



CHARGEASSIST®

1ST QUARTER 2024 CMS CORRECTIONS



CMS released a Federal Register corrections document with an official publication date of February 9, 2024. The document corrects technical and typographical errors to the November 22, 2023 OPPS and ASC Federal Register Final Rule and associated data for the 2024 payment system year.

We have summarized pertinent OPPS payment updates within this article. See the complete Final Rule narrative for a full listing of other corrections.

- CMS updates have been loaded into applicable ChargeAssist® change modules (masterfile quarterly change modules and audit modules) and are noted with “Q1-C1” and “Q1-C2” in the applicable grids.
 - New February 2024 corrections are flagged as “Q1-C2”.
 - Earlier corrections were released in December and flagged as “Q1-C1” for 2024.
 - Be sure to update any user-defined grid view filters to display the corrections.
- Source document: February 2024 ASC/OPPS Final Rule corrections to update FR Doc. 2023-24293 of November 22, 2023 (88 FR 81540).
 - CMS Corrections Final Rule: <https://www.govinfo.gov/content/pkg/FR-2024-02-09/pdf/2024-02631.pdf>
 - CMS website link: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1786-cn>
 - Corrections are effective retroactively to January 1, 2024.

A. Summary of errors in the CMS preamble

1. Hospital Outpatient Prospective Payment System (OPPS) Corrections

Hyperbaric Oxygen Therapy APC

CMS Final Rule corrections: “On pages 81546, 82156, 82157, and 82158, we are correcting the estimates of the changes in payments to account for our correction to apply the trim that we inadvertently failed to apply to claims for the Hyperbaric Oxygen Therapy APC (APC 5061).”

Summary of Correction:

Codes that fall within APC 5061 have updates to OPPS rates as noted below:

| Detail | HCPCS Desc | C. ▼ | C... ▼ | New OPPS Payment Rate | New SI ▼ | Ne... ▼ | OPPS Payment Rate | Old SI | Rate Change Variance ↓ ▼ |
|-----------------------|---|-------|--------|-----------------------|----------|---------|-------------------|--------|--------------------------|
| G0277 | Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval | Q1-C1 | 2024 | \$132.21 | S | 5061 | \$73.64 | S | \$58.57 |
| G0277 | Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval | Q1 | 2024 | \$73.64 | S | 5061 | \$125.07 | S | (\$51.43) |

Electrophysiology updates

CMS Final Rule corrections: “On page 81669, we are adding additional language that we inadvertently omitted regarding HCPCS codes G2066 (Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results), 93297 (Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional), and 93298 (Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional). Specifically, we are adding language that we inadvertently omitted stating that the OPPS status indicators for CPT codes 93297 and 93298 have been revised to indicate that they will be separately payable under the OPPS.”

Summary of Correction:

Codes 93297 and 93298 have updates to OPPS as note below:

| D... ▼ | ▼ | C ▼ | HCPCS Desc | APC ↑ | New SI ▼ | Old SI |
|-----------------------|-------|------|--|-------|----------|--------|
| 93298 | Q1-C2 | 2024 | Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s)... | 5741 | Q1 | M |
| 93297 | Q1-C2 | 2024 | Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic... | 5741 | Q1 | M |

Skin Substitute Cost Group correction

CMS Final Rule corrections: “On page 81801, in the table titled “Table 95: Skin Substitute Assignments to High-Cost and Low-Cost Groups for CY 2024”, we are correcting an inadvertent error in the skin substitute group assignment for HCPCS code Q4282 (Cygnus dual, per square centimeter) for CY 2023 and CY 2024. HCPCS code Q4282 is assigned to the high-cost skin substitute group for those years.”

Summary of Correction:

Code Q4282 will have updates to I/OCE Edit for skin substitute group.

