



## Cancer Hospital Payment Adjustment

Since the inception of the Outpatient Prospective Payment System (OPPS) Medicare has paid the 11 cancer designated hospitals that meet the criteria for covered outpatient department services. In order to limit the decline in reimbursement for these 11 cancer hospitals, Medicare will pay the full amount of the difference between the payments for covered outpatient department services under OPPS and a pre-BBA amount.

These cancer hospitals are held harmless to their pre-BBA and receive transitional payment or hold harmless payments to ensure they are not paid a lower rate under OPPS than they would have been paid previous to the implementation of the OPPS. According to Medicare, the pre-BBA amount is the product of the hospital's reasonable costs for covered outpatient department services occurring in the current year and the base payment-to-cost ratio (PCR) for the hospital defined in section 1833(t)(7)(F)(ii) of the Act.

Each year at time of the Medicare OPPS final rule, a payment adjustment is estimated for each hospital. The adjustment is meant to equal each hospital's final payment-to-cost ratio (PCR) to the weighted average or target PCR for other hospitals paid under OPPS. The PCR is calculated annually and in advance of the corresponding calendar year based on the most recent submitted or settled cost report available for the calendar year. The actual payment adjustment is not made at an individual code level, instead Medicare will make the payment adjustment on an aggregate basis at cost report settlement.

Due to the different payment policy for the 11 cancer hospitals outlined below, these hospitals are also exempt from many of the standard payment policies or models. Each year Medicare calculates the target PCR to use in determining the estimated percentage increase in OPPS payments. For CY 2025, Medicare finalized a target PCR of 0.87. Based on this, the estimated payment adjustment percentages are as follows for the 11 cancer designated hospitals.

**Estimated CY 2025 Hospital Specific Payment Adjustment for Cancer Hospitals  
to be Provided at Cost Report Settlement**

| Provider Number | Hospital Name                                     | Estimated Percentage Increase in OPPS Payments for CY 2025 due to Payment Adjustment |
|-----------------|---|--|
| 050146          | City of Hope Comprehensive Cancer Center          | 51.5%  |
| 050660          | USC Norris Cancer Hospital                        | 44.3%  |
| 100079          | Sylvester Comprehensive Cancer Center             | 32.4%  |
| 100271          | H. Lee Moffitt Cancer Center & Research Institute | 23.9%  |
| 220162          | Dana-Farber Cancer Institute                      | 46.6%  |
| 330154          | Memorial Sloan-Kettering Cancer Center            | 51.6%  |
| 330354          | Roswell Park Cancer Institute                     | 21.3%  |
| 360242          | James Cancer Hospital & Solove Research Institute | 16.0%  |
| 390196          | Fox Chase Cancer Center                           | 30.0%  |
| 450076          | M.D. Anderson Cancer Center                       | 45.1%  |
| 500138          | Seattle Cancer Care Alliance                      | 47.7%  |

| CPT®/HCPCS            | Description  | 2025<br>Hospital<br>Outpatient<br>Department<br>(HOPPS) | 2025<br>Ambulatory<br>Surgical<br>Center (ASC) | 2025<br>Physician Pro<br>Only Hospital/<br>ASC | 2025<br>Physician/<br>Office<br>Freestanding<br>Facility |
|-----------------------|--|---|--|--|--|
| Fiducial Marker       |  |   |  |  |  |
| A4648 <sup>1</sup>    | Implanted fiducial marker  | Packaged  | Packaged                                       | Not Billed by<br>this Entity                   | Invoice Cost   |
| Soft Tissue Placement |  |   |  |  |  |
| 10035                 | Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion      | \$703.59  | Packaged<br>into Primary<br>Service            | \$80.22  | \$339.96   |
| +10036                | ...each additional lesion (List separately in addition to code for primary procedure)  | Packaged<br>into Primary<br>Service                     | Packaged<br>into Primary<br>Service            | \$40.76  | \$276.24   |
| Breast Placement      |  |   |  |  |  |
| 19281                 | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance      | \$1,620.24  | Packaged                                       | \$93.80  | \$231.92   |
| +19282                | ...each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)   | Packaged  | Packaged                                       | \$46.90  | \$162.70   |
| 19283                 | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance      | \$703.59  | Packaged                                       | \$94.78  | \$247.13   |
| +19284                | ...each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)   | Packaged  | Packaged                                       | \$47.23  | \$177.91   |
| 19285                 | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance        | \$703.59  | Packaged                                       | \$80.22  | \$342.87   |
| +19286                | ...each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)   | Packaged  | Packaged                                       | \$40.11  | \$278.18   |
| 19287                 | Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance | \$703.59  | Packaged                                       | \$119.68                                       | \$590.32   |
| +19288                | ...each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)   | Packaged  | Packaged                                       | \$60.49  | \$452.53   |
| Thoracic Placement    |  |   |  |  |  |
| 31626 <sup>2</sup>    | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple                                 | \$6,922.47  | \$2,425.84                                     | \$188.90                                       | \$739.12   |
| 32553                 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple                   | \$1,368.26  | \$978.29                                       | \$168.20                                       | \$480.99   |

