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Physician Fee Schedule ? January 2017 release NOTE: The following 2017 MPFS information incorporates the changes identified in CR 9784 (Transmittal R3613CP). Submit Comments by September 6th – Calendar Year 2023 Proposed Rule CMS issued the Calendar Year (CY) 2023 Physician Fee Schedule (PFS) proposed rule that announces and solicits public comments on proposed policy changes for Medicare payments under the PFS and other Medicare Part B payment policy issues. See a summary of key provisions. Proposals include: Modernizing coverage for behavioral health services and improving access and quality by allowing licensed professional counselors, marriage and family therapists, and other types of practitioners to bill Medicare under general supervision; allowing psychiatric diagnostic evaluations to serve as the initiating visit for behavioral health integration and paying clinical psychologists and licensed clinical social workers providing integrated behavioral health services as part of a patient's primary care team; bundling certain chronic pain management and treatment services into new monthly payments; and covering treatment and recovery services from mobile units; read our blog for more information Expanding access to Accountable Care Organizations (ACOs) by incorporating advance shared savings payments to certain ACOs; allowing smaller ACOs more time to transition to downside risk; and creating a health equity adjustment to reward excellent care delivered to underserved populations; read our fact sheet for more information Adopting CPT changes in coding and documenting other evaluation and management (E/M) visits, including: hospital inpatient, hospital observation, emergency department, nursing facility, home or residence services, and cognitive impairment assessment Making several temporarily available telehealth services during the public health emergency (PHE) covered through CY 2023 on a Category 3 basis; extending the time these services are temporarily included on the telehealth services list following the end of the PHE Creating a new G-code for audiologists to bill for services without physician referral to allow patients direct access and receive care for non-acute hearing or balance assessments unrelated to hearing aids or examinations for the purpose of prescribing, fitting, or changing hearing aids once every 12 months Improving access to colon cancer screening by considering a follow-up colonoscopy to an at-home test a preventive service, and covering it for individuals 45 years of age and above in line with recommendations from the US Preventative Services Task Force Expanding the existing policy to include dental services, such as payment for dental examination and treatment preceding a kidney transplant or other organ transplant; and seeking comment on a process to better understand and define when additional dental services may be inextricably linked and integral to the clinical success of other covered medical services We encourage you to review the rule, and submit formal comments by September 6, 2022. On January 19, 2021, CMS issued a correction notice to the Calendar Year 2021 PFS Final Rule published on December 23, 2020, and a subsequent correcting amendment on February 16, 2021. On March 18, 2021, CMS issued an additional correction notice to the Calendar Year 2021 PFS Final Rule. These notices can be viewed at the following link On December 27, the Consolidated Appropriations Act, 2021 modified the Calendar Year (CY) 2021 Medicare Physician Fee Schedule (MPFS): Provided a 3.75% increase in MPFS payments for CY 2021 Suspended the 2% payment adjustment (sequestration) through March 31, 2021 Reinstated the 1.0 floor on the work Geographic Practice Cost Index through CY 2023 Delayed implementation of the inherent complexity add-on code for evaluation and management services (G2211) until CY 2024 CMS has recalculated the MPFS payment rates and conversion factor to reflect these changes. The revised MPFS conversion factor for CY 2021 is 34.8931. The revised payment rates are available in the Downloads section of the CY 2021 Physician Fee Schedule final rule (CMS-1734-F) webpage. CMS is ready to process claims correctly and on time. You don't need to wait to submit your claims. CY 2021 Physician Fee Schedule Final Rule The CY 2021 Medicare Physician Fee Schedule Final Rule was placed on display at the Federal Register on December 2, 2020. This final rule updates payment policies, payment rates, and other provisions for services furnished under the Medicare Physician Fee Schedule (PFS) on or after Jan. 1, 2021. This final rule updates policies affecting the calculation of payment rates and includes misvalued codes. It also adds services to the telehealth list including a third temporary category for services added under the PHE, as well as certain other revisions to telehealth services. It also addresses direct supervision as it relates to interactive technology, payment for teaching physicians, and provides clarification on medical record documentation. Additionally, this final rule includes several regulatory actions regarding professional scope of practice for certain non-physician practitioners. This final rule also provides clarification to the implementation of Section 2005 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, which creates a new Medicare Part B benefit for Opioid Treatment Programs. The calendar year (CY) 2021 PFS