

Healthcare Banking Bulletin

Issue 5 - July 28, 2022

Conversations About the 2023 Physician Fee Schedule (PFS) Proposed Rule

Every July we wait on pins and needles to see what Centers for Medicare and Medicaid Services (CMS) has in store for us in 2023 and now we know! Well... possibly. The CMS released a proposed rule regarding physician payment and quality reporting changes for fiscal year (FY) 2023 and it is ready for consumption, that is of course, assuming we can digest it.

This blog is somewhat of a one-sided conversation so instead of asking whether you want the good news or the bad news first, we're breaking it down into clearly labeled sections and you can choose from there.

The Good

Changes to the split/shared E/M requirements, which would've shifted all coding to time-based only, has been delayed until 2024. This means, at least for now, we can continue to use history, exam, and medical decision



making (MDM) in addition to time to determine coding levels for these services.

CMS is looking for more information on how they can improve reimbursements for global surgical codes. That means they want to hear from you, so now is the time to submit formal comments back to CMS with your thoughts. This is basically a national brainstorm so make sure to get your feedback in before the comment period ends.

The Electronic Prescribing for Controlled Substances (EPCS) mandate is not going to be penalized for another year. Meaning you can expect to see those non-compliance letters starting in 2024. New prolonged G-Codes are being introduced which will add chronic pain management codes and new prolonged services codes to the primary care services roster.

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The Bad

Many of us were hoping to see increased permanence in the telehealth expansion we've seen during the public health emergency (PHE). Unfortunately, it appears that, aside from mental health, most changes will expire 151 days following the expiration or termination of the PHE. Expiring flexibilities include:

- In-person requirements for telemental health services
- Extending originating site restrictions
- Temporary payments for RHCs and FQHCs
- Payment for certain audio-only telehealth services

The Ugly

The conversion factor (CF), which is the base amount all payments are derived against, is set to decrease in 2023 by over 4%. Unless congress steps in to inject funds into the Medicare program, we are looking at a CF of \$33.0775. This is down from the rate of \$34.6062 we are enjoying right now. In fact, according to data from MGMA1 this is yet another year in a downward trend that has been occurring annually since 2019.

CMS is proposing to expand their ability to revoke or deny provider enrollments based on Office of the Inspector General's (OIG) List of Excluded Individuals or Entities (LEIE). This will now provide CMS with the ability to revoke a provider's license if their supplier is on the LEIE where previously this primarily applied to providers and management.

We can't cover everything this 2,200 page ruling has outlined so as always we recommend that you dig in.

If you don't have the time or just flat out don't want to, there are tons of summaries from most every specialty association and medical society out there. There are a few links below, to save you some time hunting. In the meantime, happy reading and make sure to get those comments in to CMS before the deadline on August 15, 2022.

References:

The Source Document from the Federal Register <https://www.federalregister.gov/documents/2022/06/23/2022-13376/medicare-program-calendar-year-cy-2023-home-health-prospective-payment-system-rate-update-home>

CMS NewsRoom Fact Sheet <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2023-medicare-physician-fee-schedule-proposed-rule>

For a fact sheet on the CY 2023 Quality Payment Program proposed changes, please visit (clicking link downloads zip file): <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1972/2023%20Quality%20Payment%20Program%20Proposed%20Rule%20Resources.zip>

For a fact sheet on the proposed Medicare Shared Savings Program changes, please visit: <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2023-medicare-physician-fee-schedule-proposed-rule-medicare-shared-savings-program>

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