Medicare Issues 2015 Final Rules for Hospital Outpatient, Ambulatory Surgical Center and Physician Payment

**Gi and Pulmonary Endoscopy**

**SUMMARY:**
On October 31, 2014, the Centers for Medicare and Medicaid Services (CMS) released Calendar Year (CY) 2015 final policy and payment rates for Medicare’s Hospital Outpatient Prospective Payment System (HOPPS) and Ambulatory Surgical Centers (ASC). CMS also released the CY2015 final rule and payment rates for the Physician Fee Schedule (PFS). The final policies and payment rates are effective January 1, 2015.

**HOSPITAL OUTPATIENT FACILITY PAYMENT**
Overall, average rates for outpatient services will increase by 2.2% in CY2015. Payment rates for the Ambulatory Payment Classifications (APCs) characterizing the majority of GI Endoscopy procedures will increase from 1%-34%, and payment rates for APCs characterizing bronchoscopy procedures will increase 11%-13%.

**GI Endoscopy**
- ERCP payment will increase 1%.
- GI Stenting payment will increase 34%.
- EUS-FNA and Dilation payment will increase 5%.
- Upper GI Endoscopy with Biopsy payment will increase 11%.

- As a result of Boston Scientific’s advocacy efforts, including meeting with CMS, presenting to the APC Advisory Committee and providing data to support the GI specialty societies’ efforts to do the same, the following significant changes will be implemented in 2015:
  - CMS has accepted Boston Scientific’s recommendation to reassign both CPT code 43274 (ERCP with stent placement) and CPT code 43276 (ERCP with stent exchange) to the GI Stenting APC (APC 0384). These two new consolidated codes, which were introduced in 2014 to replace codes 43268 and 43269, were assigned to the ERCP payment group for 2014, resulting in significant payment reductions for hospitals. **CMS’ decision to implement our recommendation will result in a payment increase of 64% for ERCP with stent placement and ERCP with stent exchange (from approximately $1,934 in 2014 to $3,174 in 2015).**
  - CMS has also accepted Boston Scientific’s recommendation to reassign the two new CPT codes describing upper GI endoscopy with endoscopic mucosal resection (EMR), 43211 and 43254, to a higher paying APC. This action will result in a **payment increase of 59% (from $670 in 2014 to $1,064 in 2015)** for each upper GI EMR code.
  - Boston Scientific Endoscopy is grateful to the GI specialty societies for their support of these advocacy efforts.

- CMS finalized its proposal to make APC 0384, GI Procedures with Stent, a comprehensive APC. This means that hospitals will no longer be paid separately for other procedures reported together with GI stent procedures, and they will no longer receive separate payment for multiple stent placements. These changes impact outpatient hospital payment, however they do not impact physician payment for the same services. After analyzing procedure mix and payment data, HE&R feels that the 34% increase in payment for the APC versus 2014 should, in most cases, address concerns regarding the change to a comprehensive payment methodology.
• Pancreatic pseudocyst drainage with stent placement payment will increase 89%, as CMS decided to reassign the procedure to a higher paying APC.

• New and revised lower endoscopy CPT Codes that will be effective January 1, 2015 were, in large part, assigned to the appropriate APC based on the method of access (i.e., colonoscopy, colonoscopy through stoma, ileoscopy and sigmoidoscopy). However, as they did last year, CMS moved new codes for lower endoscopy with stent placement to the colonoscopy, colonoscopy with stoma, ileoscopy and sigmoidoscopy APCs. The result will be reductions in payment ranging from 64%-67% for the following procedures:
  o 44384 Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed);
  o 44402 Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed);
  o 45347 Sigmoideoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed); and
  o 45389 Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed).

Boston Scientific will seek the same type of correction successfully sought for ERCP with stent placement and exchange for these lower GI stent procedures.

Pulmonary Endoscopy

• Payment rates for the two APCs characterizing outpatient bronchoscopy procedures including bronchial thermoplasty and bronchoscopic stent placement will increase 11%-13%.

For more details on 2015 HOPPS payment for GI and pulmonary endoscopy procedures, please see Table 1.

Other Significant HOPPS Policy Changes of Interest to be Implemented in 2015

Comprehensive APCs – CMS finalized the implementation of 25 Comprehensive APCs to further efforts to pay providers for quality, not quantity of care. A comprehensive APC (c-APC) packages payments for services and supplies related to the delivery of an episode of care rather than paying separately for each individual service provided during the episode. In CY2015, c-APCs will provide a single all-inclusive payment for the designated primary service with no additional reimbursement for adjunctive services and supplies used during the delivery of the primary service. APC 0384, GI Procedures with Stents, is the only c-APC impacting GI and pulmonary endoscopy.

