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AMERICAN SOCIETY OF CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER

ASCO Practice Leadership Series

Medicare Physician Fee Schedule Proposed
Rule for 2023

Thursday, July 28, 2022, 4:00pm ET

ASCO[®] PracticeNET

Networking for Education and Transformation

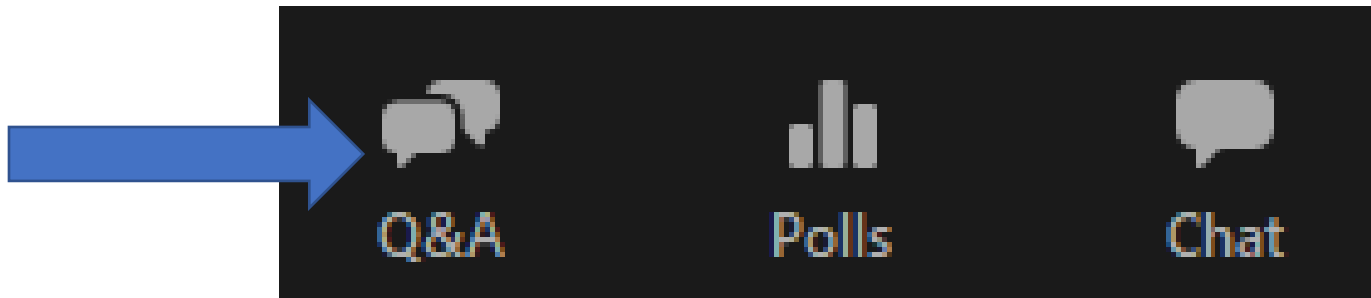
Speakers



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

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



The logo for the Association for Clinical Oncology (ASCO), featuring the letters 'ASCO' in a bold, teal, sans-serif font with a registered trademark symbol (®) to the upper right.

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2023 PFS/QPP Proposed Rule

Practice Leadership Call

July 28, 2022

Agenda

Physician Fee Schedule

- Reimbursement Outlook in 2023
- Evaluation and Management Updates
- Billing Split/Shared Visits
- Chronic Pain Management Coding and Billing
- Telehealth
- Colorectal Cancer Screening
- Electronic Prescribing of Controlled Substances
- Drug Manufacturer Refunds to CMS
- Miscellaneous

Quality Payment Program

- Threshold and Weights
- MIPS Value Pathways



2023 Reimbursement

	Medical Oncology and Radiation Oncology
Conversion Factor	-4.4%
Expiration of 3% increase for 2022	-3%
Budget Neutrality requirements, E/M updates	-1.5%
Proposed RVU Changes	1% (facility)/-2% (non-facility)
PAYGO Sequestration	-4%
Medicare Sequestration (July 1, 2022)	-2%
2022 Final year for: 5% APM incentive payment MIPS exceptional performance bonus	

*Actual reimbursement will vary based on geographic location, mix of services billed

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Physician Fee Schedule Proposals

Evaluation and Management Coding and Billing

- CMS proposing to generally adopt AMA coding and billing recommendations for Other E/M
 - Hospital inpatient, hospital observation, ED, nursing facility, home
- Changes to mirror Office/Outpatient E/M
 - New descriptor times
 - Revised guidelines for levels of medical decision making
 - Choice of medical decision making or time to select code level
 - Eliminated use of history and exam to select code level
- Prolonged services G-codes, one for each code family

Billing Split/Shared Visits



E/M in a facility setting performed by both a physician and an NPP in the same group practice, no “incident to” billing



One individual bills the service based on the “substantive portion” of the visit



CMS proposing to define “Substantive portion” through 2023:

History

Performing a physical exam

Making a medical decision.

