

2025 CMS Proposed Rule Summation HOPPS

Overview

On November 1, 2024, the Centers for Medicare & Medicaid Services (CMS) published the final Medicare payment rates for hospital outpatient services. In accordance with Medicare law, CMS is finalizing an update to OPPS payment rates of 2.9% for hospitals that meet applicable quality reporting requirements. This update is based on the projected hospital market basket percentage increase of 3.4% reduced by a 0.5 percentage point productivity adjustment. The 2025 Hospital Outpatient Prospective Payment System (HOPPS) final rule brings several noteworthy changes, including targeted reductions for radiation oncology services. Some of the specific reductions impacting radiation oncology are listed below.

- OPPS payment rates with an increase of 2.9% for hospitals
- Treatment delivery codes with lower usage saw a 4.4% decrease while the higher level/utilization codes saw a 2.9% increase
- Proton Therapy reimbursement in the hospital setting decreased by 6%
- Reassignment of scalp cooling device
- Brachytherapy APC Adjustments
- New technology of Biology Guided Radiation Therapy (BgRT)
- Changes to payments for Radiopharmaceuticals
- Proposed changes to Colorectal Screening coverage
- CMS will enforce a 2% payment reduction for hospitals not meeting outpatient quality reporting requirements.

Hospital Outpatient Quality Reporting (OQR) Program:

CMS will continue enforcing the 2% payment reduction for hospitals that do not meet outpatient quality reporting requirements. Under the Hospital Outpatient Quality Reporting (OQR) Program, hospitals must report on specific quality metrics, and failure to comply or meet these standards results in a 2% reduction to the annual increase factor in HOPPS payments. This approach is intended to incentivize quality improvement and ensure consistent reporting across facilities.



Scalp Cooling Device:

Scalp cooling devices, often used to reduce chemotherapy-induced hair loss, have been reassigned within the HOPPS framework. The CMS 2025 HOPPS Final Rule reassigns the scalp cooling device service, CPT code 0662T (initial measurement and calibration of a mechanical scalp cooling device), to a new payment category under APC 1519 (New Technology - Level 19) with a payment rate based on the median cost of \$1,750. This reassignment considers updated claims data reflecting a low volume of claims (50 in total for CY 2023), which falls below the threshold required for consistent rate setting. This new assignment aims to better match the cost of resources for scalp cooling under chemotherapy and aligns with updated costs provided in the claims data.

Brachytherapy

Exhibit A: Final Low Volume APCS for CY 2025

Adjustments to the Ambulatory Payment Classification (APC) for brachytherapy are included in the final rule, modifying payment classifications to better reflect the costs and clinical resources required for these procedures. The 2025 HOPPS final rule introduces specific adjustments regarding brachytherapy APCs, focusing on classification as Low Volume APCs due to the limited claims data available. CMS has designated six brachytherapy APCs as Low Volume for CY 2025, meaning these APCs, which have fewer than 100 single claims for rate setting, will use an adjusted cost methodology. Overall, these changes do not impact reimbursement but create a more consistent and fair reimbursement structure for hospitals, potentially leading to improved financial planning and resource allocation for brachytherapy services. Review exhibit A for the list of affected procedure codes.

APC	APC Description	CY 2023 Claims Available for Rate setting		
2632	Iodine I-125 sodium iodide	1		
2635	Brachytx, non-str, HA, p-103	20		
2636	Brachy linear, non-str, p-103	1		
2642	Brachytx, stranded, c-131	95		
2645	Brachytx, non-str, gold-198	96		
2647	Brachytx, NS, Non-HDRIr-192	2		

TABLE 64: FINAL LOW VOLUME APCS USING COMPREHENSIVE (OPPS) RATESETTING METHODOLOGY FOR CY 2025



Biology Guided Radiation Therapy (BgRT)

Biology Guided Radiation Therapy (BgRT) is a specialized cancer treatment that uses PET scan data to guide radiation delivery more precisely for tumors in the lungs or bones. This method relies on PET imaging to adjust radiation in real-time, making treatment more accurate. Starting in January 2024, Medicare introduced specific codes (C9794 and C9795) for BgRT planning and delivery, with designated payment rates based on their complexity. For 2025, due to limited claims data, Medicare is keeping the initial 2024 rates: \$1,950.50 for C9794 (planning) and \$3,750.50 for C9795 (treatment delivery).

However, as of January 1, 2025, two new G-codes (G0562 and G0563) will replace HCPCS codes C9794 and C9795. These changes allow for payment in additional care settings outside of hospital outpatient departments. The new G-codes have the same descriptions as the original HCPCS codes. See Exhibit B for the status indicators below.

