

# ASCO<sup>®</sup>

AMERICAN SOCIETY OF CLINICAL ONCOLOGY  
KNOWLEDGE CONQUERS CANCER

## ASCO Practice Leadership Series

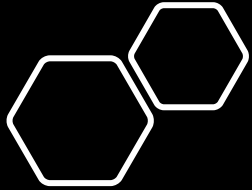
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Medicare Physician Fee Schedule Final Rule  
for 2023

Thursday, November 17, 2022, 4:00pm ET

# ASCO<sup>®</sup> PracticeNET

Networking for Education and Transformation



For more information on 2023  
billing and coding changes,  
go to:

**practice.asco.org**

practice.asco.org/billing-coding-reporting/coding-reimbursement

ASCO Practice Central

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Practice Support Billing, Coding, Reporting Quality Improvement ASCO Services

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## Coding & Reimbursement

### Coding Tip of the Month: November 2022

Each quarter, CMS publishes updates to the HCPCS coding system. ASCO provides a summary of these updates with codes particularly pertinent to oncology. These can include the newest approved drug codes, revisions to pass-through status, and sometimes PLA codes. The latest update is effective October 1. ASCO's summary for this HCPCS update and all other updates for 2022 are available below.



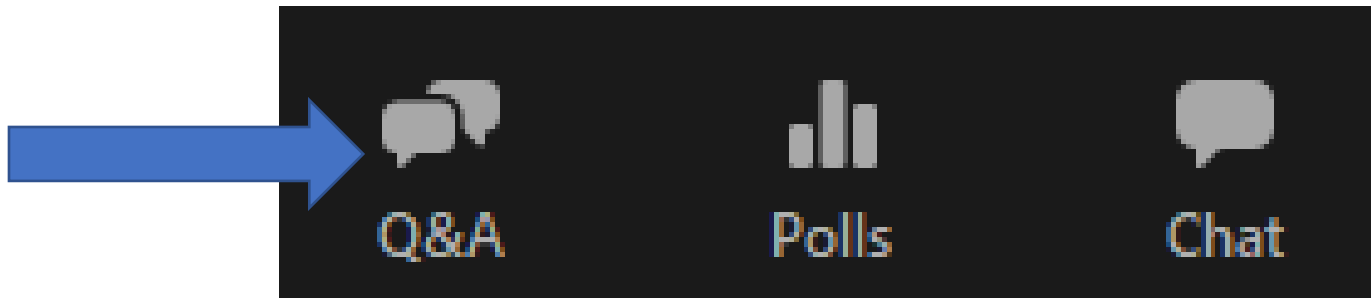
# Speakers



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



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## 2023 Final Payment Rules

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November 17, 2022

# Agenda



## Physician Fee Schedule

- Reimbursement
- E/M
- Telehealth
- Coding and Billing Changes
- Other Updates

## Quality Payment Program

- Reimbursement
- Thresholds
- MVPs

## Outpatient Hospital

- 340B
- Prior Authorization



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# Physician Fee Schedule



# 2023 Reimbursement

Conversion Factor: - 4.47%

- Expiration of 3% addition in 2022
- 1.5% Budget Neutrality (E/M)

Changes in RVUs: -1%

PAYGO: -4%

# Evaluation and Management

- CMS accepting 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
- 3 Prolonged services G-codes, 1 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 maintain definition of “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)

# Telehealth Flexibilities

- Public Health Emergency: Expires Jan. 11, 2023
  - 60-day warning (11/12/2022)
- **151 days post-PHE**
  - Originating site
  - Geographic location
  - Temporary services (table 14, incl. telephone E/M)
  - Audio-only
- **Through 2023**
  - Category 3 service additions, covered through 2023 (table 12)
  - POS modifiers; non-facility payment rate
  - Direct Supervision

# Chronic Pain Management

- Monthly bundled payment for management of patients with chronic pain
- Subsequent visits may be provided through telehealth
- No history, diagnosis, or condition that causes chronic pain
- G3002
  - 30 minutes per month
  - Assessing/monitoring/diagnosing pain
  - Treatment/pain/medication management
  - Development of a person-centered care plan, including desired outcomes
  - Care coordination
- G3003
  - Each additional 15 minutes
  - Maybe be billed as many times as necessary per month

# 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

# 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 2024
- Penalties to become more burdensome in 2025, no indication of what penalties will be

# Other Updates



## Dental Services

- Aiming to finalize coverage for dental services prior to treatment for head and neck cancers in 2024.
- Definition of “head and neck cancer”

## Appropriate Use Criteria

- Indefinitely delayed

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## Quality Payment Program



# Quality Payment Program

## 2022 Performance Year last year:

- 5% APM bonus
- MIPS exceptional performance

## MIPS

- Performance threshold: 75  
points

# MIPS Value Pathways (MVP)

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## Advancing Cancer Care MVP

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

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

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No determination on MIPS end date, MVPs voluntary for now

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# Outpatient Prospective Payment System

# OPPS

## 340B Drug Reimbursement

- Reimbursement ASP +6% in 2023
- All non-drug services -3.09% cut
- January 2018 through September 2022 will be addressed in rulemaking prior to the 2024 OPPS rulemaking cycle.

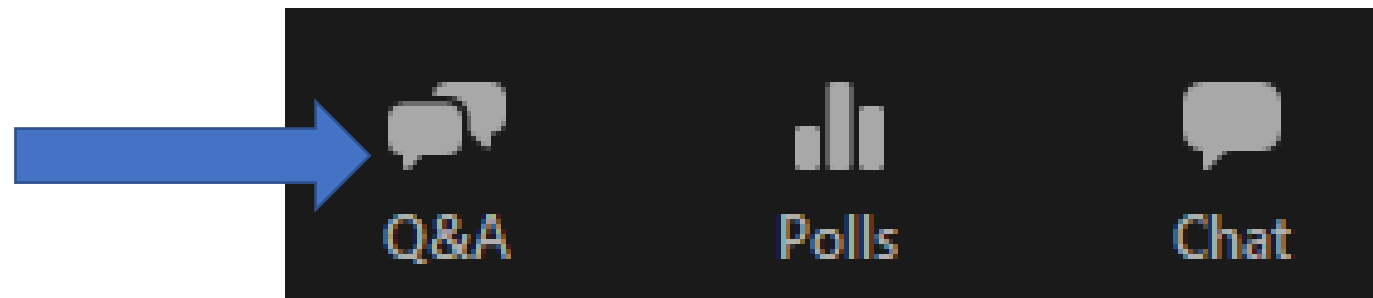
## Prior Authorization

- Advancing the PA program
- Facet joint interventions added beginning July 1, 2023



# Feel free to submit questions

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



# 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
- Must have at least 1 ASCO member at your practice
- Contact us at **[practicenet@asco.org](mailto:practicenet@asco.org)**

# Next Calls

- 3<sup>rd</sup> Thursday of each month
- December 15
  - TBD

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