AAOS
American Association of Orthopaedic Surgeons

CY 2024 Medicare Hospital Outpatient Prospective Payment/Ambulatory Surgical Center Final Rule

The Calendar Year (CY) 2024 Medicare Hospital Outpatient and Prospective Payment System/Ambulatory Surgical Center (OPPS/ASC) final rule was released on November 2, 2023, by the Centers for Medicare & Medicaid Services (CMS). The annual payment rule sets policy for hospital outpatient departments and ambulatory surgical centers participating in Medicare program and makes updates to the Hospital Outpatient Quality Payment Program. AAOS submitted formal comments on the proposed rule to CMS on September 9, 2023. The outline below compares what AAOS advocated for what was finalized. The majority of the regulations will take effect on January 1, 2024.

Topic	AAOS Comment/ Recommendation	Finalized Policy
Updates to OPPS and ASC Payment Rates	CMS is proposing to update the ASC rates for CY 2024 by 2.8% for ASCs meeting relevant quality reporting requirements. **AAOS supports this decision to extend the hospital market basket-based updates for ASCs. In addition, AAOS requests CMS to permanently update ASC payments based on this methodology.**	CMS is "finalizing OPPS payment rates for hospitals and ASCs that meet applicable quality reporting requirements by 3.1%. This update is based on the projected hospital market basket percentage increase of 3.3%, reduced by a 0.2 percentage point for the productivity adjustment."
ASC Covered Procedure List Nomination	AAOS previously appreciated the clarification provided by CMS (in the FY 2023 proposed rule) on the submission of recommendations for ASC Covered Procedures List (ASC-CPL) by stakeholders. **AAOS urges CMS to consider "add-on" services for a particular procedure that are important and significant for patient safety.**	CMS added the following musculoskeletal HCPCS codes: • 23472 (Arthroplasty, glenohumeral joint; total shoulder) • 27006 (Tenotomy, abductors and/or extensor(s) of hip) • 27702 (Arthroplasty, ankle; with implant (total ankle)) • 29868 (Arthroscopy, knee, surgical; meniscal transplantation)
Changes to Inpatient Only List	CMS is not proposing to remove any services from the IPO List for CY 2024.	For 2024, CMS is "finalizing our proposal to not remove any services from the IPO list for CY 2024."

	AAOS urges CMS to consider appropriate expert knowledge and peer-reviewed evidence to make this decision in the future. AAOS would like to reiterate that surgeons should decide on the actual setting of surgery and there should not be any mandates and pre authorizations necessary to determine inpatient vs. outpatient surgery even if a procedure moves out of the IPO list.	
OPPS Payment for Devices	AAOS is appreciative of CMS' efforts to increase access to innovative technologies for Medicare beneficiaries. AAOS hopes that the agency will consider expansion of this program in the future, so that a more extensive list of devices may be approved for Medicare coverage with greater frequency. In response to the Transitional Coverage for Emerging Technologies (TCET) proposed notice, AAOS commented that we are supportive of innovation and increased coverage for devices that improve patient safety and outcomes. AAOS believes that it would be prudent to expand coverage to similar devices under the proposed TCET pathway.	"Beginning January 1, 2024, CMS is finalizing approval for device pass-through payment status for CERAMENT® G under the alternative pathway for devices that have an FDA Breakthrough Device designation and have received FDA marketing authorization for the indication covered by the Breakthrough Device designation." Spinal Injection Service (APC 5115): "CMS finalized to assign CPT codes 0627T (Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level) and 0629T (Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with ct guidance, lumbar; first level) to APC 5115 (Level 5 Musculoskeletal Procedures) with a payment rate of $13,269.40." HCPCS: C1734*: Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable) pass through expiration date is 12/31/2023. Barricaid® Spine/Lumbar Disk Surgery (APC 5115): CMS is "finalizing the proposal to assign HCPCS code C9757 to APC 5115 with one modification to the code's short descriptor. For CY 2024, the

		short descriptor for HCPCS code C9757 is "Spine device implant surgery" to clarify that a device must be implanted each time the service is performed."
Quality Reporting Programs	For FY 2024, CMS is proposing to adopt the Risk-Standardized Patient-Reported Outcome-Based Performance Measure (PRO-PM) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) in the HOPD Setting (THA/TKA PRO-PM) beginning with the voluntary CYs 2025 and 2026 reporting periods, and mandatory reporting beginning with the CY 2027 reporting period/CY 2030 payment determination. AAOS believes this proposal is a step in the right direction.	CMS is "finalizing with modification the proposal to adopt the Risk-Standardized Patient-Reported Outcome-Based Performance Measure (PRO-PM) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) in the HOPD Setting (THA/TKA PRO-PM) with voluntary reporting beginning with the CY 2025 reporting period through the CY 2027 reporting period followed by mandatory reporting beginning one year later than proposed with the CY 2028 reporting period/CY 2031 payment determination."
Updates to Requirements for Hospitals to Make Public a List of their Standard Charges	AAOS supports efforts to provide patients with easily understandable cost and quality information to encourage the use of high-value care options. AAOS urges CMS to move towards a solution that is deliberate in its approach for navigating between present regulation and a future state of health care payment—one that is both markedly helpful to patients and limited in the administrative responsibility it places on providers.	CMS is "finalizing their proposals to revise several of the hospital price transparency (HPT) requirements in order to improve their monitoring and enforcement capabilities by improving access to, and the usability of, hospital standard charge information; reducing the compliance burden on hospitals by providing CMS templates and technical guidance for display of hospital standard charge information; aligning, where feasible, certain HPT requirements and processes with requirements and processes they have implemented in the Transparency in Coverage (TIC) initiative; and making other modifications to their monitoring and enforcement capabilities that will, among other things, increase its transparency to the public.
Comment Solicitation on Access to Non-Opioid Treatments for Pain Relief	AAOS is supportive of utilization of non-opioid pain management, where appropriate and urges CMS to continue to provide reimbursement incentives to prescribers. AAOS seeks clarity on	CMS received a range of comments regarding Solicitation on Access to Non-Opioid Treatments for Pain Relief. CMS intends to take these comments into consideration as they develop their

Under the OPPS and ASC Payment System	whether the "additional payment for non-opioid treatments for pain relief" would apply to indwelling nerve catheters and cryoneurolysis (e.g., Iovera), both of which are commonly used in orthopaedics.	proposals for the CY 2025 OPPS/ASC proposed rule.