Highlights of CMS' 2020 physician fee schedule and QPP proposed rule

The AMA has submitted comments (PDF) to the Centers for Medicare & Medicaid Services (CMS) on the 2020 physician fee schedule and quality payment program (QPP) proposed rule. AMA comments focus primarily on two issues.

First, while the AMA greatly appreciates CMS' proposal to align the previously finalized office visit coding changes with the framework adopted by the Current Procedural Terminology® (CPT) Editorial Panel, the AMA urges CMS to finalize the CPT codes and guidelines and AMA/Specialty Society RVS Update Committee (RUC) recommendations exactly as implemented by the CPT Editorial Panel and submitted by the RUC.

Second, the AMA commends CMS for responding to the AMA's recommendations in crafting its Merit-based Incentive Payment System (MIPS) value pathways (MVP) proposal. Modifications will be needed to ensure that the MVP is voluntary, is a more holistic track for physicians than the current MIPS program, and provides a minimum point floor for those who report via this track.

In addition to the above, principal recommendations on the 2020 proposed rule are as follows:

- CMS should implement the proposed increases to office visits to the visits included within the surgical global payment packages.
- The AMA fully supports and endorses the recommendations and comments of the RUC regarding potentially mis-valued services, as well as the RUC's recommendations for valuation of specific codes.
- The AMA generally supports the proposed coverage changes for new codes relating to substance use disorder, remote patient monitoring, e-visits and self-measured blood pressure monitoring. It recommends that CMS work with the CPT Editorial Panel to further promote the use of digital medicine in Medicare.
- The AMA supports CMS' attempts to improve data collection efforts for the determination of Professional Liability Insurance Relative Value Units (PLI RVUs), and encourages CMS to
work with the RUC to make the PLI RVUs as accurate as possible for all specialties.

- Several aspects of the proposed payment policies for management of opioid use disorder treatment are consistent with previous AMA policy recommendations, but these policies should better account for patients who need a more resource-intensive bundle of services.
- The AMA is supportive of efforts to increase the use of care management services; however, CMS should inform Congress that positive updates to the Medicare conversion factor are needed to expand these services. CMS should also work with the CPT Editorial Panel to expand or redefine care management services.
- The AMA urges CMS not to finalize its proposal that would place the burden on physicians to notify beneficiaries of coinsurance. Instead, CMS should eliminate any out-of-pocket costs associated with screening colonoscopies.

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