Big Changes Ahead!

Here's what you need to know about the 2019 Physician Fee Schedule.

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Practice Management Pearls is a regular feature that focuses on practice management issues presented by successful DPMs who are members of the American Academy of Podiatric Practice Management.

The 2019 Physician Fee Schedule was released on November 1, 2018. Thanks to a spirited advocacy effort led by the American Podiatric Medical Association that enjoyed the participation of thousands of podiatrists, patients, students, and other stakeholders, many of the egregious policies that were in the Proposed Rule were not finalized. There will be no separate codes for podiatric evaluation and management services. Podiatrists will not be subject to lower reimbursement rates for the same evaluation and management services provided by other physicians. Finally, there will be no reduction in the value of separately identifiable evaluation and management services furnished at the same time as a procedure.

There are several changes pertinent to evaluation and management (E/M) services in the 2019 Physician Fee Schedule. They include:

Effective January 1, 2019:

- Physicians will continue to use the CMS 1995 and 1997 Documentation Guidelines for Evaluation and Management Services.
- For established patients, providers can focus documentation on what has changed since the last visit and do not need to re-record the defined list of required E/M elements if there is evidence that the practitioner reviewed the previous information and updated it, as needed.
- For both new and established patients, providers do not need to re-enter in the medical record information regarding the patient's chief complaint and history that has already been entered by staff or the patient if the provider indicates in the medical record that he or she reviewed and verified this information.
- Regarding E/M services, teaching physicians no longer need to make notations in the medical records that have previously been included by residents or other members of the medical team.
- It is no longer required to document the medical necessity of a home visit in lieu of an office visit.

Effective January 1, 2021:

- New office/outpatient E/M services CPT 99202, 99203, and 99204 will all reimburse at a single payment rate. This rate falls between the current payment for CPT 99203 and 99204.
- Established office/outpatient E/M services CPT 99212, 99213, and 99214 will all reimburse at a single payment rate. This rate falls between the current payment for CPT 99213 and 99214.
- For both new and established office/outpatient E/M services, the selection of levels 2-5 may be made based on medical decision-making or time, or the 1995/1997 Documentation Guidelines for Evaluation and Management Services.
- When using medical decision-making or time to determine the level of an office/outpatient evaluation and management service, if the level is between two and four, you only need to reach the current level two thresholds for medical decision-making or time.

Quality Payment Program

The Final Rule for the Quality Payment Program was also released on November 1, 2018 and it contains significant changes to the MIPS program that so many podiatrists participate in. The changes for 2019 include:

- The threshold to avoid a 2021 penalty in the 2019 performance period is 30 MIPS points.
- The exceptional performer threshold increases to 75 MIPS points.
- There are new eligible clinician types, including physical therapists. This should be of interest to podiatrists who employ or work with physical therapists.
- To be excluded for the 2019 reporting period, clinicians or groups need to meet one or more of the following three criterion:

–Have ≤ $90K in Part B allowed charges for covered professional services

OR

–Provide care to ≤ 200 Part B—enrolled beneficiaries

OR

–Provide ≤ 200 covered profes-

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sional services under the Physician Fee Schedule (PFS)

- Eligible clinicians who only meet one or two elements of the low-volume threshold have the choice to opt in to MIPS participation.
- The small practice (15 eligible providers or less) bonus shifts from 5 MIPS points to just 6 bonus points added to the numerator of the Quality performance category if data is submitted on at least 1 quality measure.
- Regarding submission of quality measures, the term "reporting mechanism" has been changed to "collection type" for the 2019 reporting period.
- Quality measure collection types for the 2019 MIPS reporting period include MIPS CQM (Clinical Quality Measure), eCQM, QCDR (Qualified Clinical Data Registry) measures, and Medicare Part B claims measures (only for small practices).
- There is now a single set of measures for the Promoting Interoperability category.
- 2015 CEHRT must be used for the Promoting Interoperability category.
- Base, performance, and bonus scores have been eliminated from the Promoting Interoperability MIPS category. This category will now be scored by performance-based scoring only at the individual measure level based on submission of numerator/denominator, or a "yes or no".
- 2019 MIPS categories and weightings:

–Quality—45%, Promoting Interoperability—25%, Improvement Activities—15%, Cost—15%

- Individuals in groups of 15 or fewer and groups of 15 or fewer can still claim an exemption from the Promoting Interoperability category. **PM**

Resources

Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; Medicaid Promoting Interoperability Program; etc.

https://www.federalregister.gov/public-inspection/current

Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2019.

https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year

Fact sheet on the CY 2019 Quality Payment Program final rule

https://www.cms.gov/Medicare/Quality-Payment-Program/Quality-Payment-Program.html

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