final rule is one of several rules that reflect a broader Administration-wide strategy to create a healthcare system that results in better accessibility, quality, affordability, empowerment, and innovation. CY 2021 Physician Fee Schedule Proposed Rule with Comment Period The CY 2021 Medicare Physician Fee Schedule Proposed Rule with comment period was placed on display at the Federal Register on August 4, 2020. This proposed rule updates payment policies, payment rates, and other provisions for services furnished under the Medicare Physician Fee Schedule (PFS) on or after Jan. 1, 2021. This proposed rule proposes potentially misvalued codes and other policies affecting the calculation of payment rates. It also adds services to the telehealth list including a third temporary category for services added under the PHE, as well as certain other revisions to telehealth services. It also addresses direct supervision as it relates to interactive technology, payment for teaching physicians, and provides clarification on medical record documentation. Additionally, this proposed rule includes several regulatory actions regarding professional scope of practice for certain non-physician practitioners. This proposed rule also provides clarification to the implementation of Section 2005 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, which creates a new Medicare Part B benefit for Opioid Treatment Programs. The calendar year (CY) 2021 PFS proposed rule is one of several proposed rules that reflect a broader Administration-wide strategy to create a healthcare system that results in better accessibility, quality, affordability, empowerment, and innovation. CMS will accept comments on the proposed rule until October 5, 2020, and will respond to comments in a final rule. The proposed rule can be downloaded from the Federal Register at: . Care Management For a one-stop resource focused on new Care Management services under the Physician Fee Schedule, such as chronic care management and transitional care management services, visit the Care Management webpage. Physician Center For a one-stop resource focused on Medicare Fee-for-Service (FFS) physicians, visit the Physician Center webpage. The Centers for Medicare and Medicaid Services (CMS) Nov. 2 released the calendar year (CY) 2017 Physician Fee Schedule (PFS) final rule that updates payment rates and other payment policies for services provided by physician and other health care professionals paid under the PFS. This rule addresses physician policies not impacted by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which was addressed in separate rulemaking. Key provisions include an update to the conversion factor, reduction in reporting burden for the data collection strategy for global services, updates to the Medicare Shared Savings Program (MSSP), and the addition of several billing codes to better account for primary care and care management services. CMS finalized misvalued code changes that achieve a 0.33 percent in net expenditure reductions. These changes would not meet the misvalued code target of 0.5 percent, setting the 2017 PFS conversion factor at \$35.89 — a slight increase from the 2016 conversion factor of \$35.80. In response to concerns raised by the AAMC [see Washington Highlights, Sept. 9] and others on the proposal, CMS finalized a data collection strategy for global services that significantly reduces the reporting burden associated with the proposed rule in the following ways: Claims reporting of post-operative visits will be required only for high volume/high cost procedures instead of all global services. High volume/high cost procedures will be defined as services that are furnished by more than 100 practitioners and are either furnished more than 10,000 times or have allowed charges of more than \$10 million annually. CPT code 99024 will be used to report post-operative visits instead of the proposed global surgery codes (G-codes), which would have required reporting 10 minute time increments and levels of intensity. Reporting will only be required for a sample of practitioners in practices of 10 or more in specified states instead of all practitioners as proposed. Practitioners who are required to report would need to do so for services furnished on or after July 1, 2017, instead of Jan. 1, 2017. Teaching physicians will be subject to the reporting requirements in the same way as other physicians and should use the GC or GE modifier as appropriate to indicate the involvement of residents. CMS also finalized several policies regarding the MSSP and updated the quality reporting requirements, including changes to the measure sets and other updates to align with the final Quality Payment Program. CMS also modified the Accountable Care Organization (ACO) attribution methodology to allow the beneficiary to designate an ACO professional as responsible for their overall care. Additionally, CMS finalized revisions to the PFS billing codes to improve payment accuracy for primary care, care management, and cognitive services. CMS reduced administrative burden associated with chronic care management codes to improve health care delivery. Other finalized policies include the expansion of the Medicare Diabetes Prevention Program and payment for mammography services. The AAMC will be hosting a webinar on the final rule and will be providing additional resources to assist members in implementing changes.

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