

PFS Odds & Ends: Primary Care Bump, ACO Tweaks Could Bleed to MA Someday

Part B Drugs, Dental, Colonoscopy, National ECG Pay Rate

CMS released its proposed 2023 physician fee schedule and attached policies that impact providers, technologies and Part B drug manufacturers. Full rule can be found [here](#).

- **PHYSICIAN pay bumps to internal medicine (+7%) and infectious diseases (+5%), while the negatives go to are interventional radiology (-4%) and vascular surgery (-3%).** Impacts across specialty include interventional radiology (-4%), infectious diseases (+5%), family practice in a facility (+5%), internal medicine in a facility (+7%), geriatrics in a facility (+6%), nephrology in a facility (+6%), nurse practitioners in a facility (+5%), facility psychiatry (+5%). CMS is also proposing to rebase and revise the Medicare Economic Index (MEI) cost share weights based on data from U.S. Census Bureau NAICS 6211 Offices of Physicians.
- **ACO: 3% risk score cap ... Policy could be applied to MA at some point given plan coding concerns.** Demographic risk scores are based on certain attributes that do not vary with the beneficiary's health condition, such as age, sex, Medicaid status, and original reason for Medicare entitlement. Unlike prospective HCC risk scores, demographic risk scores are not subject to coding intensity because they do not use diagnosis information. Accounting for all changes in demographic risk scores for the ACO's assigned beneficiary population between BY3 and the performance year prior to applying the 3 % cap on positive prospective HCC risk score growth could allow for higher benchmarks than the current methodology for ACOs that have experienced increases in health risk among their assigned beneficiary populations, while still safeguarding the Trust Funds by limiting returns due to coding initiatives.
- **ACO REACH:** CMS notes that the CMS Innovation Center's Global and Professional Direct Contracting (GPDC) Model, which will transition to the redesigned and renamed Accountable Care Organization (ACO) Realizing Equity, Access, and Community Health (REACH) Model on January 1, 2023, will also take into account the underlying demographics of a model participant's aligned beneficiary population when determining whether risk score growth will be capped starting in PY 2024.
- **ACOs** Starting in 2023, Medicare Shared Savings Program (MSSP) will be offering eligible ACOs a shared savings-only BASIC track participation option for a full 5- year agreement period. CMS is proposing to offer advance shared savings payments to certain new MSSP ACOs that could be used to address Medicare beneficiaries' social needs. A health equity adjustment to an ACO's quality performance category score and advance investment payments to new, low-revenue ACOs that are inexperienced with performance-based risk Medicare ACO initiatives.
- **DRUGS: Part B drug waste refund will negatively impact drug manufacturers.** Starting in CY 2023, CMS will require manufacturers to provide a refund to CMS for certain discarded amounts from a refundable single use package drug. The refund amount is the amount of discarded drug that exceeds an applicable percentage, which is required to be at least 10%, of total allowed charges for the drug in a given calendar quarter. A refundable single-dose container or single-use package drug does not include a radiopharmaceutical or imaging agent, or certain drugs requiring filtration. This is the application of the Wyden Grassley "single vial" policy seen in 2019 and passed in the *Infrastructure Investment and Jobs Act*.

- **TELEHEALTH: Post PHE expansion trend holds.** For Category 3 services added on a temporary basis to the Telehealth Services List, CMS is not proposing changes to the length of time the services will remain on the List through the end of CY 2023. In the event the public health emergency (PHE) extends well into CY 2023, CMS indicates that it may consider revising this policy. CMS is also proposing to add some services to the Telehealth Services List on a Category 3 basis through the end of 2023,
- **ECG MONITORING: Good news for iRhythm (IRTC).** CMS notes it received a series of additional invoices for the SD339 supply and proposes to establish a price of \$245.69 for the SD339 supply. CMS is also proposing national pricing for CPT codes 93241, 93243, 93245, and 93247 for CY 2023. Specifically, CMS is proposing a national rate of \$216.67 for CPT code 93243 and \$228.58 for CPT code 93247.
- **COLONOSCOPY: A follow-up colonoscopy to an at-home test be considered a preventive service,** cost sharing would be waived for those with Medicare. Additionally, Medicare is proposing to cover the service for individuals who are 45+ years old, in line with the newly lowered age recommendation (down from 50) from the United States Preventive Services Task Force.
- **DENTAL: CMS proposing to pay for dental services in Part B** when additional dental services may be integral to the clinical success of other medical services.
- **MENTAL HEALTH: Provider expansion is good news.** CMS is proposing to allow licensed professional counselors (LPCs), marriage and family therapists (LMFTs), and other types of behavioral health practitioners to provide behavioral health services under general (rather than direct) supervision. CMS are also proposing to pay for clinical psychologists and licensed clinical social workers to provide integrated behavioral health services as part of a patient's primary care team. CMS is proposing to cover opioid treatment and recovery services from mobile units, such as vans. CMS also proposes to increase the methadone pay for CY 2023 to \$39.29 (+5%). CMS is proposing to allow audio-only and video telehealth visits for initial appointments for buprenorphine.
- **OUR TAKE / NEXT STEPS: This is a proposal; we see these as being largely finalized as proposed.** The final rule will be out on or about Nov 1, with new policies and payment rates starting Jan 1, 2023.