New Colonoscopy Quality Measure Delayed - CMS has decided to delay the implementation of one additional quality measure (Facility7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy) in the Hospital Outpatient Quality Reporting program. Data collection will now begin in 2016 and impact payment determination for CY 2018 and subsequent years.

ASC FACILITY PAYMENT

ASC facility payments for the majority of key GI endoscopy procedures will increase 4-10%.

• Biopsy procedures: Payment will increase 6-10%.
• Colonoscopy (diagnostic and therapeutic): Payment will increase 6%.
• Upper GI endoscopy with balloon dilation: Payment will increase 4%.

For more details on 2015 ASC facility payment for GI endoscopy procedures, please see Table 2.

New Colonoscopy Quality Measure Delayed - As it did for the hospital outpatient setting, CMS has decided to delay the implementation one additional quality measure (ASC-12: Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy) in the ASC Quality Reporting program. Data collection will now begin in 2016 and impact payment determination for CY 2018 and subsequent years.

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Physician Payment

GI endoscopy

- GI specialty societies had been expecting major reductions (as high as 15%-20%) in payment for colonoscopy procedures in 2015 as a result of a multi-year revaluation process. As a result of strong advocacy by the societies and providers, CMS has decided to delay any major changes in physician payment for lower endoscopy procedures until 2016 to allow for additional analysis and input. This is a significant win for gastroenterologists.

- Now that major payment changes for lower endoscopy procedures will be delayed until 2016, overall physician payment for the majority of GI endoscopy procedures, excluding a possible sustainable growth rate (SGR) cut, will remain flat or decrease by 5%.

- Once again, Medicare has finalized a 20.9% cut in physician payment for all specialties beginning April 1, 2015 due to the Sustainable Growth Rate (SGR) requirement. SGR mandates that total payments to physicians cannot grow at a rate higher than the specified SGR for a given year. Therefore, after all codes have been valued, if estimated total payments exceed the SGR, Medicare is required to implement additional payment cuts to keep total expenditures within the pre-established limit. In prior years, Congress has taken action to avert this large cut. While Congress is likely to intervene prior to the expiration of SGR with a patch to negate the impact of this proposed cut, we anticipate that the debate to find a permanent SGR “fix” will continue as Congress weighs the costs and benefits of implementing various possible long term solutions.

Pulmonary endoscopy

- Physician payment for bronchoscopy procedures will decrease by approximately 1% overall.
  - Physician payment for bronchial thermoplasty will decrease by 2%.
  - Physician payment for bronchial stenting will decrease by 1%.
  - Physician payment for transbronchial needle aspiration biopsy (TBNA) will remain flat
  - Physician payment for endoscopic bronchial ultrasound (EBUS) will remain flat.

For more details on 2015 physician payment for GI and pulmonary endoscopy procedures, please see Table 3.

Other significant physician policy and payment changes

Transitioning to 0-day global codes- Physician payments for surgical procedures often include payment for related services provided before and after the surgery. CMS believes that payment rates for many of these surgical procedures may be misvalued because they have not been updated in many years. As a result, CMS is finalizing its proposal to eliminate 10- and 90-day global periods for surgical procedures, beginning with 10-day global services in CY 2017 and following with the 90-day global services in 2018. In the future, physician payment for the surgical procedures will be revalued, and providers will need to bill separately for other related services.

New procedure for commenting on the valuation of new, revised or misvalued codes to be implemented in CY2016 - CMS is finalizing a new process for assigning payment for new, revised or misvalued procedure codes (CPT) beginning in CY2016. In instances where these codes are received from the American Medical Association (AMA) too late for inclusion in the proposed rule, final valuation would be delayed. CMS plans to work with the AMA to ensure that new codes are received in time to be published in the proposed rule. However, if that is not possible, interim status indicators and APC assignments would be established. This would encourage the AMA to work with CMS to coordinate release of new and revised codes to provide appropriate comment during the proposed rulemaking calendar prior to finalization in the Final Rules for OPPS and physicians.

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Boston Scientific encourages GI practices and physicians to submit their comments and/or concerns related to these changes directly to CMS. Comments may be submitted electronically or by mail and must be received no later than 5 p.m. on December 30, 2014.

Electronic comments on this regulation can be submitted to: [http://www.regulations.gov](http://www.regulations.gov)
Please follow the instructions under the “submit a comment” tab.