2. Ambulatory Surgical Center (ASC) Payment System Corrections

CMS Final Rule corrections: “On pages 81958 and 82162, our application of the trim and correction to the OPSS weight scalar and OPSS relative payment weights, results in a change to the OPSS payment rates. The revised OPSS payment rates required an alteration in our estimate of prospective aggregate ASC expenditures, which in turn necessitates a correction to the ASC weight scalar and ASC relative payment weights because the ASC Payment System rate-setting methodology utilizes the scaled OPSS relative weights. Therefore, we are revising our ASC weight scalar from 0.8881 to 0.889.”

3. Hospital Price Transparency Corrections

CMS Final Rule corrections: “On pages 81545, 82081, 82082, 82084, 82085, 82088, 82097, 82113, and 82120, we made grammatical and typographical errors....On page 81547, we made a technical error. Specifically, the summary language that we included in the CY 2024 OPSS/ASC proposed rule was not updated to reflect the hospital price transparency regulatory impact analysis that we included in the CY 2024 OPSS/ASC final rule with comment period. On page 82081, we made a technical error in our reference to the Consolidated Appropriations Act, 2021. On pages 82099 and 82118, we inadvertently left out the links to articles referenced in the footnotes which should be included for ease of access. On page 82171, we made a technical error in the link included in footnote 858 such that it does not direct the reader to the article referenced.”

4. Medicare Coverage for Opioid Use Disorder Treatment Corrections

CMS Final Rule corrections: “On page 81850, in the second full sentence in the third column, the citations to the CY 2024 Physician Fee Schedule (PFS) final rule are incorrect and should have instead read 88 FR 79089 through 79093. In that same sentence, the current policy description is inaccurate. We are correcting these errors by replacing the sentence with the following: “Currently, periodic assessments are allowed to be furnished via audio-only telecommunication through CY 2023, and in the CY 2024 PFS final rule (88 FR 79089 through 79093), we finalized that periodic assessments may be furnished audio-only through the end of CY 2024, to the extent that use of audio-only communications technology is permitted under the applicable SAMHSA and DEA requirements at the time the service is furnished, and all other applicable requirements are met.” On pages 81854, 81855 and

82162, we are making corrections to the value of the payment adjustment for IOP services furnished by OTPs due to technical corrections to the OPSS weight scalar.”

5. OPSS Addendum B corrections

CMS Final Rule corrections:

- “Due to the technical correction to apply the trim to two APCs, Hyperbaric Oxygen Therapy (APC 5061) and Ancillary Outpatient Services When Patient Dies (APC 5881), which remove the resulting excluded claims from CY 2024 OPSS rate setting, there is a significant change to the geometric mean cost for APC 5061. As there is a significant change in the payment rate for APC 5061, we had to slightly reduce the OPSS weight scalar and relative payment weights to maintain OPSS budget neutrality. This change results in a slight reduction in payment rates for other OPSS items and services calculated using the weight scalar. This correction will require minor changes to most payment and copayment rates in Addendum B. The updated file is available online on the CMS website at <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient>.”

Summary of Correction:

- Numerous codes have updated payment rates under OPSS due to these corrections. See the ChargeAssist® change module for specific codes and associated charges.
- “We inadvertently failed to account for the cost of a device that is an integral part of the kidney histotripsy procedure in our assignment of HCPCS code C9790 (Histotripsy (i.e., non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance) to APC 1575, which has payment rate of \$12,500.50 and a minimum unadjusted copayment of \$2,500.10. We failed to include the cost of the device for the kidney histotripsy procedure in the payment rate that we reported for HCPCS code C9790 in the CY 2024 OPSS/ASC final rule. To correct this error, we are assigning HCPCS code C9790 to the APC with a payment rate that includes the device cost for the kidney histotripsy procedure—APC 1576—with a payment rate of \$17,500.50 and a minimum unadjusted copayment of \$3,500.10.”

