

CMS Releases 2017 Medicare Physician Fee Schedule Final Rule

The Centers for Medicare and Medicaid Services (CMS) recently published the 2017 Medicare Physician Fee Schedule (MPFS) final rule, which impacts payments to physicians and freestanding radiation therapy centers.

- CMS increased the work RVU for CPT 77778 from 8.0 to 8.78 based on the RUC-recommended work RVU and support by professional society comments.
- CMS significantly modified claim-based reporting requirements for 90-day global surgical codes. CMS will provide a final list of codes required for reporting on their website.
- CMS finalized their moderate sedation proposal and adopts a uniform methodology for valuation of the procedural codes that currently include moderate sedation as an inherent part of the procedure.

- The conversion factor increases slightly in 2017 to \$35.89 and majority of radiation oncology procedures have payment increases in 2017.

The most widespread specialty impacts are generally related to the proposed changes to relative value units (RVUs) for specific services resulting from the Misvalued Code Initiative, including treatment devices (CPT 77332, 77333, 77334), special treatment procedure (CPT 77470) and hyperthermia treatment codes (CPT 77600, 77605, 77610, 77615). There are no major policies in 2017 specific to radiation oncology, which results in a 0 percent payment impact for Radiation Oncology and Radiation Therapy Centers.

For additional information, please download the [CMS Fact Sheet](#).