

Regulatory Affairs Update

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CY23 Medicare Physician Fee Schedule (1/2)

Conversion Factor = \$33.89, -\$0.72 (inclusive of +2.5% congressional update)

Changes to Inpatient E/M Codes

- Revisions to inpt. codes are intended to track with the 2021 office E/M changes
- ‘Completion’ of work to make E/M coding simpler, more practical, and reduce burden

Code	Descriptor	Total 2023 RVUs	2023 Payment Rate (CF=33.8872)	Total 2022 RVUs	2022 Payment Rate (CF=34.6062)	Percent Change
99221	Level 1, initial hospital inpt. or obs. care; 40 mins; low MDM	1.63	\$55.24 (1.63 x 33.88)	1.92 (-0.29)	\$66.44 (1.92 X 34.6062)	-16.86%
99233	Level 3 subsequent hospital inpt. or obs. care; 75 mins; high MDM	2.40	\$81.33	2.00 (+0.40)	\$69.21	+17.51%
99236	Level 3 hospital inpt. or obs. care, same day admit. and disch.; 85 mins; high MDM	4.30	\$145.71	4.20 (+0.10)	\$145.35	+0.25%



Specialty Impact Analysis

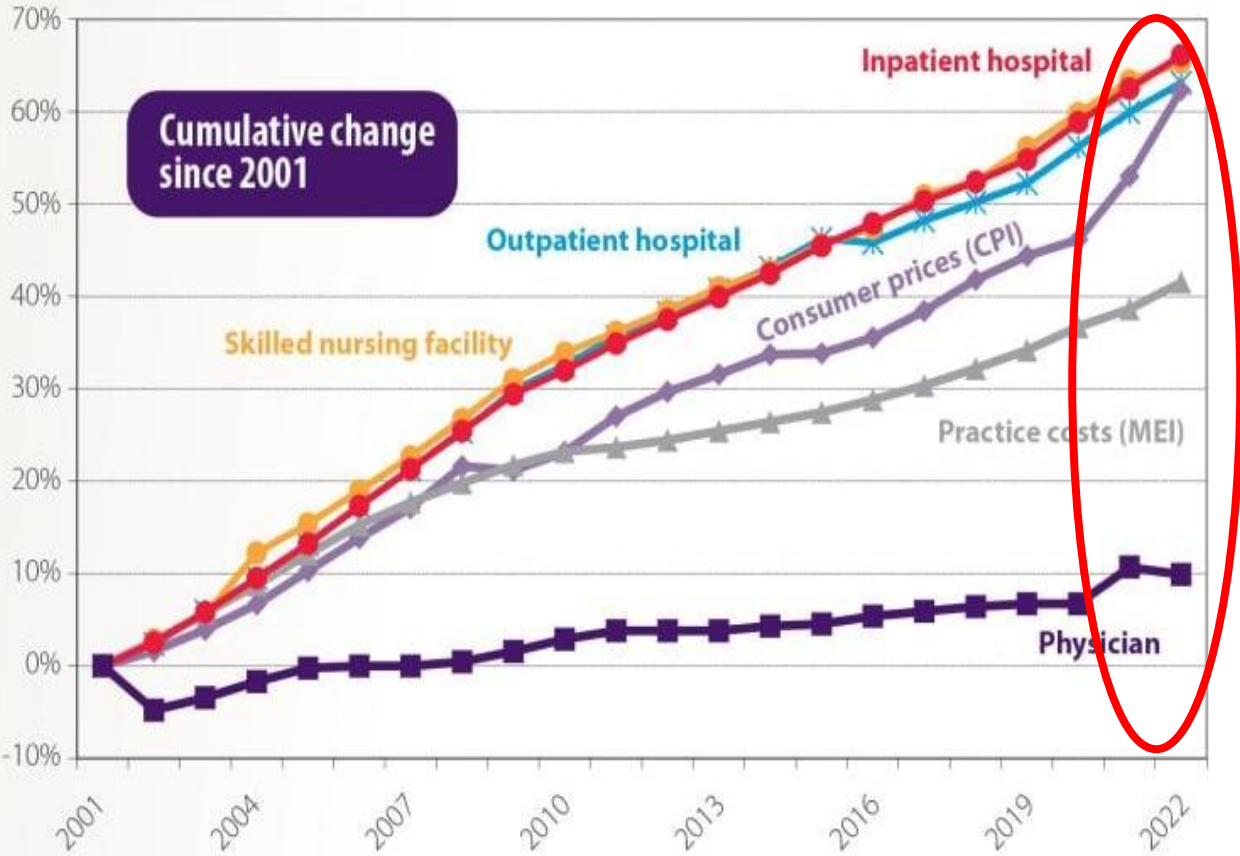
Specialty	Allowed Charges (mil)	Combined Impact of CY 2023 MFS Final Rule and Consolidated Appropriations Act of 2023*	Specialty	Allowed Charges (mil)	Final Rule and Consolidated Appropriations Act of 2023*
Allergy/Immunology	\$233	-2%	Nuclear Medicine	\$54	-2%
Anesthesiology	\$1,749	-2%	Nurse Anes / Anes Asst	\$1,122	-2%
Audiologist	\$71	-2%	Nurse Practitioner	\$5,842	1%
Cardiac Surgery	\$188	-2%	Obstetrics/Gynecology	\$596	-1%
Cardiology	\$6,331	-1%	Ophthalmology	\$4,849	-1%
Chiropractic	\$874	0%	Optometry	\$1,316	-1%
Clinical Psychologist	\$791	-2%	Oral/Maxillofacial Surgery	\$74	-2%
Clinical Social Worker	\$861	-2%	Orthopedic Surgery	\$3,476	-1%
Colon and Rectal Surgery	\$156	-2%	Other	\$59	-2%
Critical Care	\$354	1%	Otolaryngology	\$1,139	-1%
Dermatology	\$3,760	-1%	Pathology	\$1,173	-1%
Diagnostic Testing Facility	\$817	6%	Pediatrics	\$58	0%
Emergency Medicine	\$2,544	0%	Physical Medicine	\$1,097	2%
Endocrinology	\$534	0%	Physical/Occupational Therapy	\$4,925	-1%
Family Medicine	\$5,817	0%	Physician Assistant	\$3,182	0%
Gastroenterology	\$1,595	-1%	Plastic Surgery	\$324	-1%
General Practice	\$378	0%	Podiatry	\$2,013	-1%
General Surgery	\$1,772	-2%	Portable X-Ray Supplier	\$78	1%
Geriatrics	\$177	2%	Preventive Medicine	\$900	2%
Hand Surgery	\$256	-1%	Pulmonary Disease	\$1,402	1%
Hematology/Oncology	\$1,713	-1%	Radiation Oncology and Radiation Therapy Centers	\$1,615	-1%
Independent Laboratory	\$600	0%	Radiology	\$4,734	-2%
Infectious Disease	\$500	3%	Rheumatology	\$548	-2%
Internal Medicine	\$9,881	3%	Thoracic Surgery	\$318	-2%
Interventional Pain Mgmt	\$929	-2%	Urology	\$1,758	-1%
Interventional Radiology	\$467	-3%	Vascular Surgery	\$1,104	-3%
			Total	\$91,414	-0.5%



