hospital's Most Frequently Paid APCs										
Non-Drug APC and Counts		As % of All Your APC Services		APC Description		Status Indicator		APC Payment Rate		
APC	Paid Counts	% of APC Volume	% of APC Payment	CY2022	CY2021	CY2022	CY2021	CY2022	CY2021	% Change
5012	20,687	11.1%	21.0%	Clinic Visits and Related Services	Clinic Visits and Related Services	V	V	\$121.92	\$118.74	2.7%
5822	15,309	8.2%	9.8%	Level 2 Health and Behavior Services	Level 2 Health and Behavior Services	S	S	\$76.73	\$74.87	2.5%
5691	3,187	1.7%	1.1%	Level 1 Drug Administration	Level 1 Drug Administration	S	S	\$41.06	\$40.00	2.7%
5521	3,088	1.7%	2.0%	Level 1 Imaging without Contrast	Level 1 Imaging without Contrast	S	S	\$83.01	\$80.90	2.6%
5692	2,121	1.1%	0.9%	Level 2 Drug Administration	Level 2 Drug Administration	S	S	\$63.62	\$61.97	2.7%
5522	1,958	1.1%	1.8%	Level 2 Imaging without Contrast	Level 2 Imaging without Contrast	S	S	\$111.73	\$108.97	2.5%
5733	1,894	1.0%	0.7%	Level 3 Minor Procedures	Level 3 Minor Procedures	S	S	\$57.12	\$55.66	2.6%
5722	929	0.5%	2.1%	Level 2 Diagnostic Tests and Related Services	Level 2 Diagnostic Tests and Related Services	S	S	\$271.55	\$264.45	2.7%
5721	920	0.5%	0.7%	Level 1 Diagnostic Tests and Related Services	Level 1 Diagnostic Tests and Related Services	S	S	\$143.21	\$139.55	2.6%
5693	904	0.5%	1.6%	Level 3 Drug Administration	Level 3 Drug Administration	S	S	\$209.93	\$203.50	3.2%
5694	682	0.4%	1.8%	Level 4 Drug Administration	Level 4 Drug Administration	S	S	\$327.19	\$310.75	5.3%
5024	597	0.3%	2.6%	Level 4 Type A ED Visits	Level 4 Type A ED Visits	V	V	\$373.33	\$363.74	2.6%
5022	579	0.3%	0.6%	Level 2 Type A ED Visits	Level 2 Type A ED Visits	V	V	\$134.81	\$131.59	2.4%
5734	500	0.3%	0.3%	Level 4 Minor Procedures	Level 4 Minor Procedures	S	S	\$115.71	\$111.95	3.4%

Frequently Paid Services: APC Families

This tab presents your estimated total OPPS payment at the APC family level and provides a mapping logic between APCs and APC families which may match hospital operation units like departments.

Your Hospital's OPPS Payment by APC Families				
APC Family	APCs Included	CY2022	CY2021	Percent Change
Advanced Imaging	5523 ~ 5525, 5571 ~ 5573, 5593, 5594, 8004 ~ 8008	\$857,160.52	\$840,356.65	2.0%
Airway Endoscopy	5151 ~ 5155	\$2,766.73	\$2,713.91	1.9%
Blood	9500 ~ 9536	\$24,038.24	\$23,427.66	2.6%
Blood Product Exchange	5241 ~ 5244	\$24,227.99	\$23,764.09	2.0%
Brachytherapy	2613 ~ 2699	\$17,853.19	\$17,397.64	2.6%
Cardiac/Pulmonary Rehabilitation	5771, 5791	\$34,421.63	\$33,733.92	2.0%
Clinical Oncology	5691 ~ 5694	\$777,094.72	\$753,355.20	3.2%
Diagnostic tests	5721 ~ 5724, 5731 ~ 5735, 5741 ~ 5743	\$522,110.54	\$511,510.65	2.1%
Dialysis	5401	\$0.00	\$0.00	NA
Drug	0701 ~ 1490, 1605 ~ 1863, 2731 ~ 2770, 3041, 7000 ~ 7308, 9002 ~ 9497	\$7,411,391.09	\$7,526,515.21	-1.5%
Ear, Nose, Throat (ENT)	5161 ~ 5166	\$0.00	\$0.00	NA
Gastrointestinal (GI)	5301 ~ 5303, 5311 ~ 5313, 5331, 5341	\$538,730.85	\$528,400.64	2.0%
General Surgery	5051 ~ 5055, 5061, 5071 ~ 5073, 5091 ~ 5094, 5361, 5362	\$82,465.91	\$80,860.68	2.0%
Gynecology	5411 ~ 5416	\$629.92	\$617.80	2.0%
Minor Imaging	5521, 5522, 5591, 5592	\$433,421.88	\$425,182.04	1.9%
Musculoskeletal Surgery	5111 ~ 5116, 5101, 5102	\$1,426.37	\$1,398.15	2.0%
Nervous System Procedures	5431, 5432, 5441 ~ 5443, 5461~5464, 5471	\$31,076.30	\$30,468.48	2.0%

