

Proposed Physician Payment Rule Focuses On Primary Providers

CMS officials estimate that proposed changes to the Physician Fee Schedule would increase funding to primary care providers by \$900 million next year. Services for which Medicare would pay more include caring for physically disabled patients, managing chronic diseases, providing geriatric care, using telehealth, providing mammography services, caring for the mentally ill and caring for patients with dementia.

The rule proposes revisions to payment for chronic care management, including payment for new codes and for extra care management furnished by physicians or practitioners following initiating visits for patients with multiple chronic conditions.

The proposal calls for paying for more services that geriatricians and family doctors provide.

"Under our conservative assumptions, we anticipate that these clinicians could receive a two percent increase in their payments for providing the care we propose to recognize under the Physician Fee Schedule," states CMS Acting Administrator Andy Slavitt and CMS Acting Principal Deputy Administrator and Chief Medical Officer

Patrick Conway. "Over time, if all of the practitioners that can provide these services provide them to all eligible patients, we estimate that the payment increase could be as much as 30 and 37 percent respectively to these specialties."

CMS proposes to add several billing codes for services that may be provided with telehealth, including: dialysis-related services; advance care planning services and critical care consultations.

The proposed rule would implement new billing codes for mammography services. The coding revision aims to account for the transition from film to digital imaging equipment and the elimination of separate codes for computer-aided detection. CMS is proposing to maintain current valuation for the technical component of mammography services in order to implement coding and payment changes over several years.

CMS proposes values for the new moderate-sedation codes and proposes to standardize valuation of the procedural codes that include moderate sedation as an inherent part of procedures.