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Part B Insider (Multispecialty) Coding Alert

Medicare Physician Fee Schedule: Register 3 Big Fee Schedule Updates

Hint: Expect big changes to CCM, telehealth, and more.

Though E/M coding and payment turnarounds may be the biggest changes impacting your Part B reimbursement in the months ahead, there are also several other important updates slated for next year. Among them, the 2020 conversion factor - but don't expect the small boost to bring you a financial windfall any time soon.

Context: The Centers for Medicare & Medicaid Services (CMS) issued the calendar year (CY) 2020 Medicare Physician Fee Schedule final rule and its chock full of new codes, policy revisions, payment provisions, and more. The rule, published in the Federal Register on Nov. 15, offers several changes to modernize Medicare as well as updating the CY 2020 conversion factor.

Details: The budget-neutral adjustment bumps the conversion factor up to $36.09, an increase of 5 cents from the CY 2019 amount of $36.04.

Reminder: MPFS "payments are based on the relative resources - relative value units [RVUs] - required to furnish services, with the conversion factor applied," counsels attorney **Elizabeth N. Swayne** with King & Spalding LLP, in online analysis in the Health Headlines newsletter "CMS also finalized technical improvements related to practice expenses and refinements to standard rates to reflect premium data involving malpractice expense and geographic practice cost indices."

Read on to see three updates you have to look forward to next year.

1. Know These New Code Options for Telehealth

After positive feedback, CMS followed through with its proposal to add three new HCPCS codes to combat the opioid epidemic. The G codes are part of telehealth services and "describe a bundled episode of care for treatment of opioid use disorders [OUDs]," notes the CMS fact sheet on the final rule.

Take a look at the new telehealth code options for CY 2020:

- G2086 (Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month)
- G2087 (Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month)
- G2088 (Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure)

"CMS believes that adding these HCPCS codes will complement the existing policies related to flexibilities in treating substance use disorders (SUDs) under Medicare telehealth," notes **Miranda Franco**, senior policy advisor with Holland & Knight LLP in Washington D.C., in the Holland & Knight Healthcare Blog.

2. Review Care Management Changes

One update that could concern you immediately involves the creation of principal care management (PCM), which will begin on Jan. 1.

PCM describes care management services for one serious chronic condition, which you will be able to document using HCPCS codes G2064 (Comprehensive care management services for a single high-risk disease, e.g., Principal Care Management ... physician or other qualified health care professional ...) and G2065 (Comprehensive care management services for a single high-risk disease, e.g., Principal Care Management ... physician or other qualified health care professional ... clinical staff).

Coding caution: Depending on the circumstances, the clinician overseeing the patient's care may use the codes, but only one provider can bill for a specific condition.

Experts have expressed mixed opinions regarding PCM. On the one hand, the code fills "an apparent gap in coding related to care management, in that the existing chronic care management codes require a patient to have two or more chronic conditions, and there is no code for chronic care management of the patient with a single condition," observes **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians.

However, "CMS should have either a definition of what a 'high-risk disease' truly is or a list so that practices would really understand when to use this type of code," points out **Donelle Holle, RN**, president of Peds Coding Inc., and a healthcare, coding, and reimbursement consultant in Fort Wayne, Indiana.

Further, "CMS would allow these codes to be reported for patients with multiple conditions when a particular physician was managing just one of them, which would move away from the continuous, comprehensive, and coordinated value-based care and primary care CMS has otherwise been encouraging as a cost-effective way to care for Medicaid patients," believes Moore.

Plus: CMS is also going to unbundle transitional care management (TCM) services with a number of other services and add some minor changes to the chronic care management (CCM) guidelines.

3. See the New 'Sign and Date' Policy Logistics

If administrative burdens bog down your practice workflow, then finalized changes to medical records documentation may streamline your daily grind.

To better align with its Patients Over Paperwork mantra, CMS followed through and modified its documentation policy with a new "sign and date" update.

"CMS established a general principle to allow the physician, the physician assistant (PA) or the advanced practice registered nurse (APRN) who furnishes and bills for their professional services to review and verify, rather than re-document, information included in the medical record by physicians, residents, nurses, students or other members of the medical team," Franco says. "This principle would be applied across the spectrum of all Medicare-covered services paid under the MPFS."

"Nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists" fall under the umbrella of APRN in the sign and date policy, too, according to the fact sheet.

Deadline: If you're interested in submitting your thoughts on these policies and others in the CY 2020 MPFS, you have until Dec. 31 to submit your comments.

Resource: Read the final rule at www.federalregister.gov/documents/2019/11/15/2019-24086/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other.