



Medicare 2023 Proposed Payment Policies Released

On Thursday, July 7, 2022, the Centers for Medicare and Medicaid Services (CMS) released the calendar year (CY) 2023 Medicare Physician Fee Schedule (PFS). The rules will be posted in the *Federal Register* no later than July 11, 2022.

CMS has proposed a CY 2023 Physician Conversion Factor (CF) of \$33.0775, which represents an approximately 4.42% reduction from the final CY 2022 Physician CF of \$34.6062. The CF amount reflects a statutorily required update of 0%, the expiration of a 3% increase in payment for CY 2022 as required by the Protecting Medicare and American Farmer from Sequester Cuts Act and a statutorily required budget neutrality adjustment.

CY 2023 Medicare Physician Fee Schedule Proposed Rule

CY 2023 MPFS Proposed Rule Payment Changes

A Win for Patients: Colorectal Cancer Screening Benefit Expansion – Age 45 and Coverage of Colonoscopy Following Positive Stool-based Test

CMS proposes to expand Medicare coverage of colorectal cancer screening tests by reducing the minimum age payment limitation from age 50 to age 45 beginning in 2023. This proposal aligns coverage with a recently revised recommendation by the United States Preventive Services Task Force (USPSTF) as well as the Multi-Society Task Force on Colorectal Cancer Screening.

CMS also proposes to expand the regulatory definition of “CRC screening tests” beginning in 2023 to include the colonoscopy after a positive stool-based CRC screening test. This update would waive beneficiary cost-sharing for this necessary follow-up colonoscopy after a non-invasive colorectal cancer screening test. CMS believes these proposals would expand access to quality care and improve health outcomes through prevention, early detection, more effective treatment and reduced mortality. CMS also notes that this policy change would directly advance health equity by promoting access and removing barriers for much needed cancer prevention and early detection within rural communities and communities of color that are especially impacted by the incidence of CRC.

Medicare Cuts Looming: Conversion Factor & Impact on Gastroenterology

The proposed CY 2023 PFS conversion factor (CF) is \$33.08, a decrease of over 4% or \$1.53 from the CY 2022 CF of \$34.61. These conversion factor amounts reflect a statutorily required update of 0%, the expiration of a 3% increase in Medicare fee for service payments for CY 2022 as required by Congress via the Protecting Medicare and American Farmers from Sequester Cuts Act, as well as the statutorily required budget neutrality adjustment including additional revisions to evaluation and management codes proposed for 2023.

Split/Shared Visits Policy Delayed

CMS is proposing to delay the split (or shared) E/M visits policy schedule for CY 2023. Specifically, for the definition of “substantive portion,” as more than half of the total time. For CY 2023 (as in CY 2022) the substantive portion of a visit may be met by any of the following elements:

- history
- performing a physical exam
- making a medical decision
- spending time (more than half of the total time spent by the practitioner who bills the visit).

Under this proposal, gastroenterologists furnishing split/shared E/M visits will continue to have a choice of history, physical exam, medical decision making, or more than half of the total practitioner time spent to define the substantive portion, instead of using total time to determine the substantive portion, until CY 2024. The GI societies and many other specialties pushed CMS not to implement its new definition of “substantive portion” and we are pleased CMS has proposed to delay it. We will continue to advocate against implementation of this policy change.

Payment for New Endoscopic Bariatric Device Procedure Codes (43X21 and 43X22)

CMS is proposing that the new endoscopic bariatric device procedure codes have physician work relative value units (RVUs) of 3.11 RVUs for deployment and 2.80 RVUs for removal of the intragastric balloon device.

- 43X21 Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon
- 43X22 Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)

Merit-based Incentive Payment System (MIPS)

CMS is proposing to maintain the CY 2023 MIPS performance threshold at 75 points (same as CY 2022). This impacts the CY 2025 payment year. Please note, CY 2022 is the final year for the “exceptional bonus” for high MIPS scores. While most gastroenterologists meet the minimum MIPS reporting thresholds, failing to satisfactorily participate in MIPS for the CY 2023 performance year will result in a 9% payment cut in CY 2025.

MIPS Value Pathways (MVPs) are intended to connect activities and measures from the four MIPS performance categories that are relevant to a specialty, medical condition, or a particular population. For the CY 2023 performance period, CMS is proposing to add 5 new MVPs to the previously announced 7 MVPs in the program. No GI-related MVPs have been proposed at this time.

CY 2023 Medicare Proposed Physician Payment Chart

- [2023 MPFS Proposed Rule Payment Changes](#)

CMS Proposed Rules and Fact Sheets

- [CY 2023 Physician Fee Schedule Proposed Rule](#)
- [CY 2023 Physician Fee Schedule Proposed Rule Fact Sheet](#)
- [CY 2023 Quality Payment Program final changes fact sheet \(.zip file download\)](#)