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Part B Insider (Multispecialty) Coding Alert

Part B Payment: Final Fee Schedule Confirms Phasing out of Global Periods

Plus: You will see an extra $40.39 for every month of chronic care management.

When CMS announced on Halloween that it had published the 2015 Physician Fee Schedule Final rule, many practices were a bit spooked to review itbut 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 FactorYet

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 two 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.

Chronic Care Pay Will Offer Extra Reimbursement

It makes sense that the primary care doctors will see payment increases, since CMS appears to be following through on its promise to offer separate payment for chronic care management (CCM) services starting in 2015. CMS has confirmed a $40.39 payment rate for the CCM code (99490), which can be billed once a month for qualified patients. The CCM code will be classified as a non-face-to-face service for patients with at least two significant chronic conditions. These services will include "regular development and revision of a plan of care, communication with other treating health professionals and medication management," CMS says.

Here's the catch: You'll soon need an electronic health record (EHR) system "that is in use on December 31 of the prior calendar year for the EHR Incentive Programs to bill for CCM services," the agency says. This means that if you want to collect for CCM in 2015, you'll need to have your certified EHR in use by Dec. 31 of this year.

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 zero-day globals, and by 2018, the 90-day globals will fall to zero days as well.

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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.

CMS Updates Mammography Rules

Although CMS had proposed eliminating G codes for mammograms, the agency decided to reverse its position on the topic at this point. "We believe it is appropriate to continue to recognize both the CPT® codes and the G codes for mammography for CY 2015, as we consider appropriate valuations now that digital mammography is typical," CMS says in the Final Rule. "Therefore, we are not finalizing our proposal to delete the G codes. We are, however, making a change in the descriptors to make clear that the G0202, G0204 and G0206 are specific to 2D mammography." You should report these codes with one of the 3D screening mammography codes when furnished using 3D mammography.

In addition, CMS has debuted new code G2079 (Diagnostic digital breast tomosyntehsis, unilateral or bilateral) as an add-on code to report with the corresponding 2D diagnostic mammography G code when diagnostic breast tomosynthesis is employed. CMS intends to assign the same RVUs to this new code as it has assigned to 3D screening mammography code 77063, which is valued at about $57.00.

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 requirementyou 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.

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