

Summary of Updates CMS FY 2015 Physician Fee Schedule (PFS)

CMS has released its proposed rule updating the Medicare Physician Fee Schedule (PFS) rates and policies for fiscal year (FY) 2015.

The following are highlights of the final rule. The complete rule can be found at the following link: http://www.ofr.gov/OFRUpload/OFRData/2014-26183_PI.pdf

Changes in the CPT Coding Process and Timing

(Work, Practice Expense (PE), Malpractice (MP), RVU calculations)

CMS proposed to modify their process to make all changes in the work and MP RVUs and the direct PE inputs for new, revised and potentially misvalued services under the PFS beginning CY 2016. CMS plans to include proposed values for all new, revised and potentially misvalued codes for which they have complete RUC recommendations by January 15th of the preceding year. Beginning with valuations for CY 2017, CMS will propose values for the vast majority of new, revised, and potentially misvalued codes and consider public comments before establishing final values for the codes; use G-codes as necessary in order to facilitate continued payment for certain services for which CMS does not receive RUC recommendations in time to propose values; and adopt interim final values in the case of wholly new services for which there are no predecessor codes or values and for which CMS did not receive RUC recommendations in time to propose values.

CMS Approach for RVU Revaluation

Equipment Time:

CMS plans to refine the PE RVU allocated to equipment time based on feedback from the RUC. As CMS is targeting the degree of accuracy in allocating equipment minutes, CMS requested that the RUC provide equipment times along with the other direct PE recommendations, and CMS provided the RUC with general guidelines regarding appropriate equipment time inputs.

Standard Tasks and Minutes for Clinical Labor Tasks:

CMS plans to review the pre-service, service period, and post-service clinical labor minutes associated with clinical labor inputs in the direct PE input database. For most of these described tasks, there are a standardized number of minutes, depending on the type of procedure, its typical setting, its global period, and the other procedures with which it is typically reported. The RUC sometimes recommends a number of minutes either greater than or less than the time typically allotted for certain tasks. In those cases, CMS staff reviews the deviations from the standards to determine their appropriateness.

Standard Inputs for Moderate Sedation:

CMS finalized their proposal to modify the standard moderate sedation input package to include a stretcher for the same length of time as the other equipment items in the moderate sedation package.

Targeted Code Sets for Revaluation:

- Epidural Injection and Fluoroscopic Guidance
- Neurostimulator Implantation
- Mammography
- Abdominal Aortic Aneurysm Ultrasound Screening
- Prostate Biopsy Codes
- Obesity Behavioral Group Counseling

Telehealth Services

CMS finalized their proposal to add a series of procedure codes to the list of Medicare telehealth services. CMS added psychotherapy services CPT codes 90845, 90846 and 90847; prolonged service office CPT codes 99354 and 99355; and annual wellness visit HCPCS codes G0438 and G0439 to the list of Medicare telehealth services. Many of the proposals for consideration to be added to the list of telehealth services did not include CPT codes. To be considered during PFS rulemaking for CY 2016, these requests must be submitted and received by December 31, 2014.

Chronic Care Management Services

CMS is adopting the new CPT code, 99490, to describe CCM services effective January 1, 2015. CMS will evaluate this service closely to assess whether the service is targeted to the right population and whether the payment is appropriate for the services being furnished. CMS is revising regulation at §410.26, which sets out the applicable requirements for “incident to” services to permit the CCM and non-face-to-face portion of the TCM services provided by clinical staff incident to the services of a practitioner to be furnished under the general supervision of a physician or other practitioner.

Outpatient Therapy Caps for CY 2015

CMS is increasing the therapy cap for occupational therapy and PT/SLP combined cap by the CY 2015 MEI of 0.8 percent and rounding to the nearest \$10.00 resulting in a CY 2015 therapy cap amount of \$1,940.

Clinical Laboratory Testing

In the CY 2014 PFS final rule with comment period, CMS finalized a process under which they would reexamine the payment amounts for test codes on the Clinical Laboratory Fee Schedule (CLFS) for possible payment revision based on technological changes. Based on Congress passing PAMA, as well as the legislation that mandates CMS base their CLFS fee schedule on private payer rate information, they will address the private payer rate information in future rulemaking.

CMS also decided not to move forward with any changes to the LCD process for Clinical Laboratory testing in this final rule.

Medicare Shared Savings Program

CMS is finalizing additional quality performance measures for ACO's. In total, CMS will use 33 measures to establish the quality performance standards that ACOs must meet to be eligible for shared savings.