

CY 2021 Medicare Physician Fee Schedule (MPFS) Proposed Rule Executive Summary

On August 3, 2020 the Centers for Medicare and Medicaid Services (CMS) released the Calendar Year (CY) 2021 Medicare Physician Fee Schedule (MPFS) proposed rule (CMS-1734-P). AAOS will be submitting formal comments to CMS, due on October 5, 2020. Below is a high-level summary of key proposals:

Refinements to Values for Certain Services to Reflect Revisions to Payment for Office/Outpatient Evaluation and Management (E/M) Visits

-CMS finalized a policy to adopt the new coding, prefatory language, and interpretive guidance framework that has been issued by the AMA's CPT Editorial Panel regarding the revisions to office/outpatient E/M visit code set (CPT codes 99201 through 99215), which will be effective January 1, 2021.

- Under this new CPT coding framework, history and exam will no longer be used to select the level of code for office/outpatient E/M visits.
- CMS is not extending the revisions to the E/M visit code set to the 10- and 90-day global surgical codes.

Hip-Knee Arthroplasty (CPT codes 27130 and 27447)

-CMS is proposing to accept the RUC-recommended work RVU of 19.60 for CPT code 27130 and the RUC-recommended work RVU of 19.60 for CPT code 27447. CMS is also proposing the RUC-recommended direct PE inputs for both codes.

- CMS is asking for comment on how to include pre-optimization time (pre-service work/activities ancillary to surgical outcome improvement) in the future.
- CMS is requesting stakeholder feedback on what codes could be used to capture the pre-optimization activities.

CY 2021 Conversion Factor

-CMS is proposing to decrease the 2021 conversion factor by 11 percent (\$36.089 for 2020 down to a proposed \$32.2605 for 2021) citing a statutory mandate for budget neutrality resulting from changes in the work RVUs

Telehealth and Other Services Involving Communications Technology

-CMS is proposing to make permanent additions to the Category I Medicare telehealth services list: Group Psychotherapy (90853), Domiciliary, Rest Home, or Custodial Care services, Established patients (99334-99335), Home Visits, Established Patient (99347-99348), Cognitive Assessment and Care Planning Services (99483), Visit Complexity Inherent to Certain Office/Outpatient E/Ms (HCPCS code GPC1X), Prolonged Services (99XXX), and Psychological and Neuropsychological Testing (96121).

- These services are being considered for addition to the Medicare telehealth services list permanently or on an interim basis after the end of the PHE.

-CMS is proposing temporary Category III additions to the Medicare telehealth services list: Domiciliary, Rest Home, or Custodial Care services, Established patients (99336-99337), Home Visits, Established Patient

(99349-99350), Emergency Department Visits Levels 1-3 (99281-99283), Nursing Facilities Discharge Day Management (99315-99316), and Psychological and Neuropsychological Testing (96130-96133).

- Any service added under the proposed Category III would remain on the Medicare telehealth services list through the calendar year in which the PHE ends.

Effect of Proposed Changes Related to Scope of Practice

-Supervision of Diagnostic tests by Certain Nonphysician Practitioners (NPPs)

This proposal would allow nurse practitioners (NPs), clinical nurse specialists (CNSs), physician assistants (PAs) and certified nurse-midwives (CNMs) to supervise the performance of diagnostic tests in addition to physicians.

-Pharmacists Providing Services Incident to Physicians' Services

Pharmacists may provide services incident to the services, and under the appropriate level of supervision, of the billing physician or NPP, if payment for the service is not made under the Medicare Part D benefit.

-Therapy Assistants Furnishing Maintenance Therapy

CMS is proposing to make permanent their Part B policy for maintenance therapy services that they adopted on an interim basis for the PHE in the May 1st COVID-19 IFC that grants a physical therapist (PT) and occupational therapist (OT) the discretion to delegate the performance of maintenance therapy services, as clinically appropriate, to a therapy assistant – a physical therapist assistant (PTA) or an occupational therapy assistant (OTA).

Alternative Payment Models

-CMS is introducing the APM Performance Pathway (APP) for the 2021 performance year, which is “designed to provide a predictable and consistent Merit-based Incentive Payment System (MIPS) reporting standard to reduce reporting burden and encourage continued APM participation.”

- The APP would be for MIPS APMs participants only and would be required for Medicare Shared Savings Program (MSSP) quality performance reporting.
- Much like the MIPS Value Pathway (MVPs), the APP would be comprised of a fixed set of measures for each performance category.

Registry Data

-CMS proposes delaying the QCDR measure testing requirement adopted in the CY 2020 MPFS Final Rule until 2022.

- The measure testing process will be two-step, going from face validity to full measure testing (beta testing).

-CMS is also proposing delaying the QCDR measure data collection requirement adopted in the CY 2020 MPFS Final Rule until 2022.

Quality Measures

-CMS is proposing two new administrative claims quality measures:

- Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the MIPS Eligible Clinician Groups

- Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS) Eligible Clinician, which applies to individual clinicians, groups and virtual groups that meet the case minimum (25 cases).

The complete rule can be found online [here](#).