CY 2020 HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM FINAL RULE SUMMARY

On November 1, 2019, the Centers for Medicare and Medicaid Services (CMS) published the CY 2020 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System final rule outlining payment rates and policy changes for the upcoming year. The final rule and addendums can be found here. The provisions of the final rule will take effect on January 1, 2020, unless stated otherwise.

In general, the rule provides for a 2.6% update in the hospital outpatient payment rates in 2020. Hospitals that fail to meet the hospital outpatient quality reporting requirements will continue to receive a 2% reduction in payments.

The payments made under OPPS cover facility resources including equipment, supplies, and hospital staff, but do not include the services of physicians or non-physician practitioners paid separately under the Medicare Physician Fee Schedule. Services under OPPS, which are clinically similar and require similar resources are classified into payment groups called Ambulatory Payment Classifications (APCs) which all have an individual payment rate. The APC payment rates are adjusted for geographic cost differences, and payment rates and policies are updated annually through rulemaking.

Impact on Epilepsy Centers

Attached to this summary is a set of charts showing the APC assignments for neurology services including the new long-term EEG services. In summary, the APC payment rates for existing neurology services in 2020 are fairly stable or increasing for most services.

With regard to the APC assignments for the new long term EEG TC Codes, CMS accepted NAEC and the other Medical Societies recommendation to move the 2-12 hour VEEG with continuous monitoring TC code (95713) and the 12-26 hour VEEG with continuous monitoring TC code (95716) to higher paying APCs. CMS finalized the proposed APC assignments of the other long-term EEG TC codes to the Level 2 and 3 Diagnostic Tests APCs (see chart below).

Final CY 2020 Hospital Outpatient Prospective Payment System APCs and Payment Rates			
HCPCS Code	**Short Descriptor**	**Payment Rate**	**APC**
95700	EEG/VEEG set up/take down	$253.07	5722 - Level 2 Diagnostic Tests and Related Services
95705	EEG w/o vid 2-12 hr unmonitored		
95706	EEG w/o vid 2-12 hr intermittent		
95707	EEG w/o vid 2-12 hr continuous		
95711	VEEG 2-12 hr unmonitored		
95712	VEEG 2-12 hr intermittent		
95708	EEG w/o vid ea 12-26 hr unmonitored	$485.55	5723 - Level 3 Diagnostic Tests and Related Services
95709	EEG w/o vid ea 12-26 hr intermittent		
95710	EEG w/o vid ea 12-26 hr continuous		
95713	VEEG 2-12 hr continuous		
95714	VEEG ea 12-26 hr unmonitored		
95715	VEEG ea 12-26hr intermittent		
95716	VEEG ea 12-26hr continuous	$908.84	5724 - Level 4 Diagnostic Tests and Related Services

Site Neutral Payment Policy for Excepted Off-Campus Provider-Based Departments

CMS is finalizing its proposal to complete the implementation of the two-year phase-in of applying the Medicare Physician Fee Schedule (MPFS) rate for the clinic visit service (G0463 – Hospital outpatient clinic visit for assessment and management of a patient) when provided at an off-campus provider-based department (departments that bill the "PO" modifier on claims lines). The agency is striving to control the volume growth of these visits by implementing this site neutral payment policy as this clinic visit is the most common service billed under OPPS that also billed in the physician office. These visits will be paid at 40 percent of their OPPS rate.

Prior Authorization Process and Requirements for Certain Hospital Outpatient Department (OPD) Services

CMS finalized its proposal to require prior authorization for the five following services to assure that they are billed only when medically necessary: 1) blepharoplasty, 2) botulinum toxin injections, 3) panniculectomy, 4) rhinoplasty and 5) vein ablation.

While none of these services are delivered by epilepsy centers, it should be noted that CMS is proposing to use prior authorization in the outpatient setting to control volume growth noting it has already been applied to certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) to control improper payments. It merits monitoring this policy as it CMS may expand the application of prior authorization to additional services in future rulemaking.

Separately Payable 340B Drug Policy

CMS is proposing to continue their policy to pay ASP minus 22.5 percent for separately payable non-pass-through drugs acquired with a 340B discount, including when furnished in nonexcepted off-campus provider based departments. Hospitals subject to the reduction must report claim level modifiers to signify when 340B vs. non-340B drugs are used. Critical access hospitals, rural sole community hospitals, children's hospitals and PPS-exempt cancer hospitals are not subject to the payment reduction.

The agency acknowledges the ongoing litigation related to the lower 340B payments and plans on continuing to apply the reduction until the court decision. CMS plans to survey hospitals on actual acquisition costs for 340B drugs soon and states that it will use the survey data to establish an alternative to ASP-22.5 or determine another option, if the court rules in favor of the hospitals.

