

CMS RELEASES 2020 MEDICARE PHYSICIAN FEE SCHEDULE PROPOSED RULE

On July 29th, CMS released the 2020 Medicare Physician Fee Schedule (MPFS) proposed rule. Payment is made under the MPFS for services furnished by physicians and other practitioners, including freestanding radiation therapy centers, in all sites of service.

CMS is proposing a series of standard technical proposals involving practice expense, including the implementation of the second year of the market-based supply and equipment pricing update, and standard rate setting refinements to update premium data involving malpractice expense and geographic practice cost indices (GPCIs). The proposed 2020 conversion factor increases slightly from \$36.04 to \$36.09.

There are no new 2020 payment policies that negatively impact radiation oncology, however, some procedures will realize payment decreases due to year-2 of the 4-year transition of new medical equipment pricing. The rule impact table shows overall 0% change to radiation oncology work, practice expense or malpractice RVUs in 2020.

Beginning in 2015, CMS created a series of temporary HCPCS G-codes for certain radiation treatment delivery and related imaging services (i.e., G6001 through G6015) to allow practitioners to continue to report services to CMS. In the interest of payment stability, CMS is proposing to continue using these G-codes, as well as their current work RVUs and direct PE inputs. CMS is also proposing that, for 2020, the practice expense methodology will continue to include a utilization rate assumption of 60 percent for an IMRT accelerator.

CMS proposed to increase Medicare payments for doctor's office visits and abandoned its plan to pay a blended rate for certain levels of office visits starting next year. The agency said it would align evaluation and management (E/M) coding with changes laid out by the AMA's CPT Editorial Panel. Those changes retain five levels of coding for established patients, reduce the number of levels to four for new patients and revise the code definitions. The CPT changes also allow providers to choose the E/M level based on either medical decision-making or time. Proposed changes to E/M coding and payment will have an approximate 4% negative payment impact to the specialty of radiation oncology beginning in 2021.

CMS is seeking comment on opportunities to expand the concept of bundling to improve payment for services under the MPFS and more broadly align MPFS payment with the broader CMS goal of improving accountability and increasing efficiency in paying for the health care of Medicare beneficiaries. CMS believes that the statute, while requiring CMS to pay for services on the basis of the resources required to furnish the service, allows considerable flexibility for improving the efficiency of health service delivery within the MPFS.

For additional information including a detailed MPFS rule summary and 2020 proposed payments and impacts, go to:

aapm.org/government_affairs/CMS/2020HealthPolicyUpdate.asp ■