

MPFS Final Rule 2020 Summary

On November 1st, CMS released the Medicare Physician Fee Schedule Final Rule for 2020. It included updates to the physician fee schedule, the QPP/MIPs program, changes to Evaluation and Management (E/M) coding structure, and regulatory modifications which impact radiology.

[CLICK HERE](#) to view the complete Final Rule.

Highlights of the Final Rule are broken down by topic below. A more in-depth review of the changes to the QPP/MIPs program will follow in a separate update.

Fee Schedule/Conversion Factor

CMS finalized their proposed update to the conversion factor, increasing it from 36.04 to 36.09 (+.05). The Proposed Rule that came out over the summer had estimated a slightly larger impact on the radiology related fee schedule – Diagnostic Radiology was proposed -1%, Interventional -2%. In the Final Rule, the estimated impact is more like: Diagnostic Radiology 0%, Radiation Therapy Centers 0%, Interventional Radiology -1%, and Nuclear Medicine +1%

CMS also accepted the AMA/RUC (RVU Update Committee) recommended values for over 100 new/revised codes impacting Radiology and will provide additional information on code-specific changes in the coming weeks.

Clinical Decision Support/Appropriate Use Criteria

CMS did not include any further updates to the Appropriate Use Criteria/Clinical Decision Support program within the Proposed or Final Rule. The exclusion of any mention of this program would seem to further cement the timeline finalized in the 2019 Final Ruling.

- **January 1st, 2020** – Operations and Testing Period begins – CMS requires the documentation of consulting appropriate use criteria in the form of Modifiers and G-Codes (released July 2019) but there is no impact to payment if documentation is missing or incorrect.
- **January 1st, 2021** – CMS will not pay claims that are missing AUC/CDS related documentation

[CLICK HERE](#) for additional resources on this topic

MIPS Program

CMS finalized several changes to the MIPS program, some of which differ from the proposed rule. Advocate will provide a more in-depth analysis of changes to the QPP/MIPs program in a separate article. In the meantime, the major revisions are as followed:

Category Weights

In a change from the Proposed Rule, CMS is maintaining the MIPS performance category weights from the 2019 performance year. A decrease in the weighting of the Quality Category and an increase in the weighting of Cost was originally proposed.

Performance Thresholds for 2020 and 2021

CMS is increasing the amount of points required to avoid a penalty to 45 points, as well as the points required to qualify as an exceptional performer to 85 points

Potential incentive/penalty amounts for 2020

+9%/-9% maximum; Up from +7%/-7% for 2019 PY

Quality Performance Category

Data completeness threshold has been increased to 70%, up from 60% from the 2019 PY; and Quality measure inventory has been updated with 4 measures added, 42 removed and 83 changed.

Improvement Activities Category

CMS is increasing the participation threshold for group reporting to require 50% of the clinicians in a group to perform the same improvement activity for a continuous 90 day period within the same performance year

Promoting Interoperability

The Hospital-based group threshold has been reduced from 100% to 75% of clinicians within a group to be excluded from the PI category and have the category reweighted to 0%

Targeted Reviews

Beginning for the 2019 performance period, targeted review requests must be submitted within 60 days of the release of the MIPS payment adjustments/performance feedback, previously reviews were due by Sept. 30th.

No Changes

There were no changes to the following components of the MIPS program in the Final Rule:

Small practices are still considered to be any practice with 15 or fewer providers.

The low volume threshold for MIPS exclusion remains the same in 2020. A provider will continue to be exempt if that provider has less than \$90,000 in Medicare allowed charges, sees less than 200 Medicare beneficiaries, or provides less than 200 Medicare services.

MIPS Value Pathways

CMS is moving forward with the new framework for MIPS Value Pathways (MVPs) which is slated to begin in the 2021 performance year. CMS will continue to develop MVPs in the upcoming year and seeks feedback from stakeholders as the MVP program moves forward.

CMS has updated the QPP website to include MVP information ([CLICK HERE](#)) and has stated they will release additional information as it becomes available.

Payment for E/M Codes

CMS finalized the proposal to adopt the new coding structure for office/outpatient Evaluations and Management codes starting in **calendar year 2021**. This includes adopting the RUC-recommended times and values. CMS is maintaining their previously estimated financial impact - that these E/M changes would have on specialties:

- Radiology: - 8%
- Nuclear Medicine: - 5%
- Interventional Radiology: -6%

Physician Supervision Requirements for Physician Assistants

CMS finalized its proposal to revise regulations that loosen requirements and allow PA's to operate with greater flexibility. Physician Assistants will now be allowed to practice in accordance with state law and state scope of practice. In the absence of state law governing physician supervision of PA services, the physician supervision required by Medicare for PA services would have to be evidenced by documentation at the practice level regarding the PA's scope of practice and the working relationships the PA has with the supervising physicians when furnishing professional services. This is a revision of the proposed rule which required documentation in the medical record of the PA's approach to working with physicians in providing their services.

Direct Practice Expense Inputs for Ultrasound Room

CMS is continuing a four year phase-in plan for updated pricing on equipment and supplies. 2020 will see updates to pricing for 70 equipment/supply items following the additional review conducted by StrategyGen, a CMS contractor.

As always, ADVOCATE will continue to keep you up to date on all regulatory issues impacting radiology.