Proposed Physician Fee Schedule Sees Major Improvements in Reimbursement for Cognitive Care

This year’s proposed Medicare Physician Fee Schedule contains a number of important victories for neurologists and highlights the work of the AAN’s proactive advocacy on behalf of neurologists with federal regulators. According to the proposed rule, neurologists will receive a one percent increase in allowed charges. Additionally, the proposed rule provides payment for cognitive and functional assessment and care planning for patients with cognitive impairment. This is a major step forward for the reimbursement of neurologic care.

Improving Payment Accuracy for Care and Services

CMS is proposing several revisions to the Physician Fee Schedule billing code set to more accurately recognize the work of cognitive specialties like neurology. Historically, care management and cognitive work has been “bundled” into the E/M visit codes used by all specialties. Additional efforts were not recognized outside of the E/M visit. To improve payment accuracy for such care, CMS proposes new codes that separately pay for chronic care management.

Non-face-to-face prolonged E/M services

CMS acknowledges the efforts of stakeholders like the AAN in the proposed rule. The AAN has previously requested payment for non-face-to-face time spent outside of E/M. CMS agrees that existing codes, which are currently non-covered, would provide a means to recognize the additional resource costs of physicians when they spend an extraordinary amount of time outside the in-person office visit caring for the individual needs of their patients.

Accordingly, beginning in 2017, CMS proposes to begin paying for CPT add-on codes 99358 and 99359 for non-face-to-face prolonged service. The services would be furnished on the same day by the same physician as the companion E/M code.

Payment for assessing and creating care plan for beneficiaries with cognitive impairment

CMS proposes separate payment for assessing and creating a care plan for beneficiaries with cognitive impairment. The CPT Editorial Panel approved a similar code scheduled to be included in the 2018 CPT code set, so CMS intends for their code to be temporary. The required service elements include:

- Cognition-focused evaluation including a pertinent history and examination
- Medical decision making of moderate or high complexity (defined by the E/M guidelines)
- Functional assessment (for example, Basic and Instrumental Activities of Daily Living), including decision-making capacity
- Use of standardized instruments to stage dementia
- Medication reconciliation and review for high-risk medications, if applicable
- Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized instrument(s)
• Evaluation of safety (for example, home), including motor vehicle operation, if applicable

Add-on code for comprehensive assessment and care planning for patients requiring CCM services

For 2017, CMS proposes a new add-on code that would improve payment for visits that initiate chronic care management (CCM) services. The code would be billable for beneficiaries who require extensive face-to-face assessment and care planning by the billing practitioner (as opposed to clinical staff), through an add-on code to the initiating visit. CMS acknowledges this proposal will more appropriately recognize the relative resource costs for the work of the billing practitioner in initiating CCM services – specifically for extensive work assessing the beneficiary and establishing the CCM care plan that is reasonable and necessary, and that is not accounted for in the billed initiating visit.

Chronic Care Management (CCM) and Transitional Care Management (TCM)

For 2017, CMS is proposing to increase payment for the other codes in the CPT family of CCM services (CPT codes 99487 and 99489 describing complex CCM). CMS also intends to reduce the administrative burden associated with the CCM codes to remove potential barriers to furnishing and billing CCM and TCM services.

Medicare Telehealth Services

In the proposed rule, CMS recognizes the potential benefit of critical care consultation services that are furnished remotely. CMS specifically notes that telestroke is an approach that allows a neurologist to provide remote treatment to stroke victims. The agency further explains that teleneurology offers consultations for neurological problems from a remote location and may be initiated by a physician or patient for conditions such as headaches, dementia, strokes, multiple sclerosis, and epilepsy.

CMS is proposing to make payment through new codes, initial and subsequent, used to describe critical care consultations furnished via telehealth. CMS proposes limiting these services to once per day per patient and like other telehealth consultation codes, CMS is proposing that these services would be added to the telehealth list and would be subject to the geographic and other statutory restrictions that apply to telehealth services.

Medicare Shared Savings Program (MSSP)

CMS intends to update ACO quality reporting, including changes to the quality measure set, and updates to align with the Physician Quality Reporting System and the proposed Quality Payment Program. Additionally, CMS seeks to modify the algorithm that assigns beneficiaries to an ACO when a beneficiary has specifically designated an ACO professional as the person responsible for their overall care.