



CMS Hospital Outpatient Payment (HOP) Panel Meeting

Complexity Adjustment Methodology for the
Evaluation Combination Cost Threshold

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Summary of Issue and Request

- The current Complexity Adjustment (CA) Policy 2x rule does not function well for code pairs in higher-cost APCs and those with wider cost bands
- The CA Policy has not kept up with clinical practice and can create a financial disincentive to furnishing guideline-recommended care
- CMS should revise the cost threshold to utilize the lower of either the:
 - 2x rule (current methodology) or
 - Lowest GMC of the significant procedures in the next higher APC

Update the CA Evaluation Combination Cost Threshold Methodology

- CMS current methodology utilizes the 2x rule based on the GMC of a single procedure
 - This methodology is adequate for lower-cost APCs, but does not consistently apply across procedure combinations
 - The 2x rule does not work well for high-cost APCs and those with wider cost bands
- Our proposal is to modify the methodology to utilize the lower of either the:
 - 2x rule (current methodology) or
 - Lowest GMC of the significant procedures in the next higher APC
- This change would increase in the number of code combinations that would qualify for a CA and stabilize eligibility for code pairs in high-cost and wide APCs.

Current 2x Rule Cost Threshold vs. Proposed



2x Rule Cost Threshold

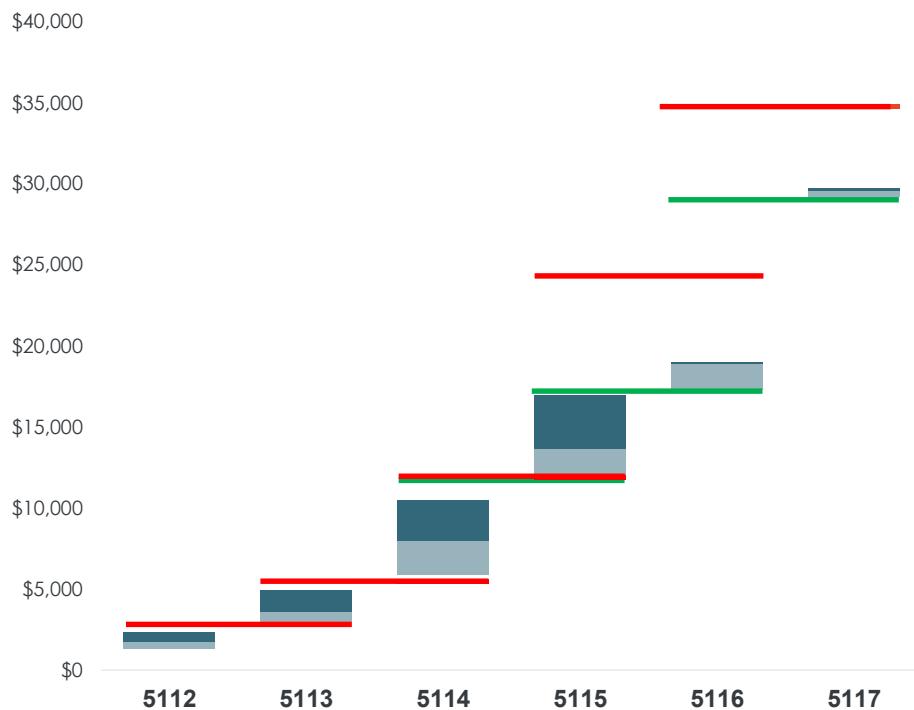
Alternative Cost Threshold

GMC of Max Significant Procedure in APC

GMC of APC

