

# Medicare Physician Fee Schedule Changes

**T**he Centers for Medicare & Medicaid Services (CMS) is in the process of finalizing changes to the Medicare Physician Fee Schedule (PFS) changes for office visits, surgical procedures, diagnostic tests, therapy services, and preventive services. These changes apply to healthcare practitioners, diagnostic testing facilities and treatment centers. In this table, we highlight some of the forthcoming changes for our readers.

## LESSEN ADMINISTRATIVE BURDEN

- For established patients at check-in, nurses no longer need to re-record the patient's record in detail if this was done in a previous visit. Instead, a review and update of the records with the patient will suffice.
- For new and established outpatient visits, physicians need not re-record the patient's chief complaint and history that has already been entered into the record. A review will suffice.
- The practitioner may remove duplicative notations by residents or other members of the medical team.

## PAYMENTS FOR TELEMEDICINE SERVICES

- Practitioners could be paid separately for virtual check-in services (HCPCS code G2012) done by telephone or other telecommunication devices.
- Practitioners could be separately paid for reviewing patient-transmitted photos or videos submitted by an established patient (HCPCS code G2010) to assess whether a visit is needed.
- CMS is also finalizing policies to pay separately for new coding describing chronic care remote physiologic monitoring (CPT codes 99453, 99454, and 99457) and interprofessional internet consultation (CPT codes 99451, 99452, 99446, 99447, 99448, and 99449).

## OTHER NEW REQUIREMENTS

- In 2019 all practices must use Certified EHR Technology (CEHRT) that was certified using the 2015 Edition requirements to receive a score in the Promoting Interoperability performance category.\*

## MIPS 2019 PERFORMANCE YEAR CATEGORY WEIGHTINGS \*

