

# ASCO<sup>®</sup>

AMERICAN SOCIETY OF CLINICAL ONCOLOGY  
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## ASCO Practice Leadership Series

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Medicare Physician Fee Schedule and  
Outpatient Prospective Payment System Final  
Rules for 2022

Thursday, November 18, 4:00pm

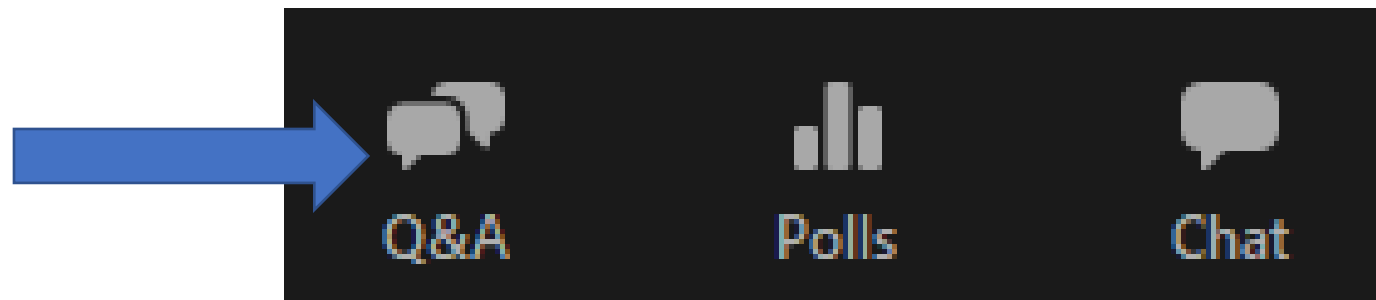


# ASCO<sup>®</sup> PracticeNET

Networking for Education and Transformation

# Welcome!

- Please mute your phones
- Q&A session at the end
  - Use the Q&A button in the bar at the bottom of your Zoom window
  - Type in your question
  - We will address questions in the order they are received



# Speakers



Gina Baxter, MPH  
Associate Director, Coverage and Reimbursement  
ASCO Policy & Advocacy

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## 2022 Final Payment Rules

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# Physician Fee Schedule

# Conversion Factor

- \$33.59, a decrease of \$1.30 from the 2021 PFS conversion factor of \$34.89.
- This reduction in the CF is largely due to the expiration of the 3.75% temporary payment increase provided by the Consolidated Appropriations Act (CAA) in 2021.
- And a 0.00 update to the Fee Schedule

# Estimated Specialty Impact in 2022

	Medical Oncology	Radiation Oncology
Changes in RVUs	-1.4%	-2.0%
Expiration of Congressional 3.75% Increase	-3.75%	-3.75%
Medicare Sequestration	-2%	-2%
PAYGO Sequestration	-4%	-4%
Total	-9.7%	-10.2%



# Clinical Labor

- Updated rates – 20 years
- Phasing in over 4 years, additional 1-2% decrease in the following years
- Increases the pool of direct practice expense resources, resulting in significant redistribution, BN adjustment
- Driving the decrease in RVUs

# Split/Shared Evaluation and Management Visit

- Facility setting only
- Physician or non-physician practitioner may bill Medicare
- Substantive portion – more than half the time
- Medical record: the 2 individuals, the billing individual must sign and date
- New and established patient visits
- CMS will require a modifier

# Telehealth

- Category 3 –remain on the list through end of 2023
- Direct supervision – allowed by audio-visual throughout PHE, no changes made beyond, will consider in future rulemaking
- Audio-only, originating site and geographic restrictions not addressed – except for mental health services
- Permanent adoption of virtual check-in code G2252 (audio only, 11-20 min)

# Physician Assistant Medicare Billing

- PAs will be authorized to bill the Medicare program and be paid directly for their services in the same way that NPs and CNSs do.
- CMS notes that this amendment only changes the statutory billing construct; it does not change the statutory benefit category or the requirement that PA services are performed under physician supervision.