Summary of Correction:

- C9790 was moved to APC 1576 and shown as a payment rate correction. See the ChargeAssist® change module for the new rate.

| Detail | HCPCS Desc | C. | C... | New OPSS Payment Rate | New SI | Ne... | OPSS Payment Rate | Old SI |
|-----------------------|---|-------|------|-----------------------|--------|-------|-------------------|--------|
| C9790 | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance | Q1-C2 | 2024 | \$17,500.50 | S | 1576 | \$12,500.50 | S |

- “We incorrectly assigned status indicator “E1” to CPT code 90623 (Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B–FHbp, for intramuscular use), meaning the code is not covered by Medicare, even though the meningococcal vaccine has approval from the Food and Drug Administration (FDA). We are correcting the error by changing the status indicator from “E1” to “M,” to indicate that the code is not paid under the OPSS.”

Summary of Correction:

- 90623 has an OPSS SI change from E1 to M.

“We incorrectly assigned HCPCS code A9272 (Wound suction, disposable, includes dressing, all accessories and components, any type, each) status indicator “E1” to indicate that the code is not covered by Medicare, even though this code is payable under the Home Health Prospective Payment System (HH PPS) effective January 1, 2024. We are correcting this error by changing the status indicator from “E1” to “A” to indicate that the code is payable under a fee schedule or payment system other than the OPSS.”

Summary of Correction:

- A9272 has an OPSS SI change from E1 to A.

- “We incorrectly listed HCPCS code C7561 (Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less with manual preparation and insertion of drug delivery device(s), deep (e.g., subfascial)) as an active code with an OPSS status indicator of “E1” to indicate that the code is an ASC-only code that is not separately payable under the OPSS because the combined service, as described by the code, is not reasonable and necessary. However, this code already exists as HCPCS code C7500 (Debridement, bone including epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed, first 20 sq cm or less with manual preparation and insertion of deep (e.g., subfacial) drug-delivery device(s)), and therefore this service does not require a new HCPCS code. Consequently, we are deleting HCPCS code C7561 and will not be establishing the code for the January 2024 update.”

Summary of Correction:

- Code C7561 is deleted retroactively to 1/1/24 and replaced with C7500.

- “We inadvertently assigned CPT code 96202 (Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes) a status indicator of “E1,” which indicates that the code is not covered by Medicare, even though this code is payable in settings other than the outpatient hospital setting. We also incorrectly assigned CPT code 96203 (Multiple-family group behavior management/modification training for

parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (list separately in addition to code for primary service)) a status indicator of “N,” which means that a service is payable in the OPSS but its cost is packaged into an associated primary service, because CPT code 96203 is an add-on code that is billed with CPT code 96202. However, an add-on service cannot have a payable status in the OPSS when its associated primary service has a non-payable status in the OPSS. These services are covered Medicare services and are assigned payable indicators under the Physician Fee Schedule (PFS). While these services are not payable under OPSS, they are payable under the PFS; therefore, we are correcting the status indicator to “A.”

Summary of Correction:

- 96202 and 96203 have an OPSS SI changes as noted below and listed in Q1-C1 corrections in the ChargeAssist® change module:

| D... | | C | HCPCS Desc | APC | New SI | Old SI |
|-----------------------|-------|------|--|-----|--------|--------|
| 96203 | Q1-C1 | 2024 | Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered b... | | A | N |
| 96202 | Q1-C1 | 2024 | Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered b... | | A | E1 |

B. Quantitative summary of corrections

1. CMS OPSS data corrections

- 476 codes have OPSS rate changes due to February 2024 CMS corrections (noted in the ChargeAssist® change modules as “Q1-C2”).
 - The February updates also included 4 OPSS SI corrections.
- 6375 codes had OPSS rate changes published in December, 2023 for the January 1, 2024 effective date (identified as Q1-C1 rate changes).
 - During the December updates, CMS also released 30 OPSS SI corrections.

Summary of Correction:

CMS has correction information posted on its website. However, users of ChargeAssist® will be able to view and audit against the corrected data through the change modules.