Exhibit B: Final CY 2025 OPPS New Technology APC Indicators for BgRT

HCPCS	Long Descriptor	Final CY 2025 OPPS SI	Final CY 2025 OPPS APC
G0562	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	S	1521
G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	S	1525

TABLE 22: FINAL CY 2025 OPPS NEW TECHNOLOGY APC AND STATUS INDICATOR ASSIGNMENTS FOR BIOLOGY GUIDED RADIATION THERAPY



Radiopharmaceuticals

Changes to payments for diagnostic and therapeutic radiopharmaceuticals have been made to align reimbursement with current market prices and usage. The updates seek to improve costeffectiveness in delivering radiopharmaceutical therapies in outpatient settings.

CMS is implementing a policy to provide separate payments for diagnostic radiopharmaceuticals that have per day costs exceeding \$630. This threshold is twice the current volume-weighted average cost for these radiopharmaceuticals in the Nuclear Medicine APCs. Additionally, starting in CY 2026, the \$630 threshold will be adjusted annually based on the Producer Price Index (PPI) for Pharmaceutical Preparations. CY 2025, payments for separately payable diagnostic radiopharmaceuticals will be determined based on their Mean Unit Cost (MUC) as derived from OPPS claims.

Starting in 2026, hospitals will receive an additional \$10 per dose for Tc-99m produced from domestically sourced Mo-99 to cover higher production costs. This policy aims to stabilize the supply chain by reducing reliance on foreign sources and encouraging domestic production. For patients, this ensures continued access to essential diagnostic imaging services without significant cost increases, while potentially improving quality and safety standards. Overall, the changes support a reliable and sustainable supply of Tc-99m, benefiting both hospitals and patients.

Colorectal Cancer Screening Final Coverage Determination Under OPPS for CY 2025

The final rule proposes expanded coverage for colorectal cancer screenings, including the addition of specific screenings and modifications to existing ones. These changes aim to increase access to preventive screenings, particularly in rural and underserved communities.

CMS has added coverage for CT colonography (virtual colonoscopy), establishing specific Ambulatory Payment Classifications (APCs) for procedures with and without contrast. Coverage for barium enema as a screening method has been removed, as it no longer aligns with modern clinical standards. Additionally, payment rates for various colorectal screening procedures have been updated to reflect current costs and practices. These changes aim to modernize screening options, ensuring patients have access to the most effective and up-to-date diagnostic tools.

Comments or concerns? We encourage our clients and colleagues to provide commentary to CMS on these final changes by contacting CMS at <u>https://www.regulations.gov</u>_Search CMS-1809-FC, comment.

The comment period for the CMS Final Rule for 2025 will close on December 31, 2024. Questions? Contact your RBS team for more information.



