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CMS Proposes MPFS Payment Policies for 2022

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The effects of COVID-19 are still being felt in the states and influencing the Centers for Medicare & Medicaid Services' (CMS') decisions for policy changes, as evident in the 2022 Medicare Physician Fee Schedule (MPFS) proposed rule. Released mid-July, the proposed rule focuses on righting various shortcomings in healthcare that were highlighted during the ordeal — the first being the chokehold on telehealth services.

Telehealth Waiver Extension

What happens to telehealth coverage after the public health emergency (PHE) for COVID-19 is suspended? Uncertain of when the PHE will end, CMS is proposing to allow payment for certain Category 3 (temporary) codes added to the Medicare telehealth services list through Dec. 31, 2023, instead of Dec. 31, 2021.

CMS writes in the proposed rule, "Extending the temporary inclusion of these services on the telehealth list will allow additional time for stakeholders to collect, analyze and submit data on those services to support their consideration for permanent addition to the list on a Category 1 or Category 2 basis."

The agency received numerous requests for making certain temporary codes permanent and denied them all in the proposed rule.

CMS is also proposing to include rural emergency hospitals as telehealth originating sites beginning in 2023; and to permanently adopt coding and payment for 2022 HCPCS Level II code **G2252:** Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.

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Split/Shared Visits

CMS is proposing to modify the definition of split (or shared) evaluation and management (E/M) visits as those provided in the facility setting by a physician and a non-physician practitioner (NPP) in the same group. The practitioner who provides the substantive portion (more than half of the total time) of the visit would bill for the visit. This would apply to new and established patients, as well as critical care and certain skilled nursing facility/nursing facility E/M visits. CMS is also proposing to change its policy to allow payment for prolonged E/M visits as split/shared visits.

Critical Care Services

CMS is proposing other modifications to other E/M-related policies. For critical care services, for example, CMS is proposing to use the CPT definition of critical care visits, including bundled services. The proposed change would allow critical care services to be furnished concurrently to the same patient on the same day by more than one practitioner representing more than one specialty, and (as stated above) that critical care services can be furnished as split/shared visits.

Therapy Services

CMS is proposing to revise the ***de minimis*** policy to allow a timed service to be billed without modifier CQ/CO in certain cases. Additionally, through the use of new modifiers (CQ and CO), CMS will identify and make payment at 85 percent of the otherwise applicable Part B payment amount for physical therapy and occupational therapy services furnished in whole or in part by physical therapist assistants and occupational therapy assistants for dates of service on and after Jan. 1, 2022.

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CMS is proposing to allow OTPs to furnish counseling and therapy services via audio-only interaction (such as telephone calls) after the conclusion of the COVID-19 PHE in cases where audio/video communication is not available to the beneficiary, including circumstances in which the beneficiary is not capable of or does not consent to the use of devices that permit a two-way audio/video interaction, provided all other applicable requirements are met. CMS is proposing to require that OTPs use a service-level modifier for audio-only services billed using the counseling and therapy add-on code and document in the medical record the rationale for a service being furnished using audio-only services, in order to facilitate program integrity activities.

Other Provisions in the MPFS Proposed Rule

Physician assistant (PA) services: CMS is proposing to make direct payment to PAs for professional services they furnish under Part B beginning Jan. 1, 2022.

Medicare Diabetes Prevention Program: CMS is permanently waiving Medicare enrollment fee for new MDPP suppliers; proposing to shorten the MDPP services period to one year instead of two years; and proposing to restructure payments so MDPP suppliers receive larger payments for participants who reach milestones for attendance and weight loss.

Rural health clinics (RHCs) and federally qualified health centers (FQHCs): A proposed change would allow RHCs and FQHCs to report and receive payment for mental health visits furnished via real-time telecommunication technology. CMS is also proposing to make FQHCs and RHCs eligible to receive payment for hospice-attending physician services when provided by a FQHC/RHC physician, nurse practitioner, or PA who is employed or working under contract for an FQHC or RHC, but is not employed by a hospice program, starting Jan. 1, 2022; and allow billing for TCM and other care management services furnished for the same beneficiary during the same service period.