Neurology Payments Remain Stable; Chronic Care Management Codes Can be Reported by Neurologists under 2015 MPFS Proposed Rule

Each year, the Centers for Medicare & Medicaid Services (CMS) CMS puts out proposed regulations that impact how physicians are paid. On July 3, 2014, CMS issued a proposed rule updating payment policies and rates for physicians paid under the Medicare Physician Fee Schedule (MPFS) in 2015. The public and the AAN have an opportunity to comment on the proposals to influence the ultimate policies that are released in the final rule.

The latest Sustainable Growth Rate (SGR) patch keeps payments at 2014 levels through March 31, 2015. Without Congressional action, however, on April 1, 2015 the payment rate for physician services will decrease 20.9 percent in accordance with an adjustment to the SGR formula.

CMS projects that overall allowed charges for neurologists will remain neutral in 2015. This is welcome news in light of the decreases neurologists experienced in 2013 and 2014. While CMS estimates a zero percent impact on neurology, the ultimate result could differ when the final rule is published November 1.

Chronic Care Management Codes
Neurology practices that treat patients with multiple chronic conditions and satisfy the reporting requirements will be able to report and be reimbursed for chronic care management (CCM) services. The AAN, along with other members of the physician community, have been working closely and met with CMS several times to underscore the importance of allowing separate payment to physicians for the non-face-to-face care management involved for beneficiaries with multiple chronic conditions. In response, for 2015, CMS is proposing a payment rate of $41.92 for the CCM code, which can be billed no more frequently than once per month per qualified patient.

CMS is proposing that CCM services must be furnished with the use of an electronic health record (EHR), other health IT or health information exchange platform that includes an electronic care plan that is accessible to all providers within the practice, including being accessible to those who are furnishing care outside of normal business hours, and that is available to be shared electronically with care team members outside of the practice.

Global Surgical Periods
For years, the AAN has been pushing for an elimination of 10 and 90 day global periods. Physicians should be required to perform and document the services they provide in follow up to surgery, rather than having a set number of visits automatically included in the overall payment for a surgical procedure. The AAN is pleased that CMS is proposing to eliminate these global periods. Any money CMS does not spend on unperformed follow-up visits would be redistributed back into the rest of the fee schedule.

Transparency in Rate Setting
In response to pressure from neurology and other physician groups, CMS is proposing to allow public comment on values for new and revised codes before they are finalized starting with the
2016 rulemaking cycle. The Academy appreciates that CMS is looking at how to make this process more equitable, particularly after neurologists felt the impact of significant cuts to NCS/EMG in the final rule two years ago.

**Physician Quality Reporting System**
The Physician Quality Reporting System (PQRS) is a pay-for-reporting program that uses a combination of bonuses and penalties to promote reporting of quality information by physicians.

CMS proposes to retain the following measures for PQRS in 2015:
- Sleep apnea
- Dementia
- Parkinson’s disease
- Counseling for women of childbearing potential with epilepsy

In addition, CMS is adding one new measure from the AAN for ALS patient care preferences.

For 2015, CMS is proposing to require physicians who see at least one Medicare patient in a face-to-face encounter to also report on at least two measures from a newly proposed cross-cutting measure set in addition to the nine measures they are required to report on.

**Electronic Health Records (EHR) Incentive Program**
For 2015, CMS is proposing to lessen one burden in its EHR Incentive Program by no longer requiring that EHR products be recertified to the most recent version of the electronic specifications for clinical quality measures.

**Value-Based Payment Modifier**
In 2015, all neurologists, including solo practitioners, will be subject to the 2017 value modifier based on the 2015 PQRS performance period.

For the 2017 value modifier, CMS proposes to:
- apply the value modifier to all physicians and non-physicians (e.g. PA, NP, social workers)
- make quality-tiering mandatory for all physicians. However, groups with between 2 and 9 providers and solo practitioners will only receive a bonus or no adjustment and groups with 10 or more providers will receive a bonus, no adjustment or penalty
- increase the maximum bonus and penalty from two percent (2%) to four percent (4%)
- apply the value modifier to providers participating in Accountable Care Organizations, Comprehensive Primary Care Initiative, or other similar CMS initiatives

The AAN is reviewing the proposed rule in its entirety and will submit comments by the September 2, 2014, deadline. Please continue to visit the Medicare section of the AAN website for regulatory updates.