Addendu	um B.– Final OPPS Payment by									I	
HCPCS Code for CY 2025											
CPT codes and descriptions only are copyright 2022 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply. Dental codes (D codes) are copyright 2022 American Dental Association. All Rights Reserved.		2024			2025 Proposed			2025 Proposed to 2024 Actual			
HCPCS Code	Short Descriptor	SI	APC	Relative ₩eight	Payment Rate	SI	APC	Relative Weight	Payment Rate	Payment Rate Relative Change	Payment rate % change
77280	Set radiation therapy field	S	5611	1.4810	\$129.41	S	5611	1.489	\$132.77	\$3.36	
77290	Set radiation therapy field	S	5612	4.0330	\$352.41	S	5612	4.1054	\$366.07	\$13.66	3.7%
77295 77300	3-d radiotherapy plan Radiation therapy dose plan	SS	5613 5611	15.1242 1.4810	\$1,321.58 \$129.41	S	5613 5611	15.3446 1.4890	\$1,368.26 \$132.77	\$46.68 \$3.36	
77301	Radiotherapy dose plan imrt	S	5613	15.1242	\$1.321.58	S	5613	15.3446	\$1,368.26	\$46.68	
77306	Telethx isodose plan simple	S	5612	4.0330	\$352.41	S	5612	4.1054	\$366.07	\$13.66	
77307	Telethx isodose plan cplx	S	5612	4.0330	\$352.41	S	5612	4.1054	\$366.07	\$13.66	3.7%
77316	Brachytx isodose plan simple	S	5612	4.0330	\$352.41	S	5612	4.1054	\$366.07	\$13.66	
77317 77318	Brachytx isodose intermed Brachytx isodose complex	SS	5612 5612	4.0330 4.0330	\$352.41 \$352.41	S	5612 5612	4.1054	\$366.07 \$366.07	\$13.66 \$13.66	
77321	Special teletx port plan	S	5612	4.0330	\$352.41	S	5612	4.1054	\$366.07	\$13.66	
77331	Special radiation dosimetry	S	5611	1.4810	\$129.41	S	5611	1.4890	\$132.77	\$3.36	
77332	Radiation treatment aid(s)	S	5611	1.4810	\$129.41	S	5611	1.4890	\$132.77	\$3.36	
77333	Radiation treatment aid(s)	S	5611	1.4810	\$129.41	S	5611	1.4890	\$132.77	\$3.36	
77334 77336	Radiation treatment aid(s) Radiation physics consult	SS	5612 5611	4.0330	\$352.41 \$129.41	S	5612 5611	4.1054	\$366.07 \$132.77	\$13.66 \$3.36	3.7%
77338	Design mlc device for imrt	S	5612	4.0330	\$352.41	S	5612	4.1054	\$366.07	\$13.66	
77370	Radiation physics consult	S	5611	1.4810	\$129.41	Š	5611	1.4890	\$132.77	\$3.36	2.5%
77371	Srs multisource	J1	5627	84.9988	\$7,427.37	J1	5627	85.7304	\$7,644.49	\$217.12	2.8%
77372	Srs linear based	J1	5627	84.9988	\$7,427.37	J1	5627	85.7304	\$7,644.49	\$217.12	2.8%
77373 77385	Sbrt delivery Ntsty modul rad tx dlvr smpl	S	5626 5623	19.4764 6.4252	\$1,701.89 \$561.45	S	5626 5623	19.6919 6.4874	\$1,755.91 \$578.47	\$54.02 \$17.02	3.1% 2.9%
77386	Ntsty modul rad tx divr cplx	S	5623	6.4252	\$561.45	S	5623	6.4874	\$578.47	\$17.02	2.9%
77401	Radiation treatment delivery	S	5621	1.3089	\$114.37	S	5621	1.2280	\$109.50	-\$4.87	-4.4%
77402	Radiation treatment delivery	S	5621	1.3089	\$114.37	S	5621	1.2280	\$109.50	-\$4.87	-4.4%
77407	Radiation treatment delivery	S	5622	2.9334	\$256.33	S	5622	2.9492	\$262.98	\$6.65	
77412 77470	Radiation treatment delivery	S	5622 5623	2.9334 6.4252	\$256.33 \$561.45	S	5622 5623	2.9492	\$262.98 \$578.47	\$6.65 \$17.02	2.5% 2.9%
77520	Special radiation treatment Proton trmt simple w/o comp	S	5623	6.4252	\$561.45	S	5623	6.4874 6.4874	\$578.47	\$17.02	2.9%
77522	Proton trmt simple w/comp	Š	5625	15.4840	\$1,353.02	Š	5625	14.3044	\$1,275.51	-\$77.51	-6.1%
77523	Proton trmt intermediate	S	5625	15.4840	\$1,353.02	S	5625	14.3044	\$1,275.51	-\$77.51	-6.1%
77525	Proton treatment complex	S	5625	15.4840	\$1,353.02	S	5625	14.3044	\$1,275.51	-\$77.51	-6.1%
77600	Hyperthermia treatment	S	5622	2.9334 7.8259	\$256.33 \$683.84	S	5622 5624	2.9492 7.7808	\$262.98 \$693.81	\$6.65 \$9.97	2.5%
	Hyperthermia treatment Hyperthermia treatment	-	5623	A 1050	\$561.45	S	5623	6.4874	\$578.47	\$17.02	
	Hyperthermia treatment	Š	5623	6.4252	\$561.45	Š	5623	6.4874	\$578.47	\$17.02	
77620	Hyperthermia treatment	S	5623	6.4252	\$561.45	S	5623	6.4874	\$578.47	\$17.02	2.9%
	Infuse radioactive materials	S	5622	2.9334	\$256.33	S	5622	2.9492	\$262.98	\$6.65	
	Apply intrcav radiat simple Apply intrcav radiat interm	S	5623 5623	6.4252	\$561.45	S	5623 5623	6.4874	\$578.47	\$17.02	
	Apply intrcav radiat compl	S	5624	6.4252 7.8259	\$561.45 \$683.84	S	5624	6.4874 7.7808	\$578.47 \$693.81	\$17.02 \$9.97	
	Hdr rdncl skn surf brachytx	S	5622	2.9334	\$256.33	S	5622	2.9492	\$262.98	\$6.65	
77768	Hdr rdncl skn surf brachytx	S	5622	2.9334	\$256.33	S	5622	2.9492	\$262.98	\$6.65	2.5%
	Hdr rdncl ntrstl/icav brchtx	S	5624	7.8259	\$683.84	S	5624	7.7808	\$693.81	\$9.97	
	Hdr rdncl ntrstl/icav brchtx	S	5624	7.8259	\$683.84	S	5624	7.7808	\$693.81	\$9.97	
	Hdr rdncl ntrstl/icav brchtx Apply interstit radiat compl	S	5624 5624	7.8259 7.8259	\$683.84 \$683.84	S	5624 5624	7.7808	\$693.81 \$693.81	\$9.97 \$9.97	
	Apply surf ldr radionuclide	S	5621	1.3089	\$114.37	S	5621	1.2280	\$109.50	-\$4.87	-4.4%
	Complex simulation w/pet-ct	Š	1521			-			\$1,950.50		
G0563	Sbrt w/positron emission del	S	1525						\$3,750.50		
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