

Reimbursement Bulletin

Summary of CY 2022 Final Medicare Payment Rules for Interventional Services

For the Medicare Physician Fee Schedule and Hospital Outpatient Prospective Payment System

On November 2, 2021, the Centers for Medicare & Medicaid Services (CMS) issued final rules for the CY 2022 Physician Fee Schedule (PFS) and the Hospital Outpatient Prospective Payment System (HOPPS). On December 16, 2021, CMS then revised the PFS payment rates through the Protecting Medicare and American Farmers from Sequester Cuts Act, signed into law on December 10, 2021. Below is the analysis of key provisions of the final rules impacting payment policy for interventional oncology services.

MEDICARE PHYSICIAN FEE SCHEDULE (PFS)

Payment is made under the PFS for professional services furnished by physicians and other practitioners such as nurse practitioners, physician assistants, and physical therapists for all sites of service. PFS covers the physician's fee irrespective of the site of service and practice expenses when services are provided in an office/office-based laboratory (OBL) setting.

CMS finalized a series of technical proposals which result in cumulative reductions to interventional oncology services, as well as other specialties. Those proposals include updates to the clinical labor pricing inputs, implementation of the fourth year of the market-based supply and equipment pricing update, and a reduction in the conversion factor. On December 10, 2021, Congress signed into law the Protecting Medicare and American Farmers from Sequester Cuts Act. Through this legislation, CMS revised the previously finalized conversion factor from \$33.60 to \$34.61. The conversion factor maintains the budget neutrality adjustment to account for changes in relative value units (RVUs), as required by law. While still representing a 0.82% decrease in the conversion factor from CY 2021, the update reduced the overall decrease in payments on the fee schedule.

Additionally, due to the updated MPFS conversion factor, CMS final rule payment changes will result in a 5.6% decrease in allowed charges for interventional radiology services overall. These reductions are primarily driven by a reduction in the CY 2022 conversion factor and the clinical labor pricing update policy:¹

Interventional Oncology Final Payments

- Payment Provision:
 - Sequestration = -1% starting April 1- June 30, 2022
 - Conversion factor (CF) increase of 3% = -.85% to the CF and budget neutrality adjustment CY 2022.²
 - PAYGO= 0% for CY 2022
 - Supply & equipment final year phase-in = -3% to IR CY 2022
 - Clinical labor first-year phase in= -2% to IR CY 2022²
- CMS will phase in an increase in clinical labor costs over four years. Increasing clinical labor costs increases practice

¹CMS Final Payment Rules: <https://www.cms.gov/Medicare/Medicare.html>

²Society of Interventional Radiology: <https://www.sirweb.org/practice-resources/coding-page/>

expense RVUs for labor-intensive procedures and decreases practice expense RVUs for capital-intensive services like interventional radiology. CMS estimates that interventional radiology reimbursement will fall by 2% in 2022, increasing to 6% reduction when the four-year phase in is complete.

The table below compares 2021 final payment rates to the 2022 final payment rates for embolization, cryoablation, and microwave ablation services.

