

Optometry Coding & Billing Alert

Reimbursement: Final Fee Schedule Confirms Phasing Out of Global Periods

Some practices should prepare for a 2 percent cut to Medicare payments.

When CMS announced on Halloween that it had published the 2015 Physician Fee Schedule Final rule, many practices were a bit spooked to review it ☐ but fortunately, the finalized version of the document doesn't differ too wildly from the proposal that the agency published earlier this year. Read on to discover several of the most impactful items from the 1,185-page document.

No Negative Conversion Factor ☐ Yet

When it comes to the conversion factor, the fee schedule had some good news. Because the Protecting Access to Medicare Act won't allow any cuts in the conversion factor through March 31, 2015, CMS has finalized the conversion factor of \$35.8013 through that date. Starting April 1, however, you'll be looking at a conversion factor cut of 21.2 percent through the end of 2015 unless Congress votes to reverse the cut.

"In most prior years, Congress has taken action to avert a large reduction in Physician Fee Schedule rates before they went into effect," CMS says in a fact sheet about the new fee schedule. "The administration supports legislation to permanently change the sustainable growth rate (SGR) to provide more stability for Medicare beneficiaries and providers while promoting efficient, quality health care." Of course, whether the SGR does get an overhaul in the near future will be anyone's guess, but with both physicians and CMS supporting a change to it, something might transpire in the coming months.

In addition to the potential 21.2 percent cut, other specialties may see pay cuts whether or not Congress votes to avert that deep discount. Ophthalmologists and dermatologists in particular are expected to see a 2 percent cut to their Medicare payments, according to the Final Rule.

Specialties that could see a positive turn include family practitioners, emergency room physicians, infectious disease providers, physical therapists and internists, who are expected to enjoy a one percent raise each.

Don't Get Attached to Global Periods

Following through on suggestions that were in the proposed rule, CMS has confirmed that it will phase out global periods. In 2017, all services with 10-day global periods will be assigned 0-day globals, and by 2018, the 90-day globals will fall to 0 days as well.

Because CMS seems to believe that Medicare is wasting cash by paying doctors for global periods that include visits the doctors don't actually perform, CMS will start evaluating whether a better payment model could be created to reimburse doctors for surgical services "that incentivizes care coordination and care redesign across an episode of care," CMS says in its fact sheet.

Telehealth Payments Could Come Your Way

CMS has added several services as payable under the telehealth benefit effective Jan. 1, including psychoanalysis (90845), family psychotherapy (90846-90847), annual wellness visits (G0438-G0439) and prolonged services (add-on codes 99354-99355).

Keep in mind that a phone call won't allow you to meet the telehealth requirement ☐ you need a two-way, real-time

communication system that includes both audio and video, such as a Skype session. "Telephones, facsimile machines and electronic mail systems do not meet the definition of an interactive telecommunications system," CMS says in the Final Rule.

To read the complete final rule, visit <https://s3.amazonaws.com/public-inspection.federalregister.gov/2014-26183.pdf>.