# July 26, 2018: Advocacy spotlight on CMS releases proposed 2019 Medicare payment rule

## CMS releases proposed 2019 Medicare payment rule

On July 12, the Centers for Medicare & Medicaid Services (CMS) released a 1,500-page proposed regulation pertaining to the 2019 Medicare Physician Fee Schedule and Quality Payment Program (PDF). CMS also issued Quality Payment Program (QPP) and Physician Fee Schedule (PFS) fact sheets on the proposed rule. An initial AMA summary of the proposal is available on the AMA website.

The proposed policies are open for public comment until Sept. 10. Key Medicare Physician Fee Schedule proposals include:

- A slight increase in the conversion factor from $35.99 to $36.05.
- Collapsing payment rates for office and outpatient visits, such that new patient office visits (99202–99205) would be blended to a single rate of $135, and established patient office visits (99212–99215) would be blended to a single rate of $93.
- Add-on payments would be made to office visits for specific specialties ($14) and primary care physicians ($5).
- Substantial changes to the documentation guidelines for office and outpatient visits intended to reduce administrative burdens and address "note bloat." For example, documentation for history and an exam will focus on interval history since last visit, and physicians will be allowed to review and verify certain information in the medical record entered by ancillary staff or the patient instead of re-entering the information.
- A new multiple procedure reduction policy for visits and procedures reported on the same date.
- Coverage and payment for new Current Procedural Terminology (CPT®) codes for remote monitoring and interprofessional consultations.

Highlights of the Merit-based Incentive Payment System (MIPS) proposals include:

- Retaining the low-volume threshold and adding a third criteria of providing fewer than 200 covered professional services to Part B patients.
- Retaining bonus points for complex patients, end-to-end reporting and small practices.

- Allowing eligible clinicians to opt-in if they meet one or two, but not all, of the low-volume threshold criteria.
- Eliminating the base and performance categories and reducing the number of measures in the Promoting Interoperability (formerly advancing care information) category.
- Requiring eligible clinicians to move to 2015 Certified Electronic Health Record Technology (CEHRT).
- Providing the option to use facility-based scoring for facility-based clinicians.
- For the 2019 QPP performance year, the MIPS category weights are: Quality—45 percent; cost—15 percent; Promoting Interoperability—25 percent; Improvement Activities—15 percent.

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