CMS Highlights: Calendar Year (CY) 2023 Medicare Physician Fee Schedule Final Rule

December 15, 2022
Massachusetts's Association of Patient Account Management (MAPAM) Meeting

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Agenda

- CMS Vision & Strategy
- Highlights, Fiscal Year 2023 Medicare Physician Fee Schedule Final Rule
- 2022 – 2023 Flu Season Payment Allowances
- Resources
- Questions & Answers
- Feedback

CMS' Vision & Strategy

Vision

CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes

Strategy—The 6 Strategic Pillars

- Advance Equity
- Expand Access
- Engage Partners
- Drive Innovation
- Protect Programs
- Foster Excellence

Fiscal Year 2023 Medicare Physician Fee Schedule Final Rule

November 01, 2022: CMS issued a final rule that includes:

- updates and policy changes for Medicare payments under the Physician Fee Schedule (PFS)
- and other Medicare Part B issues, effective on or after January 1, 2023.

Background on the Physician Fee Schedule

- Payments are based on the relative resources typically used to furnish the service.
- Relative value units (RVUs) are applied to each service for work, practice expense, and malpractice expense.
- RVUs become payment rates through the application of a fixed-dollar conversion factor.
- Geographic adjustments (geographic practice cost index) are also applied to the total RVUs to account for variation in practice costs by geographic area.
- Payment rates are calculated to include an overall payment update specified by statute.

Highlights

1. Telehealth Services
2. Behavioral Health Services
3. Chronic Pain Management Services
4. Opioid Treatment Programs (OTPs)
5. Audiology Services
6. Dental & Oral Health Services
7. Skin Substitutes
8. Colorectal Cancer Screenings
9. Preventive Vaccine Administration Services

Telehealth Services

- Finalized our proposal to extend the duration of time that services are temporarily included on the telehealth services list during the PHE for at least a period of 151 days following the end of the PHE, in alignment with the Consolidated Appropriations Act, 2022 (CAA, 2022).

- CAA policies extend certain flexibilities in place during the PHE for 151 days after the PHE ends.
  - allows telehealth services to be furnished in any geographic area and in any originating site setting, including the beneficiary's home,
  - allows certain services to be furnished via audio-only telecommunications systems,
  - and allows physical therapists, occupational therapists, speech-language pathologists, and audiologists to furnish telehealth services.
- The CAA, 2022, also delays the in-person visit requirements for mental health services furnished via telehealth until 152 days after the end of the PHE.

Telehealth Services

- Finalized the proposal to allow physicians and practitioners to continue to bill with the place of service (POS) indicator that would have been reported had the service been furnished in-person.
    - Claims will require the modifier "95" to identify them as services furnished as telehealth services.
    - Claims can continue to be billed with the place of service code that would be used if the telehealth service had been furnished in-person through the later of the end of CY 2023 or end of the year in which the PHE ends.
    - Implementing the telehealth provision in the Consolidated Appropriations Act, 2022 that extends the payment of distant site telehealth services furnished by FQHCs and RHCs for 151 days after the end of the PHE.

Behavioral Health Services

- Finalizing our proposal to create a new General BHI code describing a service personally performed by CPs or clinical social workers (CSWs) to account for monthly care integration where the mental health services furnished by a CP or CSW are serving as the focal point of care integration
  - Allow behavioral health clinicians to offer services incident to a Medicare practitioner under general (rather than direct) supervision.
    - In practical terms, this new rule would no longer require supervising clinicians to be on-site for certain behavioral health services to be billable to Medicare, making it easier for Medicare beneficiaries to see these providers.
  - Licensed professional counselors and marriage and family therapists will now be able to bill incident to Medicare practitioner for their services.

Chronic Pain Management Services

- Finalized new HCPCS codes, G3002 and G3003, and valuation for chronic pain management and treatment services (CPM) for CY 2023.
- New coding will improve payment accuracy for these services, and prompt more practitioners to welcome Medicare beneficiaries with chronic pain into their practices
- It will also encourage practitioners already treating Medicare beneficiaries who have chronic pain to spend the time to help them manage their condition within a trusting, supportive, and ongoing care partnership.
- CMS will provide a new monthly payment for comprehensive treatment and management services for patients with chronic pain.
  - *New services offer a whole-person approach to care:* ***https://www.cms.gov/newsroom/press-releases/hhs-finalizes-physician-payment-rule-strengthening-access-behavioral-health-services-and-whole***

Opioid Treatment Programs (OTPs)

- **Revised** methodology for pricing the drug component of the methadone weekly bundle and the add-on code for take-home supplies of methadone.

- **Allow** the OTP intake add-on code to be furnished via two-way audio-video communications technology when billed for the initiation of treatment with buprenorphine, to the extent that the use of audio-video telecommunications technology to initiate treatment with buprenorphine is authorized by the Drug Enforcement Administration (DEA) and Substance Abuse and Mental Health Services Administration (SAMHSA) at the time the service is furnished.

- **Permit** the use of audio-only communication technology to initiate treatment with buprenorphine in cases where audio-video technology is not available to the beneficiary and all other applicable requirements are met.