| COMPARISON OF 2021 FINAL TO 2022 FINAL PROFESSIONAL ONLY MEDICARE NATIONAL AVERAGE PAYMENT RATES | | | | | | | |
|--|-------------------------------|---|---------------------------------------|----------------|---------------------------------------|---------------------------------------|----------------|
| Code Information | | Professional in a Hospital OP or ASC Facility | | | Global in a Physician Office | | |
| Code | Descriptor | 2021 Final Per Procedure Payment Rate | 2022 Final Per Procedure Payment Rate | Percent Change | 2021 Final Per Procedure Payment Rate | 2022 Final Per Procedure Payment Rate | Percent Change |
| 0404T | Trnscrvt uterin fibroid abltj | \$0.00 | \$0.00 | 0% | \$0.00 | \$0.00 | 0% |
| 19105 | Cryosurg ablate fa each | \$217.04 | \$216.63 | 0% | \$2,791.45 | \$2,534.56 | -9% |
| 20982 | Ablate bone tumor(s) perq | \$371.96 | \$369.25 | -1% | \$4,020.38 | \$3,750.62 | -7% |
| 20983 | Ablate bone tumor(s) perq | \$347.19 | \$341.91 | -2% | \$5,916.82 | \$5,488.89 | -7% |
| 32994 | Ablate pulm tumor perq crybl | \$442.79 | \$440.19 | -1% | \$5,657.22 | \$5,313.44 | -6% |
| 32998 | Ablate pulm tumor perq rf | \$442.10 | \$439.50 | -1% | \$3,580.73 | \$3,356.46 | -6% |
| 37242 | Vasc embolize/occlude artery | \$481.18 | \$477.22 | -1% | \$8,069.73 | \$7,727.22 | -4% |
| 37243 | Vasc embolize/occlude organ | \$563.17 | \$559.24 | -1% | \$9,933.37 | \$9,321.53 | -6% |
| 37244 | Vasc embolize/occlude bleed | \$668.20 | \$662.02 | -1% | \$7,444.44 | \$7,115.38 | -4% |
| 41530 | Tongue base vol reduction | \$397.43 | \$394.86 | -1% | \$1,019.58 | \$981.43 | -4% |
| 47370 | Laparo ablate liver tumor rf | \$1,290.00 | \$1,291.16 | 0% | NA | NA | NA |
| 47371 | Laparo ablate liver cryosurg | \$1,299.77 | \$1,302.23 | 0% | NA | NA | NA |
| 47382 | Percut ablate liver rf | \$744.97 | \$739.19 | -1% | \$4,348.03 | \$3,954.10 | -9% |
| 47383 | Perq abltj lvr cryoablation | \$450.47 | \$448.84 | 0% | \$6,881.62 | \$6,419.80 | -7% |
| 50541 | Laparo ablate renal cyst | \$933.39 | \$926.75 | -1% | NA | NA | NA |
| 50542 | Laparo ablate renal mass | \$1,186.71 | \$1,179.38 | -1% | NA | NA | NA |
| 50542 | Laparo ablate renal mass | \$1,186.71 | \$1,179.38 | -1% | NA | NA | NA |
| 50592 | Perc rf ablate renal tumor | \$346.14 | \$344.33 | -1% | \$3,286.93 | \$3,061.61 | -7% |
| 50593 | Perc cryo ablate renal tum | \$461.64 | \$457.84 | -1% | \$4,413.63 | \$4,093.22 | -7% |
| 53852 | Prostatic rf thermotx | \$385.22 | \$385.17 | 0% | \$1,567.40 | \$1,471.46 | -6% |
| 55873 | Cryoablate prostate | \$777.42 | \$773.79 | 0% | \$6,514.19 | \$6,159.56 | -5% |
| 58674 | Laps abltj uterine fibroids | \$838.48 | \$837.82 | 0% | NA | NA | NA |

CONVERSION FACTOR(CF) USED TO CALCULATE THE PFS FACILITY PROFESSIONAL ONLY PAYMENT RATES IS \$34.89 FOR CY 2021 AND \$34.61 FOR CY 2022 FINAL

MEDICARE HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (HOPPS) RULE

The final rule increased payment rates for hospitals that meet applicable quality reporting requirements by 2%. For CYs 2019 through 2023, CMS adopted a policy to update the Ambulatory Surgery Center (ASC) payment system using the hospital market basket update. Using the hospital market basket methodology, for CY 2022, CMS will be increasing payment rates under the ASC payment system by 2.0 percent for ASCs that meet the quality reporting requirements under the ASCQR Program.¹

ASC Covered Surgical Procedures

For CY 2022, CMS will be reinstating the ASC Covered Procedures List (CPL) criteria that were in effect in CY 2020 and removing several of the procedures that were added to the ASC CPL in CY 2021.¹

Interventional Oncology Final Payments

The table below compares 2021 final payment rates to the 2022 final HOPPS and ASC payment rates for embolization, cryoablation, and microwave ablation services.

