Highlighted Final Rule Topics

Conversion Factor:

- CMS has finalized the proposed CY 2022 MPFS conversion factor. The conversion factor is $33.59, a decrease of $1.30 from the CY 2021 MPFS conversion factor of $34.89.

Telehealth Services

- CMS finalized that certain services added to the Medicare telehealth services list will remain on the list through December 31, 2023.
- CMS has implemented statutory requirements to remove geographic restrictions and add the home of the beneficiary as a permissible originating site for telehealth services furnished for the purposes of diagnosis, evaluation, or treatment of a mental health disorder.
- CMS is limiting the use of audio-only to mental health services furnished by practitioners who have the capability to furnish two-way, audio/video communications, but where the beneficiary is not capable of, or does not consent to, the use of two-way, audio/video technology.
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) will be able to permanently report and receive payment for mental health visits furnished via real-time telecommunication technology in the same way they currently do when visits take place in-person, including audio-only visits when the beneficiary is not capable of, or does not consent to, the use of video technology.

Split (or Shared) Visits

- Defines split (or shared) E/M visits as E/M visits provided in the facility setting by a physician and a non-physician practitioner (NPP) in the same group. The visit is billed by the physician or NPP who provides the substantive portion of the visit.
- By 2023, the substantive portion of the visit will be defined as more than half of the total time spent. For 2022, the substantive portion can be history, physical exam, medical decision-making, or more than half of the total time (except for critical care, which can only be more than half of the total time).

Physician Assistants (PA)

- Beginning January 1, 2022, PAs may bill Medicare directly for their professional services, reassign payment for their professional services, and incorporate with other PAs and bill Medicare for PA services.

Vaccine Administration Services

- CMS will pay $30 per dose for the administration of the influenza, pneumococcal and hepatitis B virus vaccines.
- CMS will maintain the current payment rate of $40 per dose for the administration of the COVID-19 vaccines through the end of the calendar year in which the ongoing public health emergency (PHE) ends. Effective January 1 of the year following the year in which the PHE ends, the payment rate for COVID-19 vaccine administration will be set at a rate to align with the payment rate for the administration of other Part B preventive vaccines.

Summary of QPP Final Rule

Reporting Pathways

- Transition to MIPS Value Pathways (MVPs) will not occur until the 2023 performance year.
- The 7 MVPs for the 2023 performance year are: Rheumatology, Stroke Care and Prevention, Heart Disease, Chronic Disease Management, Emergency Medicine, Lower Extremity Joint Repair, and Anesthesia.
- CMS is allowing MIPS eligible clinicians to report the APM Performance Pathway as a subgroup, beginning with the 2023 performance year.

General MIPS Policies

- The performance threshold for the 2022 performance year/2024 payment year will be set at 75 points, which is an increase of 15 points from the previous year.
- The additional performance threshold will be set at 89 points.
- For individuals, groups, and virtual groups reporting traditional MIPS, quality will be weighted at 30%, cost at 30%, promoting interoperability at 25% and improvement activities at 15%.
- CMS finalized their proposal to extend the CMS Web Interface as a quality reporting option for registered groups, virtual groups, or other APM Entities for the 2022 performance period.
- CMS will be maintaining the 70% data completeness requirement in the 2023 performance period in response to stakeholder comments.

Advanced Alternative Payment Models (APMS)

- In the 2021 PFS Final Rule, CMS finalized a hierarchy that they use to identify potential payee TINs if Qualifying APM Participant's (QP) original TIN is no longer active. CMS has finalized their proposal to add this step to the current regulatory hierarchy for processing the QP Incentive Payment. CMS believes this method provides more ways to identify an appropriate TIN to which they can make the APM Incentive Payment when a QP has experienced changes in their practice or TIN since the performance year in which they attained QP status.

Link to Final Rule: CY 2022 Medicare Physician Fee Schedule (MPFS) and Quality Payment Program (QPP) final rule

Link to Final Rule Fact Sheet: https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-final-rule

Reference: Healthsperien