2020 Final Hospital Outpatient Prospective Payment System (HOPPS) Regulations

Neurology-Related Services

CPT/ HCPCS	Description	2020 Final Payment Rate	2019 Final Payment Rate	2020 Final Status Indicator*	2019 Final Status Indicator*	2020 Final APC	2019 Final APC	%Change
61720	Incise skull/brain surgery	$5,508.39	$4,566.06	J1	J1	5432	5432	17.11%
61770	Incise skull for treatment	$5,508.39	$4,566.06	J1	J1	5432	5432	17.11%
61790	Treat trigeminal nerve	$1,719.16	$1,631.48	J1	J1	5431	5431	5.10%
61791	Treat trigeminal tract	$1,719.16	$1,631.48	J1	J1	5431	5431	5.10%
61880	Revise/remove neuroelectrode	$3,148.14	$2,879.80	J1	Q2	5461	5461	8.52%
61885	Insrt/redo neurostim 1 array	$19,277.27	$18,707.16	J1	J1	5463	5463	2.96%
61886	Implant neurostim arrays	$29,115.50	$27,697.85	J1	J1	5464	5464	4.87%
61888	Revise/remove neuroreceiver	$6,186.44	$5,979.53	J1	J1	5462	5462	3.34%
64569	Revise/repl vagus n eltrd	$6,186.44	$5,979.53	J1	J1	5462	5462	3.34%
95812	Eeg, 41-60 minutes	$253.07	$252.31	S	S	5722	5722	0.30%
95813	Eeg, over 1 hour	$253.07	$252.31	S	S	5722	5722	0.30%
95816	Eeg, awake and drowsy	$253.07	$252.31	S	S	5722	5722	0.30%
95819	Eeg, awake and asleep	$253.07	$252.31	S	S	5722	5722	0.30%
95822	Eeg, coma or sleep only	$253.07	$252.31	S	S	5722	5722	0.30%
95836	Ecog impltd brn npgt </30 d	$36.25	$37.16	Q1	Q1	5741	5741	-2.51%
95950	Ambulatory eeg monitoring	NA	$455.27	D	S	NA	5723	NA
95951	EEG monitoring/videorecord	NA	$912.79	D	S	NA	5724	NA
95953	EEG monitoring/computer	NA	$455.27	D	S	NA	5723	NA
95954	EEG monitoring/giving drugs	$485.55	$455.27	S	S	5723	5723	6.24%
95956	Eeg monitoring, cable/radio	NA	$455.27	D	S	NA	5723	NA
95958	EEG monitoring/function test	$908.84	$912.79	S	S	5724	5724	-0.43%
95961	Electrode stimulation, brain	$908.84	$912.79	S	S	5724	5724	-0.43%
95965	Meg spontaneous	$908.84	$912.79	S	S	5724	5724	-0.43%
95966	Meg, evoked, single	$908.84	$912.79	S	S	5724	5724	-0.43%
95970	Analyze neurostim, no prog	$109.02	$106.48	Q1	Q1	5734	5734	2.33%
95971	Analyze neurostim, simple	$113.41	$117.54	S	S	5742	5742	-3.64%
95972	Analyze neurostim, complex	$113.41	$117.54	S	S	5742	5742	-3.64%
95976	Alys smpl cn npgt prgrmg	$36.25	$37.16	S	S	5741	5741	-2.51%
95977	Alys cplx cn npgt prgrmg	$113.41	$117.54	S	S	5742	5742	-3.64%
95983	Alys brn npgt prgrmg 15 min	$113.41	$37.16	S	S	5742	5741	67.23%
95984	Alys brn npgt prgrmg addl 15	NA	NA	N	N	NA	NA	NA
95700	Eeg cont rec w/vid eeg tech	$253.07	NEW CODE IN 2020	S	NEW CODE IN 2020	5722	NEW CODE IN 2020	NA
95705	Eeg w/o vid 2-12 hr unmntr	$253.07	NEW CODE IN 2020	S	NEW CODE IN 2020	5722	NEW CODE IN 2020	NA
95706	Eeg wo vid 2-12hr intmt mntr	$253.07	NEW CODE IN 2020	S	NEW CODE IN 2020	5722	NEW CODE IN 2020	NA
95707	Eeg w/o vid 2-12hr cont mntr	$253.07	NEW CODE IN 2020	S	NEW CODE IN 2020	5722	NEW CODE IN 2020	NA
95708	Eeg wo vid ea 12-26hr unmntr	$485.55	NEW CODE IN 2020	S	NEW CODE IN 2020	5723	NEW CODE IN 2020	NA
95709	Eeg w/o vid ea 12-26hr intmt	$485.55	NEW CODE IN 2020	S	NEW CODE IN 2020	5723	NEW CODE IN 2020	NA
95710	Eeg w/o vid ea 12-26hr cont	$485.55	NEW CODE IN 2020	S	NEW CODE IN 2020	5723	NEW CODE IN 2020	NA