Frequently Paid Services: HCPCS

This tab shows the proposed or finalized payment changes for your most frequent separately payable HCPCS and most common comprehensive APC J1 codes. It also includes an APC lookup table to help you look up an APC description when entering an APC number. Cells where you can input your own numbers are shaded in orange.

Your Hospital's Most Frequent Separately Payable HCPCS and Most Common Comprehensive APC J1 Codes

Please Enter APC Number

APC Lookup Table		APC Description
CY2022 APC	5023	Level 3 Type A ED Visits
CY2021 APC	5024	Level 4 Type A ED Visits

Most Frequent Separately Payable HCPCS at Your Hospital				Status Indicator		APC		HCPCS Payment Rate		
HCPCS Code	Description	Count	Policy changes to the code?	CY2022	CY2021	CY2022	CY2021	CY2022	CY2021	% Change
G0463	Hospital outpt clinic visit	20576		J2	J2	5012	5012	\$121.92	\$118.74	2.7%
90853	Group psychotherapy	5243		Q3	Q3	5822	5822	\$76.73	\$74.87	2.5%
71046	X-ray exam chest 2 views	2020		Q3	Q3	5521	5521	\$83.01	\$80.90	2.6%
G0008	Admin influenza virus vac	799		S	S	5691	5691	\$41.06	\$40.00	2.7%
71250	Ct thorax dx c-	645		Q3	Q3	5522	5522	\$111.73	\$108.97	2.5%
96413	Chemo iv infusion 1 hr	605		S	S	5694	5694	\$327.19	\$310.75	5.3%
99282	Emergency dept visit	579		J2	J2	5022	5022	\$134.81	\$131.59	2.4%
99284	Emergency dept visit	555		J2	J2	5024	5024	\$373.33	\$363.74	2.6%
94060	Evaluation of wheezing	534		S	S	5722	5722	\$271.55	\$264.45	2.7%
96375	Tx/pro/dx inj new drug addon	511		S	S	5691	5691	\$41.06	\$40.00	2.7%
96365	Ther/proph/diag iv inf init	508		S	S	5693	5693	\$209.93	\$203.50	3.2%
93306	Tte w/doppler complete	441		S	S	5524	5524	\$495.76	\$482.89	2.7%
99283	Emergency dept visit	414		J2	J2	5023	5023	\$237.53	\$231.60	2.6%
71045	X-ray exam chest 1 view	370		Q3	Q3	5521	5521	\$83.01	\$80.90	2.6%
74177	Ct abd & pelv w/contrast	347		Q3	Q3	5572	5572	\$377.80	\$368.12	2.6%
96374	Ther/proph/diag inj iv push	339		S	S	5693	5693	\$209.93	\$203.50	3.2%
77412	Radiation treatment delivery	299		S	S	5622	5622	\$248.00	\$241.68	2.6%
77080	Dxa bone density axial	298		S	S	5522	5522	\$111.73	\$108.97	2.5%
96366	Ther/proph/diag iv inf addon	293		S	S	5691	5691	\$41.06	\$40.00	2.7%

Please email COTH@aamc.org if you have any questions about the OPPS impact report.