

CMS proposes new rule for outpatient payment policies

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A new rule proposes updating Medicare payment policies and rates for the hospital outpatient prospective payment system and ambulatory surgical center services, according to a report issued by the Centers for Medicare and Medicaid Services.

(HealthDay)—A new rule proposes updating Medicare payment policies and rates for the hospital outpatient prospective payment system (OPPS) and ambulatory surgical center (ASC) services, according to a report issued by the Centers for Medicare and Medicaid Services.

Noting that 2014 OPPS and ASC payments are projected to increase by 9.5 and 3.51 percent, respectively, versus 2013, the new rule proposes updating payment policies. The proposed rule would expand the categories of related items and services included into a single payment for a primary service under the OPPS. Seven additional categories of supporting services would be added, including drugs, biologicals, and [radiopharmaceuticals](#) that function as supplies in diagnostic testing or procedures, or in surgical procedures; specific clinical diagnostic

laboratory tests; procedures described by add-on codes; ancillary services; diagnostic tests on the bypass list; and device removal procedures.

Other changes include proposed quality program changes, including new measures for the hospital outpatient quality reporting program, new measures for the ASC quality reporting program, and measures for the Hospital Value-Based Purchasing Program. The rule is available for comment until Sept. 6, 2013, and a final rule will be issued by Nov. 1, 2013.

"The proposed rule with comment period would update Medicare payment policies and rates for hospital outpatient department and ASC services, and update and streamline programs that encourage high-quality care in these outpatient settings consistent with policies included in the Affordable Care Act," according to the report.

More information: [More Information](#)

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