GMC of Min Significant Procedure in APC

Musculoskeletal APCs



Endovascular APCs



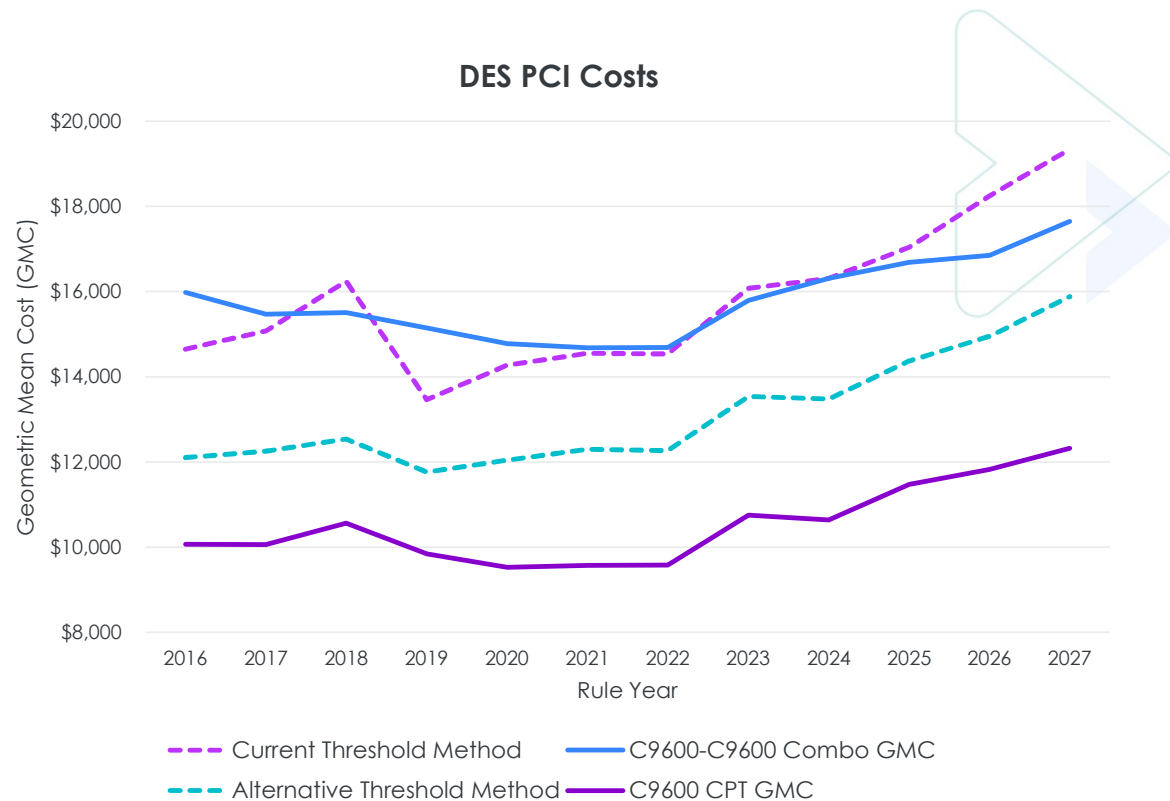
Multivessel Percutaneous Coronary Intervention (PCI)

- Multivessel coronary artery disease is a common condition, and for ST-elevation myocardial infarction (STEMI) patients a complete revascularization strategy either at time of primary PCI or staged has a 1A clinical guideline recommendation.¹
 - Multivessel PCI for non-STEMI and stable angina patients is also common
- Outpatient PCI coding is done on a per vessel basis using J1 codes and so multivessel PCI is coded using either separate primary J1 codes or multiple units of the same code.
 - Payment for these procedures is only possible through the Complexity Adjustment Policy

1. Rao SV et al. 2025 ACC/AHA/ACEP/NAEMSP/SCAI Guideline for the Management of Patients With Acute Coronary Syndromes: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Circulation. 2025 Apr;151(13):e771-e862. doi: 10.1161/CIR.0000000000001309. Epub 2025 Feb 27.

Multivessel Drug-Eluting Stent (DES) PCI

- Multivessel DES PCI is the most common multivessel PCI combination in Addendum J averaging 11k frequency over the past decade
 - In the CY 2027 proposed rule, the combination C9600-C9600 frequency 8,791 made up 11% of all C9600 single frequency 78,097
- The cost of C9600-C9600 has on average been 50% greater than C9600 and has inconsistently qualified for complexity adjustment with the 2x rule cost threshold
 - Would have qualified every year with the alternative cost threshold





Thank You