Written comments can be sent to the following address ONLY:

Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-1612-FC,
P.O. Box 8013,
Baltimore, MD 21244-1850

You may send written comments via express or overnight mail to the following address ONLY:

Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-1612-FC,
Mail Stop C4-26-05,
7500 Security Boulevard,
Baltimore, MD 21244-1850

**ADDITIONAL CHANGES**

Medicare has decided to define screening colonoscopy to include anesthesia so that beneficiaries do not have to pay coinsurance on the anesthesia portion of a screening colonoscopy when furnished by an anesthesiologist.

**TABLE INDEX**

At the end of this document, the following three tables list detailed changes for select GI and pulmonary endoscopy procedures:

Table 1: CY 2015 Hospital Outpatient Final Payment Rates
Table 2: CY 2015 ASC Final Payment Rates
Table 3: CY 2015 Final Physician Fee Schedule

**COMMENTS / QUESTIONS**

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### Table 1: CY2015 HOSPITAL OUTPATIENT FACILITY PAYMENT*

This table reports the final CY2015 payment rates for hospital outpatient services and the percent change from 2014 for select endoscopy and bronchoscopy procedures.

<table>
<thead>
<tr>
<th>APC</th>
<th>Description</th>
<th>FINAL 2014 Payment</th>
<th>FINAL 2015 Payment</th>
<th>% Change 2014 vs. 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>0076</td>
<td>Level I Endoscopy Lower Airway</td>
<td>$952</td>
<td>$1,055</td>
<td>11%</td>
</tr>
<tr>
<td>0141</td>
<td>Upper GI Endoscopy</td>
<td>$670</td>
<td>$745</td>
<td>11%</td>
</tr>
<tr>
<td>0142</td>
<td>Small Intestine Endoscopy</td>
<td>$837</td>
<td>$852</td>
<td>2%</td>
</tr>
<tr>
<td>0424</td>
<td>Level II Small Intestine Endoscopy</td>
<td>$1,233</td>
<td>$1,249</td>
<td>1%</td>
</tr>
<tr>
<td>0143</td>
<td>Lower GI Endoscopy</td>
<td>$737</td>
<td>$790</td>
<td>7%</td>
</tr>
<tr>
<td>0146</td>
<td>Sigmoidoscopy, Level I</td>
<td>$461</td>
<td>$494</td>
<td>7%</td>
</tr>
<tr>
<td>0147</td>
<td>Sigmoidoscopy, Level II</td>
<td>$779</td>
<td>$827</td>
<td>6%</td>
</tr>
<tr>
<td>0151</td>
<td>ERCP</td>
<td>$1,934</td>
<td>$1,952</td>
<td>1%</td>
</tr>
<tr>
<td>0158</td>
<td>Colorectal Cancer Screening: Colonoscopy</td>
<td>$647</td>
<td>$655</td>
<td>1%</td>
</tr>
<tr>
<td>0384</td>
<td>GI Stenting Procedures</td>
<td>$2,371</td>
<td>$3,174</td>
<td>34%</td>
</tr>
<tr>
<td>0415</td>
<td>Level II Endoscopy Lower Airway</td>
<td>$2,000</td>
<td>$2,255</td>
<td>13%</td>
</tr>
<tr>
<td>0419</td>
<td>Level II Upper GI Procedures</td>
<td>$1,013</td>
<td>$1,065</td>
<td>5%</td>
</tr>
<tr>
<td>0422</td>
<td>Level III Upper GI Procedures</td>
<td>$1,969</td>
<td>$1,914</td>
<td>-3%</td>
</tr>
</tbody>
</table>

* Note: There is a separate facility and physician payment for outpatient hospital services. The values in this table refer to the outpatient hospital facility payment only.

### Table 2: CY2015 ASC FACILITY PAYMENT**

This table reports the final CY2015 ASC payment rates and the percent change from 2014 for select endoscopy and bronchoscopy procedures.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>FINAL 2014 Payment</th>
<th>FINAL 2015 Payment</th>
<th>% Change 2014 vs. 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>31625</td>
<td>Bronchoscopy with biopsy(s)</td>
<td>$526</td>
<td>$578</td>
<td>10%</td>
</tr>
<tr>
<td>43239</td>
<td>Upper GI endoscopy with biopsy</td>
<td>$370</td>
<td>$409</td>
<td>10%</td>
</tr>
<tr>
<td>43249</td>
<td>Upper GI endoscopy with balloon dilation of esophagus</td>
<td>$560</td>
<td>$584</td>
<td>4%</td>
</tr>
<tr>
<td>45378</td>
<td>Diagnostic colonoscopy</td>
<td>$407</td>
<td>$433</td>
<td>6%</td>
</tr>
<tr>
<td>45380</td>
<td>Colonoscopy with biopsy</td>
<td>$407</td>
<td>$433</td>
<td>6%</td>
</tr>
<tr>
<td>45384</td>
<td>Colonoscopy with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps</td>
<td>$407</td>
<td>$433</td>
<td>6%</td>
</tr>
<tr>
<td>45385</td>
<td>Colonoscopy with removal of tumor(s), polyp(s), or other lesion(s) by snare technique</td>
<td>$407</td>
<td>$433</td>
<td>6%</td>
</tr>
<tr>
<td>G0105</td>
<td>Colorectal screen; high risk individual</td>
<td>$357</td>
<td>$359</td>
<td>0%</td>
</tr>
</tbody>
</table>

