



Washington Update: Physician Fee Schedule Includes Positive Changes

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The 2017 Medicare Physician Fee Schedule Final Rule includes many changes beneficial to SVS members, following many months of work, including submission of comments, by SVS members and advocacy staff. The schedule was released on Nov. 2, 2016.

Some of the significant changes for vascular surgeons are:

Collecting Data on Resources Used in Furnishing Global Services

- The SVS supported Congressional efforts to prohibit the elimination of the 10- and 90-day Global Surgical Packages, included in the Medicare Access and CHIP Reauthorization Act (MACRA). The SVS also supported collection of data on post-operative services from a representative sample of physicians that was included in MACRA. However, in the schedule's proposed rule, CMS proposed to collect pre- and post-operative data using eight G-codes in 10-minute increments. This would have created not only an undue burden on physician practices but also an unfunded mandate, and would have taken vital time away from patient care, as well. The SVS recommended using CPT code 99024, Global Post-Operative Visits with a follow-up survey to determine the level of Evaluation/Management (E/M). In the Final Rule, CMS finalized the use of CPT code 99024 to collect data on the number of visits and will explore whether a survey would provide data on the level of E/M.
- CMS proposed to collect data on both the number and level of visits on all pre- and post-operative codes. The SVS stated that a 5 percent sample from small, medium and large practices and using high volume codes – those with 10,000 claims that generate \$10 million used by 100 separate physicians – for each specialty would provide reasonable resource information to validate the current CMS visit data without creating an administrative burden for physicians. There are currently more than 4,200 CPT codes for 10- and 90-day Global Surgical Packages in the Medicare payment schedule versus 260 global codes performed more than 10,000 times. For the Final Rule, CMS agreed with SVS that using post-operative codes with high-allowed charges and high volume will provide significant data for valuation on the vast majority of global services.
- CMS proposed to start data collection on Jan. 1, whereas SVS proposed a six-month delay, particularly to provide a training period for physicians and other personnel similar to what took place for ICD-10 codes. CMS agreed with SVS to delay the requirement for reporting data on post-operative services until July 1.
- CMS proposed to collect data from all physicians who perform global procedures, not from a representative sample that SVS supported in MACRA and in its comments on the propose rule. In the Final Rule, CMS is limiting reporting to groups of 10 or more in the following states of various size and representing different geographic areas: Florida, Kentucky, Louisiana, Nevada, New Jersey, North Dakota, Ohio, Oregon and Rhode Island.

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- CMS proposed to not withhold 5 percent of payments on MPFS services for not reporting information and finalized this in the Final Rule. The “withhold” was a statutory provision in MACRA. SVS’ stated opinion was that this was too punitive, particularly for private practitioners.
- CMS proposed to conduct a survey of practitioners to gain information on post-operative activities to supplement its claim-based data collection and finalized this in the Final Rule.

Other Issues

- Reducing Administrative Burden and Improving Payment Accuracy for Chronic Care Management (CCM) – SVS supported CMS’ proposal to more appropriately recognize and pay for Chronic Care Management services consistent with pricing services according to their relative rank within a given family of services. In the Final Rule, CMS specified that CPT codes 99487 and 99489 (Complex Chronic Code Coordination) should be reimbursed more appropriately.
- Proposed Expansion of the Diabetes Prevention Program Model – SVS supported this model and agreed with CMS that this should be an additional preventive service, even though the United States Preventive Services Task Force has not reviewed it. This was included in the Final Rule.
- Physician Self-Referral Updates – CMS acknowledged SVS’ Proposed Rule comments on the Stark Law. However, in the Final Rule, the agency stated that revisions are outside the scope of this rule-making.

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