Spending time (more than half of the total time spent by the practitioner who bills the visit)

Chronic Pain Management Coding and Billing

- CMS is proposing a monthly bundled payment for management of patients with chronic pain
- Chronic pain defined as lasting 3 or more months
- GYYY1
 - 30 minutes per month
 - Assessing/monitoring/diagnosing pain
 - Treatment/pain/medication management
 - Development of a person-centered care plan, including desired outcomes
 - Care coordination
- GYYY2
 - Each additional 15 minutes

Telehealth

- Public Health Emergency Extended through Oct. 13
 - 60-day warning before the end
- Telehealth Flexibilities 151 days post-PHE
 - Originating site
 - Geographic location
- Telehealth Services List
 - Category 3 additions, covered through 2023 (table 8)
 - Temporary additions covered for 151 days post-PHE (table 10)

Colorectal Cancer Screening

Lowering age limit to 45

Cover certain non-invasive CRC
screening tests

Cover follow-up colonoscopy if
home screening test is +

No beneficiary cost-sharing

Electronic Prescribing of Controlled Substances

- 2022 FR: 70% of Schedule II, III, IV, and V controlled substance prescriptions in Part D to be electronically prescribed
 - Exceptions for those with less than 100 claims
 - In a gov't declared disaster/emergency area
- CMS to send letters of non-compliance in 2022, extending this through 2023
- Seeking information on potential appropriate and meaningful penalties

Manufacturer Refunds to CMS for Discarded Drugs

- Applies to separately payable drugs in a single-use or single-dose vial
- excludes:
 - Packaged drugs under OPPS/ASC
 - Radiopharmaceutical or imaging agents
 - Drugs requiring filtration (must be included in the FDA label)
 - New drugs on the market for less than 18 months
- JW Modifier – discarded portion
- JZ Modifier – new in 2023, no drug discarded

Miscellaneous

- Seeking Information
 - Dental services integral to a primary medical procedure
 - High-value, low-cost underutilized services
- Appropriate Use Criteria
 - Indefinitely Delayed

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Quality Payment Program

MIPS Threshold and Weights

Category weights:
Quality and Cost
30% as statutorily
required

Performance
Threshold: 75

MIPS Value Pathways (MVP)

Advancing Cancer Care MVP

2023, 2024, and 2025: individual clinicians, single specialty groups, multispecialty groups, subgroups and APM Entities to report MVPs.

For the 2026 performance year and beyond: multispecialty groups will be required to form subgroups to report MVPs

No determination on MIPS end date

MVPs Measure Selection

13 Quality Measures: choose 4 (1 outcome or high-priority)

13 Improvement Activities: choose 2 medium or 1 high weighted

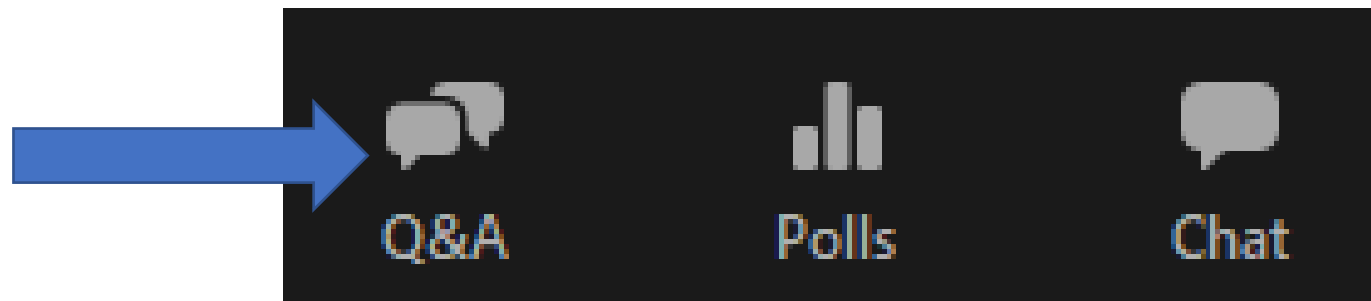
Cost: Total Per Capita Cost (TPCC)

Promoting Interoperability: Same as MIPS

One population health measure (results added to Quality)

Feel free to submit questions

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



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- Free oncology business benchmarking program
 - Productivity, revenue staffing resources
- Covers multiple service lines
 - Providers and APPS
 - Medical oncology/hematology
 - Radiation oncology
 - Gynecologic oncology
- Must have at least 1 ASCO member at your practice
- Contact us at **practicenet@asco.org**

Next Calls

- 3rd Thursday of each month
- September 15
 - Implementation of ASCO's Oncology Medical Home

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