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OPPS Rule: Saga of IPO List Ends With Its Return; Price Transparency Fines Are Higher

By Nina Youngstrom

CMS formally revived the inpatient-only (IPO) list in the final 2022 outpatient prospective payment system (OPPS) regulation and will resume moving procedures off the list a handful at a time.^[1] The final rule, which was released Nov. 2, reversed the elimination of the inpatient-only rule for patient safety and practical reasons—notably the crush of the COVID-19 pandemic. As a result, the 298 procedures that were dropped from the IPO list on Jan. 1, 2021, will be back on it with a few exceptions on Jan. 1, 2022, when the rule takes effect, and once again, procedures that CMS takes off the IPO list one at a time will be spared audits for two years.

Because of this “back-and-forth,” admission orders for the procedures that are returning to the IPO list may fall through the cracks, said Ronald Hirsch, M.D., vice president of R1 RCM. Without an admission order, hospitals may lose Part A reimbursement because Medicare only pays for procedures on the IPO list when they’re performed on inpatients. “Hospitals need to explain to surgeons that the regulations are flip flopping and we need your help. It shouldn’t be that hard to get the anticipated surgical code,” he said. “With the amount of money at stake, it’s not asking a lot. This is a team sport. This is the physician, their office staff, their physician assistants or nurse practitioners, and the hospital staff all working together to make sure we get status right.”

More guidance on the IPO list may be coming soon. CMS said it will use its experience from patient status reviews by Beneficiary and Family Centered Care–Quality Improvement Organizations “to engage stakeholders to determine if developing additional materials for services that are newly removed from the IPO list would be helpful.”

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