95711	Veeg 2-12 hr unmonitored	$253.07	NEW CODE IN 2020	S	NEW CODE IN 2020	5722	NEW CODE IN 2020	NA
95712	Veeg 2-12 hr intmt mntr	$253.07	NEW CODE IN 2020	S	NEW CODE IN 2020	5722	NEW CODE IN 2020	NA
95713	Veeg 2-12 hr cont mntr	$485.55	NEW CODE IN 2020	S	NEW CODE IN 2020	5723	NEW CODE IN 2020	NA
95714	Veeg ea 12-26 hr unmntr	$485.55	NEW CODE IN 2020	S	NEW CODE IN 2020	5723	NEW CODE IN 2020	NA
95715	Veeg ea 12-26hr intmt mntr	$485.55	NEW CODE IN 2020	S	NEW CODE IN 2020	5723	NEW CODE IN 2020	NA
95716	Veeg ea 12-26hr cont mntr	$908.84	NEW CODE IN 2020	S	NEW CODE IN 2020	5724	NEW CODE IN 2020	NA
95717	Eeg phys/qhp 2-12 hr w/o vid	NA	NEW CODE IN 2020	M	NEW CODE IN 2020	NA	NEW CODE IN 2020	NA
95718	Eeg phys/qhp 2-12 hr w/veeg	NA	NEW CODE IN 2020	M	NEW CODE IN 2020	NA	NEW CODE IN 2020	NA
95719	Eeg phys/qhp ea incr w/o vid	NA	NEW CODE IN 2020	M	NEW CODE IN 2020	NA	NEW CODE IN 2020	NA
95720	Eeg phy/qhp ea incr w/veeg	NA	NEW CODE IN 2020	M	NEW CODE IN 2020	NA	NEW CODE IN 2020	NA
95721	Eeg phy/qhp>36<60 hr w/o vid	NA	NEW CODE IN 2020	M	NEW CODE IN 2020	NA	NEW CODE IN 2020	NA
95722	Eeg phy/qhp>36<60 hr w/veeg	NA	NEW CODE IN 2020	M	NEW CODE IN 2020	NA	NEW CODE IN 2020	NA
95723	Eeg phy/qhp>60<84 hr w/o vid	NA	NEW CODE IN 2020	M	NEW CODE IN 2020	NA	NEW CODE IN 2020	NA
95724	Eeg phy/qhp>60<84 hr w/veeg	NA	NEW CODE IN 2020	M	NEW CODE IN 2020	NA	NEW CODE IN 2020	NA
95725	Eeg phy/qhp>84 hr w/o vid	NA	NEW CODE IN 2020	M	NEW CODE IN 2020	NA	NEW CODE IN 2020	NA
95726	Eeg phy/qhp>84 hr w/veeg	NA	NEW CODE IN 2020	M	NEW CODE IN 2020	NA	NEW CODE IN 2020	NA

Explanation of Status Indicators

	Item/Code/Service	OPPS Payment Status
D	Discontinued Codes	Not paid under OPPS or any other Medicare payment system.
J1	Hospital Part B services paid through a comprehensive APC	Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service for the claim, except services with OPPS SI=F,G, H, L and U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services.
Q1	STV-Packaged Codes	Paid under OPPS; Addendum B displays APC assignments when services are separately payable.
		(1) Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "S," "T," or "V."
		(2) Composite APC payment if billed with specific combinations of services based on OPPS composite-specific payment criteria. Payment is packaged into a single payment for specific combinations of services.
		(3) In other circumstances, payment is made through a separate APC payment.
Q2	T-Packaged Codes	Paid under OPPS; Addendum B displays APC assignments when services are separately payable.
		(1) Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "T."
		(2) In other circumstances, payment is made through a separate APC payment.
S	Procedure or Service, Not Discounted When Multiple	Paid under OPPS; separate APC payment.

**These codes have comment indicator of NP = New code for the next calendar year or existing code with substantial revision to its code descriptor in the next calendar year as compared to current calendar year, proposed APC assignment; comments will be accepted on the proposed APC assignment for the new code.