# Appropriate Use Criteria

- Penalties delayed until 2023 or the January 1 following the end of the PHE
- In 2020 only 9-10% of claims would have met the AUC reporting requirements
- Urging practices to use this time for operational and educational testing

# Electronic Prescribing of Controlled Substances

- Compliance January 1, 2023
- 70% of Part D controlled substances must be e-prescribed to be in compliance, with several exceptions:
  - The prescriber and dispensing pharmacy are the same entity
  - Those who issue 100 or fewer Part D controlled substance prescriptions annually
  - Those in disaster areas
  - Those who request and receive from CMS a waiver due to circumstances that prevent EPCS such as lack of broadband access.

# Vaccine Administration

- \$30: influenza, pneumococcal and hepatitis B virus vaccines.
- \$40: COVID-19 vaccines through the end of the calendar year in which the ongoing PHE ends, then will align with the payment rates of other Part B preventive vaccines.
- \$35.50 additional at home for COVID-19

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## Quality Payment Program



# Extreme and Uncontrollable Circumstances - 2021

- Automatic for ALL individually MIPS eligible clinicians for the performance year
- The automatic EUC policy doesn't apply to groups, virtual groups, or Alternative Payment Model (APM)
- Less likely to happen next year

# MIPS Value Pathways

- Will begin in 2023, 7 MVPs established none of which are for cancer
  - Rheumatology, Stroke Care and Prevention, Heart Disease, Chronic Disease Management, Emergency Medicine, Lower Extremity Joint Repair and Anesthesia
- Reporting: 4 quality measures, two medium-weighted or one high-weighted IA, cost measure in the MVP, one population health measure, same PI as MIPS
- 2026 performance year, multispecialty groups will be required to form subgroups in order to report MVPs
- Sunsetting MIPS to be considered in future rulemaking

# Performance Thresholds

- 75 to avoid a negative payment adjustment
- 89 for exceptional performance

# Performance Category Weights

Performance Category	2021 Weight	2022 Weight	Percent Change
Quality	40%	30%	-10%
Cost	20%	30%	+10%
Promoting Interoperability	25%	25%	0%
Improvement Activities	15%	15%	0%

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# Outpatient Prospective Payment System

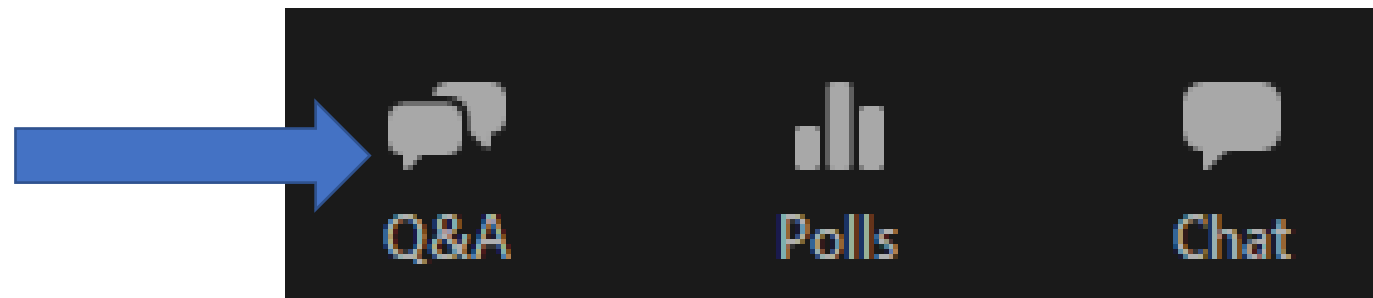
# Highlights

- RO Model – begins Jan. 1 2022, data reporting optional in the first year
- Price Transparency
- 340B
- Prior Authorization

# Feel free to submit questions

Use the Q&A button in the bar at the bottom of your Zoom window

How Do I Join



# Learn More About PracticeNET

- Free oncology business benchmarking program
  - Productivity, revenue staffing resources
- Covers multiple service lines
  - Providers and APPS
  - Medical oncology/hematology
  - Radiation oncology
  - Gynecologic oncology
  - Oncology Care Model
- Must have at least 1 ASCO member at your practice
- Contact us at [practicenet@asco.org](mailto:practicenet@asco.org)



# Next Calls

- Provider Well-Being and Burnout
- ASCO Volunteer Projects for Advanced Practice Providers
- Cost Transparency for Oncology Patients
- Dates TBD
  - 3<sup>rd</sup> Thursday of each month

<https://practice.asco.org/calendar>