Neurology Receives Positive News in Final 2018 Medicare Physician Fee Schedule

Each year, the Centers for Medicare & Medicaid Services (CMS) issues regulations that impact how physicians are paid. On November 2, 2017, CMS issued its final rule updating payment policies and rates for physicians paid under the Medicare Physician Fee Schedule (MPFS) in 2018. In August, the AAN submitted comments to the agency advocating on behalf of our members to reduce the regulatory hassles facing neurologists in the Medicare program. In addition, we met with CMS throughout the year to advocate for reduced burdens on neurologists and their patients. We are pleased to see CMS finalize through this rule many of the proposals backed by the AAN aimed at reducing administrative hassles.

Coding and Reimbursement Changes

CMS projects that overall allowed charges for neurologists will remain neutral in 2018. A permanent CPT code, 99483, will be available for the assessment of and care planning for patients with cognitive impairment. The AAN worked as part of a multi-specialty coalition to develop the code and advocate for the reimbursement of this service, which should help patients with dementia gain access to valuable medical care.

Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging Delayed Until 2020

CMS further pushed back its proposal to delay implementation of the AUC Program, which is now set for January 1, 2020. This is a victory for neurology as the AAN directly asked CMS to delay implementation beyond 2018. CMS also finalizes to pay claims for advanced diagnostic imaging services regardless of whether they have information regarding the AUC consultation.

Evaluation and Management Comment Solicitation

CMS believes that E/M documentation guidelines should be substantially revised. This will require a multi-year, collaborative effort among stakeholders. The agency previously noted that revised guidelines could both reduce clinical burden and improve documentation in a way that would be more effective in clinical workflows and care coordination. To achieve this goal, CMS is seeking input on specific changes that should be taken to reform the guidelines, reduce burdens, and better align E/M coding and documentation with the current practice of medicine. This call for feedback gives the AAN another opportunity to demonstrate the value of cognitive services provided by neurologists during E/M encounters. The AAN looks forward to actively participating in the re-evaluation process.
Physician Quality Reporting System (PQRS) and Electronic Health Record (EHR) Reporting Requirements Reduced

Several of the AAN’s suggested changes regarding the PQRS and EHR reporting programs have been finalized by the agency because of our advocacy efforts. Specifically, CMS will retroactively change the current PQRS policy for the 2018 payment year, requiring the reporting of nine measures across three National Quality Strategy domains. Instead, CMS will only require the reporting of six measures for the PQRS. A similar change in clinical reporting requirements is also finalized under the Medicare Electronic Health Record Incentive Program (“Meaningful Use”) for the 2018 payment year, which is also now changing under the new Advancing Care Information section of Merit-based Incentive Payment System (MIPS).

Changes to 2018 Value Modifier

CMS finalized changes to the policies for the 2018 Value Modifier to provide a smoother transition to the new MIPS component of the Quality Payment Program. The agency will reduce the payment penalty for not meeting minimum quality reporting requirements and will hold harmless all physicians who met minimum quality reporting requirements from any 2018 payment year penalty for performance under quality-tiering for the last year of the program. The AAN worked closely with CMS to advocate for this specific proposed change.

Request for Information on Reducing Regulatory Burdens

Previously, CMS requested feedback on solutions to better achieve transparency, flexibility, program simplification, and innovation. This will inform the discussion on future regulatory action related to the Physician Fee Schedule. The agency writes that it wishes to start a national conversation about improving the health care delivery system; how Medicare can contribute to making the delivery system less bureaucratic and complex; and how CMS can reduce burden for clinicians, providers, and patients in a way that increases quality of care and decreases costs. The AAN solicited ideas for regulatory, sub-regulatory, policy, practice, and procedural changes to better accomplish these goals.

Please continue to visit the AAN’s Medicare Payments page for regulatory updates, including more details on the new payment and coding changes finalized by CMS. We also encourage you to register for our December 5, 2017, practice management webinar: New Year, New Rules: Preparing for 2018.