

CMS Hospital Outpatient Payment (HOP) Panel Meeting

**CMS Complexity Adjustment Methodology for
J1+Add-on Combinations**

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Issues

1. The complexity adjustment policy evaluates J1+J1 combinations **separately** from J1+add-on combinations and uses a **different method**
2. There is a **lack of clarity** for the list of **add-on codes that are evaluated** for complexity adjustment
3. We cannot replicate the **method** for evaluating J1+add-on combinations creating uncertainty about the cost statistics for J1+add-on combinations

Requests

1. Request that CMS **publish the current limited list of add-on codes** for primes with status indicator J1 that are eligible for complexity adjustment evaluation
2. Request that CMS **publish the current methods** to enable replication of J1+add-on combinations



Clinical and Policy Background

Coronary Fractional Flow Reserve & Intravascular Ultrasound

- Coronary fractional flow reserve (FFR) is a physiological method for assessing lesion significance
 - **Clinical guidelines recommend** the use of FFR to guide the decision to proceed with Percutaneous Coronary Intervention (PCI)¹
- Coronary intravascular imaging (IVUS) cross-sectional images provide detailed, accurate evaluation of lesion characteristics beyond what is seen on coronary angiography
 - **Clinical guidelines recommend** the use of IVUS to define lesion severity¹ and as procedural guidance to reduce ischemic events when performed with PCI^{1,2}

2016

CMS added FFR +93571 (initial vessel) and IVUS +92978 (initial vessel) to the limited list of add-on codes for primes with status indicator (SI) J1 evaluated for complexity adjustment³

- Performed with J1 diagnostic coronary angiography procedures (2017) and J1 PCI procedures (2016)

2018

CMS declined to add FFR +93572 (each additional vessel) and IVUS +92979 (each additional vessel) to the limited list of add-on codes for primes with status indicator J1 evaluated for complexity adjustment⁴

1. Lawton JS et al. 2021 ACC/AHA/SCAI guideline for coronary artery revascularization: a report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Circulation. 2022;145:e18–e114. doi: 10.1161/CIR.0000000000001038
2. 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. JACC. Published online February 27, 2025. <https://doi.org/10.1016/j.jacc.2024.11.009>
3. CMS-1633-FC; CMS-1607-F2, Table 8
4. CMS-1678-FC, Section II.A.2.b.1

Add-on Code Complexity Adjustment

A Separate Method with Disparate Impact

Issue 1

J1+add-on combinations are systematically treated disparately from J1+J1 combinations, thereby **reducing the population of claims** that are eligible for evaluation and **reducing the frequency and cost of each combination** evaluated. These J1+add-on combinations evaluated are claims without packaged costs.

FFR & IVUS with J1 Diagnostic Coronary Angiography & PCI

CMS only tests “claims reporting one unit of a single primary service assigned to status indicator “J1” and any number of units of a **single add-on code** for the primary “J1” service”¹

✓ Primary J1 + **either** (FFR +93571 **or** IVUS +92978)

CMS states that “if a claim has only one J1 unit and **multiple add-on codes**, the possible combinations on the claim **are not considered** for complexity adjustment”²

✗ Primary J1 + **both** (FFR +93571 **and** IVUS +92978)

HCPs	Description	APC	Secondary J1 or Add-On	Combination Frequency ³	Combination GMC ³	Cost Threshold ³	2026 Qualifying ³
93458	Coronary angiography, left heart catheterization	5191	+93571 FFR	3,981	\$5,424.41	\$5,110.00	Yes
93458	Coronary angiography, left heart catheterization	5191	+92978 IVUS	1,045	\$5,947.79	\$5,110.00	Yes
C9600	Coronary drug-eluting stent placement	5193	+93571 FFR	71	\$10,131.58	\$18,207.19	No
C9600	Coronary drug-eluting stent placement	5193	+92978 IVUS	1,600	\$10,065.07	\$18,207.19	No