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| CPT®/HCPCS   | Description  | Hospital<br>Outpatient<br>Department<br>(HOPPS) | Ambulatory<br>Surgical<br>Center (ASC) | Physician Pro<br>Only Hospital<br>Outpatient<br>Department/<br>ASC | Physician/<br>Office<br>Freestanding<br>Facility |
|--|--|---|--|--|--|
| <b>Abdomen/Pelvis ( Non-Prostate) Placement</b>                |  |   |  |  |  |
| +49327   | Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure) | Packaged into Primary Service                   | Packaged into Primary Service          | \$125.83   | Not Billed in this Setting                       |
| 49411  | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple  | \$1,368.26                                      | \$332.85                               | \$178.88   | \$459.32   |
| +49412   | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)                         | Inpatient Procedure                             | Not Billed in this Setting             | \$79.57  | Not Billed in this Setting                       |
| <b>Prostate Placement</b>                                      |  |   |  |  |  |
| 55876  | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple  | \$1,368.26                                      | \$962.09                               | \$99.30  | \$144.59   |
| <b>Image Guidance for Fiducial Marker Placement</b>            |  |   |  |  |  |
| 76942  | Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation  | Packaged  | Packaged                               | \$29.11  | \$57.25  |
| 77002  | Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)  | Packaged  | Packaged                               | \$25.55  | \$110.30   |
| 77012  | Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation  | Packaged  | Packaged                               | \$66.63  | \$122.27   |
| 77021  | Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation   | Packaged  | Packaged                               | \$67.93  | \$403.36   |
| <b>Image Guidance for Radiation Therapy Treatment Delivery</b> |  |   |  |  |  |
| 77387 <sup>3</sup>   | Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed  | Packaged  | Packaged                               | Not Billed in this Setting   | Not Billed in this Setting                       |
| G6002 <sup>3</sup>   | Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy  | Not Billed in this Setting                      | Not Billed in this Setting             | \$20.05  | \$73.43  |

<sup>1</sup>A4648 MUST be submitted on the same claim form as the procedure of hospitals, ASCs and office setting as appropriate. Codes 19281, 19283, 19285, 19287, and 10035 are device intensive procedures in the hospital and code 55876 is device intensive in hospital and ASC. This requires the marker code (A4648) to be billed with placement or will be denied. Most commercial payers will reimburse at invoice cost unless a specific rate has already been negotiated.

<sup>2</sup>Code 31626 includes the markers (A4648) in the reimbursement rate for office setting placement. In hospital, all other ancillary services billed with 31626 are packaged into the placement and not separately reimbursed as part of the C-APC.

<sup>3</sup>Packaged in a hospital outpatient department and ASC. Technical component not billable with an IMRT course of therapy, only billable for 3D course of therapy. Professional component billable for both 3D and IMRT courses. G6002 is reported for physicians and freestanding cancer centers.

-The 2025 National Medicare physician and office payment rates were calculated with conversion factor \$32.3465 effective January 1, 2025

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