| COMPARISON OF 2021 FINAL TO 2022 FINAL TECHNICAL ONLY PER PROCEDURE NATIONAL AVERAGE MEDICARE REIMBURSEMENT | | | | | | | | |
|---|------------------------------|-----------|---|---------------------------------------|----------------|---------------------------------------|---------------------------------------|----------------|
| Code Information | | | Professional in a Hospital OP or ASC Facility | | | Global in a Physician Office | | |
| Code | Descriptor | APC Group | 2021 Final Per Procedure Payment Rate | 2022 Final Per Procedure Payment Rate | Percent Change | 2021 Final Per Procedure Payment Rate | 2022 Final Per Procedure Payment Rate | Percent Change |
| 0404T | Trnscr uterin fibroid abltj | 5416 | \$6,794.31 | \$6,933.22 | 2.045% | \$3,632.42 | \$3,706.94 | 2% |
| 19105 | Cryosurg ablate fa each | 5091 | \$3,157.74 | \$3,225.00 | 2.130% | \$1,707.78 | \$1,746.61 | 2% |
| 20982 | Ablate bone tumor(s) perq | 5114 | \$6,264.95 | \$6,397.05 | 2.109% | \$2,929.17 | \$3,000.95 | 2% |
| 20983 | Ablate bone tumor(s) perq | 5114 | \$6,264.95 | \$6,397.05 | 2.109% | \$2,929.17 | \$4,025.57 | 37% |
| 32994 | Ablate pulm tumor perq crybl | 5361 | \$5,060.44 | \$5,167.69 | 2.119% | \$3,371.84 | \$3,447.85 | 2% |
| 32998 | Ablate pulm tumor perq rf | 5361 | \$5,060.44 | \$5,167.69 | 2.119% | \$2,305.92 | \$2,363.27 | 2% |
| 37242 | Vasc embolize/occlude artery | 5193 | \$10,042.94 | \$10,258.49 | 2.146% | \$6,355.21 | \$6,496.58 | 2% |
| 37243 | Vasc embolize/occlude organ | 5193 | \$10,042.94 | \$10,258.49 | 2.146% | \$4,263.42 | \$4,368.56 | 2% |
| 37244 | Vasc embolize/occlude bleed | 5193 | \$10,042.94 | \$10,258.49 | 2.146% | \$6,118.99 | NA* | NA |
| 41530 | Tongue base vol reduction | 5164 | \$2,736.39 | \$2,793.98 | 2.105% | \$881.05 | \$818.45 | -7% |
| 47370 | Laparo ablate liver tumor rf | 5362 | \$8,907.66 | \$9,096.46 | 2.120% | \$3,793.87 | NA* | NA |
| 47371 | Laparo ablate liver cryosurg | 5362 | \$8,907.66 | \$9,096.46 | 2.120% | \$3,793.87 | NA* | NA |
| 47382 | Percut ablate liver rf | 5361 | \$5,060.44 | \$5,167.69 | 2.119% | \$2,305.92 | \$2,363.27 | 2% |
| 47383 | Perq abltj lvr cryoablation | 5361 | \$5,060.44 | \$5,167.69 | 2.119% | \$3,441.13 | \$3,518.37 | 2% |
| 50541 | Laparo ablate renal cyst | 5361 | \$5,060.44 | \$5,167.69 | 2.119% | \$2,305.92 | NA* | NA |
| 50542 | Laparo ablate renal mass | 5362 | \$8,907.66 | \$9,096.46 | 2.120% | \$3,793.87 | NA* | NA |
| 50592 | Perc rf ablate renal tumor | 5361 | \$5,060.44 | \$5,167.69 | 2.119% | \$2,305.92 | \$2,363.27 | 2% |
| 50593 | Perc cryo ablate renal tum | 5362 | \$8,907.66 | \$9,096.46 | 2.120% | \$5,676.84 | \$5,808.54 | 2% |
| 53852 | Prostatic rf thermotx | 5374 | \$3,076.34 | \$3,140.04 | 2.071% | \$1,336.41 | \$1,205.17 | -10% |
| 55873 | Cryoablate prostate | 5376 | \$8,258.13 | \$8,428.82 | 2.067% | \$6,311.46 | \$6,444.56 | 2% |
| 58674 | Laps abltj uterine fibroids | 5362 | \$8,907.66 | \$9,096.46 | 2.120% | \$3,793.87 | \$3,891.15 | 3% |
| C2616 | Brachytx, non-str,yttrium-90 | 2616 | \$17,397.64 | \$17,763.21 | 2.101% | | NA | |

CODES DISPLAYED WITH NA* IN THE 2022 PAYMENT COLUMN WERE REMOVED FROM THE ASC SURGICAL LIST FOR CY2022

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