Business As Usual...

Medicare updates compared to inflation (2001–2022)

Adjusted for inflation in practice costs, Medicare physician payment declined 22% from 2001 to 2022.



Sources: Federal Register, Medicare Trustees' Reports and U.S. Bureau of Labor Statistics, American Medical Association, Economic and Health Policy Research, September 2022.



CY23 Medicare Physician Fee Schedule (2/2)

Split/Shared E/M Visit Policy Delay

- CY22 finalized “substantive portion” definition as time only
- CY23 is delay year, with implementation set for CY24

Quality Payment Program

- Finalized Advance Investment Payment for low revenue ACOs that serve underserved populations
- Finalized Promoting Wellness MVP to provide greater opportunity to entrance for IM physicians

[ACP Summary of 2023 Physician Fee Schedule and Quality Payment Program Final Rule](#)

[ACP Comments on 2023 Physician Fee Schedule and Quality Payment Program Final Rule](#)



Changes to Improve Prior Authorization Processes

- Intended to streamline processes and improve electronic exchange of data
- **Proposed rule would:**
 - Require implementation of electronic prior authorization standards
 - Place time requirements (i.e., decision timeframes) for responses from payers (+ denials)
 - Better enable a longitudinal health record, with patient opt-in
- **Opportunities for improvement** – [Patients Before Paperwork](#) initiative
 - Extend changes to all payer categories (e.g., Medicare FFS)
 - Expand to include prescription drugs
 - Shorten decision timeframe and adjust effective date of FR

[Internal Medicine Physicians Welcome Improvements to Prior Authorization Processes](#)
[| ACP Online](#)



Practice Resources, Tips, and Solutions

Prior Authorization

Electronic Health Records

Prescribing Medications

Prior Authorization

Prior authorization is the number one cause of burdens to physicians and other health care professionals when it comes to care delivery. These resources provide tips and solutions to help practices mitigate the burdens of prior authorization.

ACP and Medicine Forward

Webinars

- [Breaking Bad! Prior Auth Harms the Physician-Patient Relationship](#) – This recorded panel, in collaboration between ACP and Medicine Forward, addresses problems and workflow solutions to address the burdens of prior authorization. (Recorded 5/31/2022, 1 hr. 28 min)

- [Breaking Bad Part II: ACP and Medicine Forward Advance Solutions for Prior Authorization](#) – This recorded panel, in collaboration between ACP and Medicine Forward, offers solutions to the prior authorization problems addressed in the first Breaking Bad! webinar. (Recorded 10/03/2022, 1 hr. 30 min)

Improving Seniors' Timely Access to Care Act (H.R. 3173) – ACP and [Medicine Forward](#) are collaborating on a grassroots campaign supporting legislation that will protect patients from unnecessary delays in care and reduce administrative burdens on physicians by streamlining the prior authorization approval process in the Medicare Advantage (MA) program. Your action is needed to help urge the U.S. Senate to pass this bipartisan legislation.

Take Action 



Updates to the Medicare Advantage Program

- Intended to improve protections; expand access to behavioral health care; and promote equity in coverage
- **Promising aspects include:**
 - PA approval to be valid for duration of the course of treatment (+ minimum 90-day transition period)
 - Establish and implement Committee to review coverage decisions and guidelines
 - Requirements to protect beneficiaries and expand coverage for underserved
 - Improve access to behavioral health services
- **Still much to be addressed as MA expands (!)**
 - Integrity of process must be addressed
 - Transparency and accountability
 - Policies should not unduly burden those already experiencing health disparities

[ACP Comments on CMS' Proposed Changes to Medicare Advantage and Part D \(acponline.org\)](https://www.acponline.org/advocacy/medicare-advantage)

[Behavioral and Mental Health Integration into Primary Care Practice](#)



Questions?

Please email Dejaih at djohnson@acponline.org