



## **CY 2023 Medicare Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems Final Rule**

On November 1, 2022, the Centers for Medicare and Medicaid Services (CMS) released the calendar year (CY) 2023 Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems Final Rule. These policies will affect approximately 3,500 hospitals and approximately 6,000 ASCs.

### **Charts: Impact of these rates on GI procedures**

- [CY 2023 Final Rule ASC Payment Rates](#)
- [CY 2023 Final Rule ASC Top 10 Base and Biopsy Codes](#)
- [2023 Final Rule HOPD \(Hospital Outpatient Department\) Payments](#)
- [2023 Final Rule HOPD Top 10 Base and Biopsy Codes](#)

### **OPPS Conversion Factor**

The CY 2023 Medicare conversion factor for outpatient hospital departments is \$85.585, an increase of 3.8%, for hospitals that meet applicable quality reporting requirements.

### **ASC Conversion Factor**

The CY 2023 Ambulatory Surgical Center (ASC) conversion factor is \$51.854, an increase of 3.8%, for ASCs that meet applicable quality reporting requirements. The GI societies continue to urge CMS to reduce this gap in the ASC facility fees when compared to the outpatient hospital facility rates, which are estimated to be a roughly 50% differential in CY 2023.

### **ASC Payment System Rate Setting**

CMS finalized a proposal to use CY 2021 claims data with cost report data from the June 2020 Healthcare Cost Reporting Information System (HCRIS) to set CY 2023 OPPS and ASC payment rates, due to the COVID-19 Public Health Emergency (PHE). The most recent available cost report data include periods that overlap with CY 2020. CMS believes that the CY 2020 cost report data are not the best overall approximation of expected outpatient hospital services, because half of the cost reports that typically would be used for CY 2023 rate setting have cost reporting periods that overlap with parts of CY 2020 and would include data from the start of the PHE.

### **Lower GI Motility and G-tube Codes**

CMS agreed with the GI societies and motility community and will NOT finalize the proposed 22% payment cuts for lower GI motility codes 91117 and 91122. Instead, CMS will place the codes in Ambulatory Payment Classification (APC) family, APC 5722 (Level 2 Diagnostic Tests and Related Services), where they will receive a 3% payment increase from 2022. Hospital payment for codes 91117 and 91122 will be \$280.06, beginning Jan. 1, 2023.

## **Endoscopic Submucosal Dissection Code C9779**

CMS will raise the hospital payment for Endoscopic Submucosal Dissection (ESD) code C9779 to \$3,260.69, a \$765.65 increase from 2022. The GI societies asked CMS to replace C9779 with individual codes for upper ESD, to be placed in APC 5303 (Level 3 upper GI procedures) and lower ESD, to be placed in APC 5331 (Complex GI procedures) to better reflect the difference in costs. CMS did not address our request for two separate codes in its response comments. Instead, they moved C9779 to APC 5303 which has a higher payment. We will continue to work with CMS on our request separate codes for lower ESD and upper ESD and payments that better reflect their unique resource costs.

## **ASC Quality Reporting (ASCQR) Program**

In recognition of the specialty-specific care provided at ASCs, CMS sought comments on a potential future direction of quality reporting under the ASCQR Program that would allow quality-related data for ASCs to be reported on a customizable measure set that is aligned with the care delivered in the specific ASC. This could take the form of measures related to different specialties which the ASC could select from or the creation of specific specialized tracks which would standardize quality measures within a specialty area. Included in the rule as an example was a gastroenterology specialty measure set. The GI societies commented on the example gastroenterology specialty measure set, but in its response to our comments CMS clarified that they only intended to gather feedback which they will use for future rulemaking. The GI societies will continue to monitor CMS' proposals pertaining to any potential future GI specialty measure sets.

## **Promoting Competition and Transparency Regarding the Effects of Provider Mergers, Acquisitions, Consolidations, and Changes in Ownership**

This year CMS released data on hospital and skilled nursing facility mergers, acquisitions, consolidations, and changes in ownership going back to 2016, and will update the data quarterly going forward. CMS sought comment on if there is additional data that can further promote transparency and competition, and if there are additional provider types where this information should be released to the public. While CMS did not finalize any policy change or provide guidance on future datasets, the GI societies will continue to monitor these issues.

## **OPPS Payment for Software as a Service (SaaS)**

CMS refers to algorithm-driven services that help make clinical assessments (e.g., clinical decision support software, clinical risk modeling, and computer-aided detection) as "software as a service (SaaS)." CMS sought comment on the specific payment approach for these services under the OPPS as SaaS technologies becomes more widespread. For CY 2023, CMS is finalizing an exception to the agency's packaging policy for SaaS add-on codes. The SaaS add-on codes will be assigned to identical APCs and have the same status indicator assignments as their standalone codes, thereby allowing for separate payment for these services.

## **CMS OPPS/ASC Final Rules and Fact Sheets**

[CY 2023 OPPS/ASC Payment System Final Rule](#)

[CY 2023 OPPS/ASC Payment System Final Rule Fact Sheet](#)