

# CMS Releases Proposed 2009 HOPPS and MPFS

In late June, the Centers for Medicare & Medicaid services (CMS) released the proposed rules for Medicare payment for both the Medicare Physician Fee Schedule (MPFS) and the Hospital Outpatient Prospective Payment System for calendar year (CY) 2009.

As always, several proposed items in the MPFS proposed rule affect nuclear medicine. First, no changes to radiopharmaceutical payment methodology are included. Drugs, contrast agents, and biologicals will continue to be paid at 106% of the average sales price (ASP+6). In addition, in keeping with the requirements of the Deficit Reduction Act, this proposed rule caps payment rates for imaging services under the physician fee schedule at the amount paid for the same services when performed in hospital outpatient departments. CMS is also proposing a requirement that physicians and nonphysician providers who furnish diagnostic testing services must meet most of the quality and performance standards already required for Independent Diagnostic Testing Facilities.

In the hospital setting, many of the same initiatives proposed last year are again proposed for CY 2009. CMS proposes to continue bundling payments of all diagnostic radiopharmaceuticals and contrast agents with the associ-

ated nuclear medicine Ambulatory Payment Classification category. The rule also proposes to pay separately for eligible therapeutic radiopharmaceuticals (\$60 and above), based on voluntary manufacturer-submitted ASP information. If ASP information cannot be obtained, CMS proposes to make payments based upon the mean costs from hospital claims data. Finally, the rule proposes to pay drugs and biologicals at 104% of the average sales price (ASP+4).

As in previous years, SNM staff has prepared charts and spreadsheets that evaluate the impact of both proposed rules for nuclear medicine procedures and products. These materials are available online at the SNM Coding Corner at [www.snm.org/codingcorner](http://www.snm.org/codingcorner).



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