Opioid Treatment Programs (OTPs)

- **Allowing** periodic assessments to be furnished audio-only when video is not available for the duration of CY 2023, to the extent that it is authorized by SAMSHA and DEA at the time the service is furnished.

- **Clarifying** that OTPs can bill Medicare for medically reasonable and necessary services furnished via mobile units in accordance with SAMHSA and DEA guidance.

- **Finalized** proposal that locality adjustments for services furnished via mobile units would be applied as if the service were furnished at the physical location of the OTP registered with DEA and certified by SAMHSA.

Audiology Services

- Allow beneficiaries direct access to an audiologist without an order from a physician or nonphysician practitioner for non-acute hearing conditions.
- Audiologists may use modifier AB, along with the finalized list of 36 CPT codes, for dates of service on and after January 1, 2023.
- Permit audiologists to bill for this direct access (without a physician or practitioner order) once every 12 months per beneficiary.

Colorectal Cancer Screenings

- Expanding Medicare coverage for certain colorectal cancer screening tests by reducing the minimum age payment and coverage limitation from 50 to 45 years.

- Expanding the regulatory definition of colorectal cancer screening tests to include a follow-on screening colonoscopy after a Medicare covered non-invasive stool-based colorectal cancer screening test returns a positive result.

Preventive Vaccine Administration Services

- Finalized refinements to the payment amount for preventive vaccine administration under the Medicare Part B vaccine benefit, which includes the influenza, pneumococcal, hepatitis B, and COVID-19 vaccine and their administration.

- Finalized the proposal to annually update the payment amount for vaccine administration services based upon the increase in the MEI, and to adjust for the geographic locality based upon the geographic adjustment factor (GAF) for the PFS locality in which the preventive vaccine is administered.

- Finalized proposal to continue the additional payment for at-home COVID-19 vaccinations for CY 2023.

Payment Allowances and Effective Dates for the 2022-2023 Flu Season

Code	Labeler Name	Vaccine Name	Payment Allowance	Effective Dates
90662	Sanofi Pasteur	Fluzone High-Dose Quadrivalent (2022/2023)	$ 69.941	08/01/2022 – 07/31/2023
90672	MedImmune	FluMist Quadrivalent (2022/2023)	$ 26.876	08/01/2022 – 07/31/2023
90674	Seqirus	Flucelvax Quadrivalent (2022/2023) (Preservative Free)	$ 32.278	08/01/2022 – 07/31/2023
90682	Sanofi Pasteur	Flublok Quadrivalent (2022/2023) (Preservative Free)	$ 69.941	08/01/2022 – 07/31/2023
90686	GlaxoSmithKline Sanofi Pasteur Seqirus	Fluarix Quadrivalent (2022/2023) (Preservative Free) Flulaval Quadrivalent (2022/2023) (Preservative Free) Fluzone Quadrivalent (2022/2023) (Preservative Free) Afluria Quadrivalent (2022/2023) (Preservative Free)	$ 21.518	08/01/2022 – 07/31/2023
90687	Sanofi Pasteur Seqirus	Fluzone Quadrivalent 0.25ml (2022/2023) Afluria Quadrivalent 0.25ml (2022/2023)	$ 10.241	08/01/2022 – 07/31/2023
90688	Sanofi Pasteur Seqirus	Fluzone Quadrivalent (2022/2023) Afluria Quadrivalent (2022/2023)	$ 20.482	08/01/2022 – 07/31/2023
90694	Seqirus	Fluad Quadrivalent (2022/2023) (Preservative Free)	$ 71.682	08/01/2022 – 07/31/2023
90756	Seqirus	Flucelvax Quadrivalent (2022/2023)	$ 30.581	08/01/2022 – 07/31/2023

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing

CY 2023 Medicare Physician Fee Schedule Final Rule Resources

CMS Press Release – Medicare Physician Fee Schedule Final Rule
https://www.cms.gov/newsroom/press-releases/hhs-finalizes-physician-payment-rule-strengthening-access-behavioral-health-services-and-whole

CMS Fact Sheet – Medicare Physician Fee Schedule Final Rule
https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2023-medicare-physician-fee-schedule-final-rule

CMS Fact Sheet – Medicare Shared Savings Program Changes
https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2023-medicare-physician-fee-schedule-final-rule-medicare-shared-savings-program

Unpublished Final Rule
https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-federal-regulation-notices/cms-1770-f

Medicare Physician Fee Schedule Final Rule Summary: CY 2023
https://www.cms.gov/files/document/mm12982-medicare-physician-fee-schedule-final-rule-summary-cy-2023.pdf

Medicare Claims Processing
https://www.cms.gov/files/document/r11708cp.pdf

Questions?

Feedback

Thank you for participating in this session with CMS Boston. We appreciate your time you have spent with us. We are always trying to improve our level of service to our partners and stakeholders. You can help us do that by providing your feedback on today's session.

Please take a few moments to complete this brief, voluntary post-engagement evaluation. Just click on the link or use the QR code below. Your answers will help us improve our collaboration with you.

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Note: Please do not forward or post the link anywhere; this is an internal evaluation to assist us with this specific activity. Thank you!

https://cmsgov.force.com/act/Evaluation