

2021 OPPS Final Rule - Nuclear Imaging 01.2021

On December 1, 2020, the Centers for Medicare and Medicaid Services (CMS) published the [2021 Final Rule](#) to the **Hospital Outpatient Prospective Payment System (OPPS)** and **Ambulatory Surgical Center (ASC) Payment System**.

- Projected market-based update of 2.4% with 0% adjustment for multifactor productivity
- The agency estimates an overall increase of 2.4%, or \$1.6 billion for OPPS payments in 2021

General Highlights of the Proposed Rule

- **Prior authorization** will be expanded beyond the initial “test-the-water” procedures (starting with prior for select procedures is widely thought to be opening the door to the larger target of medical imaging) and as of July 1st 2021, CMS proposes implementing a prior authorization process for the following categories of hospital outpatient department services:
 - cervical fusion with disc removal
 - implanted spinal neurostimulators
- CMS will begin a three year phase out of the **Inpatient Only List (IPO)**
 - The IPO list is used to identify services covered upon inpatient admission and not as an outpatient paid for under the OPPS
 - Removed IPO codes will be assigned to APCs for payment under OPPS
 - 260 musculoskeletal-related services will be the first group of services eligible to be paid under medicare when performed in a hospital outpatient setting
- Building upon CMS’ push for site neutrality between hospital outpatient departments and ASC settings, CMS added 11 procedures to the ASC Covered Procedures List. CMS also plans to add 267 additional surgical procedures to the list in CY 2021.

Medical Imaging Specific Highlights of the Proposed Rule

- **Continuation of Q9969** (Non-HEU tc-99m add-on/dose) - CMS intends to continue the policy that provides an additional \$10 add-on payment for radioisotopes produced by non-HEU sources

Scope of Practice

- *CMS is making permanent the ability of nurse practitioners (NPs), clinical nurse specialists, (CNSs), physician assistants (PAs) and certified nurse-midwives (CNMs) to supervise the performance of diagnostic tests in addition to physicians. NPs, CNSs, PAs and CNMs are allowed to supervise the performance of diagnostic tests within their stated scope of practice and applicable state law, provided they maintain the required statutory relationships with supervising or collaborating physicians*

Examples of 2020 Final Rates vs. 2021 Final Rates for the OPPS

CPT Code	Short Descriptor	2020 Rate	2021 Rate
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	\$368.13	\$377.12
78018	Thyroid carcinoma metastases imaging; whole body	\$471.98	\$489.40
78201	Liver imaging; static only	\$1,272.19	\$489.40
78202	Liver imaging; with vascular flow	\$1,272.19	\$489.40
78266	Gastric Emptying Imaging Study (e.g., solid, liquid or both); with small bowel and colon transit, multiple days	\$471.98	\$489.40
78452	MPI, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	\$1,272.19	\$1,305.94
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(s), and/or ejection fraction(s), when performed); single study, at rest or stress (exercise or pharmacologic)	\$1,443.09	\$1,480.34
78600	Brain Imaging, less than 4 static views	\$368.13	\$377.12
78700	Kidney imaging morphology	\$368.13	\$377.12
78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); planar, whole body, single day of imaging	\$1,272.19	\$1,305.94
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); SPECT single area (e.g. head, neck, chest, pelvis) single day of imaging	\$1,272.19	\$1305.94

78813	Positron Emission Tomography (PET) imaging; whole body	\$1,443.09	\$1,480.34
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (e.g., chest, head/neck)	\$1,443.09	\$1,480.34
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	\$1,443.09	\$1,480.34
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	\$1,443.09	\$1,480.34