** Note: There is a separate facility and physician payment for ASC services. The values in this table refer to the ASC facility payment only.
Table 3: CY2015 PHYSICIAN PAYMENT

This table reports the final CY2015 physician payment rates and the percent change from 2014 for select endoscopy and bronchoscopy procedures. Final rates calculated with current conversion factor of $35.8013 effective through March 31, 2015. Rates are subject to change April 1, 2015 due to the 21.2% SGR reduction that will most likely be addressed by Congress.)

<table>
<thead>
<tr>
<th>2015 CPT Code</th>
<th>Procedure</th>
<th>FINAL 2014 MD Payment</th>
<th>FINAL 2015 MD Payment</th>
<th>% Change 2014 vs. 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>43211</td>
<td>Esophagoscopy, flexible, transoral; with endoscopic mucosal resection</td>
<td>$253</td>
<td>$241</td>
<td>-5%</td>
</tr>
<tr>
<td>43254</td>
<td>Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection</td>
<td>$291</td>
<td>$282</td>
<td>-3%</td>
</tr>
<tr>
<td>43239</td>
<td>Upper GI Endoscopy with biopsy</td>
<td>$152</td>
<td>$151</td>
<td>-1%</td>
</tr>
<tr>
<td>43249</td>
<td>Upper GI Endoscopy with balloon dilation of esophagus</td>
<td>$169</td>
<td>$169</td>
<td>0%</td>
</tr>
<tr>
<td>43251</td>
<td>Upper GI Endoscopy with removal of tumor(s) by snare technique</td>
<td>$216</td>
<td>$214</td>
<td>-1%</td>
</tr>
<tr>
<td>43255</td>
<td>Upper GI Endoscopy with control of bleeding</td>
<td>$221</td>
<td>$219</td>
<td>-1%</td>
</tr>
<tr>
<td>43266</td>
<td>Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)</td>
<td>$241</td>
<td>$238</td>
<td>-1%</td>
</tr>
<tr>
<td>43262</td>
<td>ERCP with sphincterotomy</td>
<td>$390</td>
<td>$386</td>
<td>-1%</td>
</tr>
<tr>
<td>43277</td>
<td>Endoscopic retrograde cholangiopancreatography (ERCP): with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct</td>
<td>$413</td>
<td>$408</td>
<td>-1%</td>
</tr>
<tr>
<td>43274</td>
<td>Endoscopic retrograde cholangiopancreatography (ERCP): with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent</td>
<td>$498</td>
<td>$492</td>
<td>-1%</td>
</tr>
<tr>
<td>43273</td>
<td>Cholangioscopy</td>
<td>$129</td>
<td>$127</td>
<td>-1%</td>
</tr>
<tr>
<td>45380</td>
<td>Colonoscopy with biopsy</td>
<td>$265</td>
<td>$262</td>
<td>-1%</td>
</tr>
<tr>
<td>45385</td>
<td>Colonoscopy with removal of tumor(s) by snare technique</td>
<td>$315</td>
<td>$311</td>
<td>-1%</td>
</tr>
<tr>
<td>G6025</td>
<td>Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)</td>
<td>$354</td>
<td>$336</td>
<td>-5%</td>
</tr>
<tr>
<td>31660</td>
<td>Bronchial Thermoplasty: 1 lobe</td>
<td>$218</td>
<td>$214</td>
<td>-2%</td>
</tr>
<tr>
<td>31661</td>
<td>Bronchial Thermoplasty: 2 or more lobes</td>
<td>$230</td>
<td>$224</td>
<td>-2%</td>
</tr>
<tr>
<td>43242</td>
<td>EGD EUS FNA</td>
<td>$280</td>
<td>$277</td>
<td>-1%</td>
</tr>
<tr>
<td>G0105</td>
<td>Colorectal cancer screening; colonoscopy on individual at high risk</td>
<td>$222</td>
<td>$208</td>
<td>-6%</td>
</tr>
<tr>
<td>G0121</td>
<td>Colorectal cancer screening; not high risk</td>
<td>$222</td>
<td>$208</td>
<td>-6%</td>
</tr>
</tbody>
</table>

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