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SVS’ Policy and Advocacy Council is working with its committees’ members to submit comments on proposed government rules that will directly impact vascular surgeons and the care they provide to Medicare patients.

The comments are in response to the Centers for Medicare & Medicaid Services (CMS) CY 2020 Proposed Medicare Physician Fee Schedule (PFS) and Year 4 Quality Payment Program (QPP) and the Hospital Outpatient Perspective Payment System (HOPPS) Rules.

CMS issued the proposed rules in late July. Comments are due Sept. 27.

The Physician Fee Schedule includes several provisions of interest for vascular surgeons, including:

- Substantial changes to evaluation and management coding and their reimbursements effective Jan.1, 2021
- Abdominal Aortography (CPT Codes 75625 and 75630)
- Angiography (CPT Codes 75726 and 75774)
- Duplex Scan Arterial Inflow-Venous Outflow (CPT Codes 93X00 and 93X01)
- Exploration of Artery (CPT Codes 35701, 35X01, and 35X01)
- Iliac Branched Endograft Placement (CPT Codes 34X00 and 34X01)
- Intravascular Ultrasound (CPT Codes 37252 and 37253)
- Stab Phlebectomy of Varicose Veins (CPT Codes 37765 and 37766)
- Market-Based Supply and Equipment Pricing Update
- Professional Liability Insurance and the malpractice RVUs
- Medicare Coverage for Opioid Use Disorder Treatment Services Furnished by Opioid Treatment Programs (OTPs) For more information on the coding and reimbursement issues included in the proposed CY2020 MFS, visit vsweb.org/MFS2020.

Year 4 (QPP): QPP includes the Merit-based Incentive Payment System (MIPS) and the Advanced Alternative Payment Models, launched in 2017. It replaced the sustainable growth rate factor (SGR) and the previous quality incentive programs for physicians. CMS has proposed several increases in the requirements for CY 2020, with a physician’s performance on these requirements impacting their payments in CY 2022. A total of 9 percent of a physician’s Medicare payments could be at risk if a physician does not participate in 2020.

CMS proposes to use episode-cost measure in MIPS for 2020. Of particular concern – and member comments will be

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sought – is a new hemodialysis access episode-based cost measure that could impact SVS members’ cost scores under MIPS. More information on this issue will be available in upcoming issues of the Pulse electronic newsletter.

CMS also is considering a new reporting program to replace MIPS in 2021, the MIPS Value Pathways. SVS will be reviewing CMS’ proposals and commenting extensively on this new program.

Visit vsweb.org/QPP4 for the CMS summary of the Proposed Year 4 QPP rule.

Hospital Outpatient Perspective Payment System (HOPPS)

The HOPPS proposed rule includes several provisions of interest for vascular surgeons, for which SVS is submitting comments:

- Prior authorization for vein ablation
- Hemodialysis duplex (93X00, 93X01)
- New comprehensive APCs for Level 2 vascular procedures
- Clinic visit services furnished in excepted off-campus provider-based departments (PBDs)
- Device pass-through payment applications (Surefire® Spark™ Infusion System and Eluvia™ Drug-Eluting Vascular Stent System)
- New technology pass-throughs for breakthrough devices
- Making public consumer-friendly standard charges for a set of “shoppable services” transparent

Visit

vsweb.org/HOPPS2020 for more information on the coding and reimbursement issues included in the proposed rule.

Article Date: Monday, September 16, 2019
Author: Re-posted from the September 2019 issue of Vascular Specialist
Tags: Vascular Specialist
Article Type: Article