1. CMS-1834-P

2. CMS-1834-P, Claims Accounting Narrative

3. CMS-1834-P, Addendum J



Add-on Code Complexity Adj. Over Time

Continued Updates with Reduced Clarity

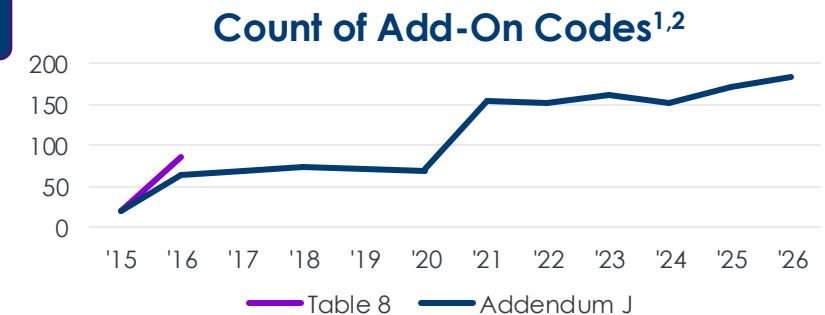
Issue 2

In 2015 & 2016, CMS published the list of packaged add-on codes in **Table 8** that are evaluated for a complexity adjustment. For the past decade CMS has maintained **but not published that list**. The list of add-on codes appearing in Addendum J has almost **tripled** without clarity for what codes are eligible for evaluation.

2015 & 2016, 2017-2026

The Table 8 code list does not match the codes found in Addendum J

- For 2015 & 2016, **19/21 & 63/85 codes** were evaluated¹
- For 2017-2026, codes evaluated have increased to **183 in 2026**²
 - CMS has not published Table 8²



FFR & IVUS with J1 Diagnostic Coronary Angiography & PCI

FFR & IVUS combinations with diagnostic coronary angiography qualify for complexity adjustment 78% of the time, but combinations with PCI have never qualified until one combination proposed in 2026.

HCPCS	Description	APC	Secondary J1 or Add-On	Combination Frequency ³	Combination GMC ³	Cost Threshold ³	2026 Qualifying ³
92920	Coronary angioplasty	5192	+92978 IVUS	75	\$10,496.40	\$10,176.66	Yes

1. CMS-1613-FC, Table 8 & Addendum J, CMS-1633-FC; CMS-1607-F2, Table 8 & Addendum J

2. CMS-1656-FC and IFC; CMS-1678-FC; CMS-1695-FC; CMS-1717-FC; CMS-1736-FC, 1736-IFC; CMS-1753-FC; CMS-1772-FC; CMS-1744-F; CMS-3419-F; CMS-5531-F; CMS-9912-F; CMS-1786-FC; CMS-1809-FC; CMS-1834-P, Addendum J

3. CMS-1834-P, Addendum J

Add-on Code & SI N Complexity Adj. An Uncertain Method with Unconfirmed Results

Issue 3

We are **unable to replicate the method** for evaluating J1+add-on combinations and **unable to confirm cost statistics** from Addendum J. We are not certain how add-on codes interact with other add-on codes that are not on the list and cannot rely on status indicator N alone.

FFR & IVUS SI N with J1 Diagnostic Coronary Angiography & PCI

CMS evaluates the use of FFR +93571 & IVUS +92978 (initial vessel)

✓ Primary J1 + **either** (FFR +93571 **or** IVUS +92978)

CMS does not evaluate the use of FFR +93572 & IVUS +92979 (each additional vessel)

✗ Primary J1 + **either** (FFR +93572 **or** IVUS +92979)

We are unsure how CMS would evaluate claims with multivessel FFR or IVUS with an **add-on on the list** and an **add-on not on the list**

❓ Primary J1 + FFR +93571 **and** FFR +93572

❓ Primary J1 + IVUS +92978 **and** IVUS +92979

We are unsure how CMS would evaluate **J1+J1+add-on** combinations such as coronary angiography with FFR or IVUS that converts to PCI

❓ Drug-eluting stent J1 C9600 + Angiography J1 93458 + **either** (FFR +93571 **or** IVUS +92978)



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2. In 2015 & 2016, CMS published the list of packaged add-on codes in Table 8 that are evaluated for a complexity adjustment. For the past decade CMS has maintained but not published that list. The list of add-on codes appearing in Addendum J has almost tripled without clarity for what codes are eligible for evaluation.
3. We are unable to replicate the method for evaluating J1+add-on combinations and unable to confirm cost statistics from Addendum J. We are not certain how add-on codes interact with other add-on codes that are not on the list and cannot rely on status indicator N alone.

Requests

1. Request that CMS **publish the current limited list of add-on codes** for primes with status indicator J1 that are eligible for complexity adjustment evaluation
2. Request that CMS **publish the current methods** to enable replication and confirmation of J1+add-on combinations



Thank You