2020 Physician Fee Schedule
Proposed Rule

October 23, 2019
Background

• Covers Medicare physician fee schedule (PFS) for CY 2020 and other revisions to Medicare Part B policies

• Timeline
  – Released on July 29, 2019
  – Published in Federal Register on August 14, 2019
  – The 60-day comment period ended on September 27, 2019
  – Generally would take effect on January 1, 2020
Services Covered in this Presentation

• Bundled Payments for Opiate Use Disorders (OUD) treatment in clinics
• Bundled Payments for OUD treatment in Opioid Treatment Programs
• Telehealth Services

• Care Management Services
  – Non-Complex Chronic Care Management (CCM) Services
  – Complex Chronic Care Management (CCM) Services
  – Principal Care Management (PCM) Services

• Review and Verification of Medical Record Documentation

• Payment for Evaluation and Management (E/M) Services
Out-Patient Opioid Use Disorder (OUD) Service Bundles

- Includes Treatment Services only – not Medications
- Rates benchmarked to psychiatric collaborative care codes
- Three Bundles
  - GYYY1: First Month of Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes.
  - GYYY2: Subsequent Months of Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes.
  - GYYY3: Add-On code for each additional 30 minutes beyond the first 120 minutes of Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling.
OUD Treatment Services in an OTP

A. Opioid agonist and antagonist treatment medications
B. Dispensing and administration of such medications,
C. Substance use counseling by a professional
D. Individual and group therapy with a physician or psychologist (or other mental health professional, to the extent authorized under State law.
E. Toxicology testing; and
F. Via Telemedicine
   1. Counseling services
   2. Individual and group therapy services
Opioid Treatment Program

- An OTP must be enrolled in the Medicare program;
- Be certified by SAMSHA;
- Be accredited by an accrediting body approved by SAMHSA; and
- Have a Medicare provider agreement.
SAMSHA OTP Services Required for Certification

• General services including medical, counseling, vocational, educational, and other assessment and treatment services;

• Initial medical examination services;

• Special services for pregnant patients including prenatal care and other gender specific services provided either by the OTP or by referral;

• Initial and periodic assessment services to determine the most appropriate combination of services and treatment;

• Counseling services;

• Drug abuse testing services:
  – Maintenance TX - eight random drug abuse tests per year,
  – Short-term detox - treatment, at least one initial drug abuse test
  – Long-term detox treatment, initial and monthly random tests are required.
Bundled Payments for OUD Treatment Services

• episode of care for OUD treatment services would be one week – or a contiguous 7-day period.

• Where an enrollee has received 51% of the services identified in the patient’s treatment plan over the course of a week the OTP may bill for the full weekly bundle.

• Where an enrollee has received at least one item but less than 51% of their items or services in the treatment plan, and is unable to finish the services, the OTP could bill for a partial weekly bundle.

• Two Components
  – Non-Drug Episode of Care
  – Drug Component

• Medicare rates developed from TRICARE rates

• No Co-Pay
# OUD Bundled HCPCS Codes

<table>
<thead>
<tr>
<th>Bundle</th>
<th>Full Week</th>
<th>Partial Week</th>
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<tbody>
<tr>
<td>Methadone</td>
<td>GXXX1</td>
<td>GXX10</td>
</tr>
<tr>
<td>Buprenorphine - Oral</td>
<td>GXXX2</td>
<td>GXX11</td>
</tr>
<tr>
<td>Buprenorphine - Injectable</td>
<td>GXXX3</td>
<td>GXX12</td>
</tr>
<tr>
<td>Buprenorphine- Implant Insertion</td>
<td>GXXX4</td>
<td>GXX13</td>
</tr>
<tr>
<td>Buprenorphine- Implant Removal</td>
<td>GXXX5</td>
<td>GXX14</td>
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<tr>
<td>Buprenorphine- Implant Insert &amp; Remove</td>
<td>GXXX6</td>
<td>GXX15</td>
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<tr>
<td>Naltrexone</td>
<td>GXXX7</td>
<td>GXX16</td>
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<tr>
<td>No MAT</td>
<td>GXXX8</td>
<td>GXX17</td>
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<tr>
<td>MAT NOS</td>
<td>GXXX9</td>
<td>GXX18</td>
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GXX19 – Intensity Add-On code for each additional 30 min. of Counseling
Telemedicine

• Add the face-to-face portions of these three HCPCS services to the list:

  – GYYY1: Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month.

  – GYYY2: Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month.

  – GYYY3: Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (List separately in addition to code for primary procedure).
Non-Complex Chronic Care Management (CCM) Services

- Two G codes replacing CPT 99490
- Eligible for multiple (two or more) chronic conditions expected to last at least 12 months, or until death; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation or functional decline
- Services - comprehensive care plan established, implemented, revised or monitored.
- Must be directed by a physician or other qualified health care profession
- Two Codes
  - GCCC1: CCM, initial 20 minutes of clinical staff time, per calendar month
  - GCCC2: CCM, each additional 20 minutes of clinical staff time, per calendar month
Complex CCM Services

• CPT codes 99487 and 99489 being replaced by two new G codes

• Eligibility
  – multiple (two or more) chronic conditions chronic conditions expected to last at least 12 months, or until death; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation or functional decline
  – requires for moderate to high complex medical decision-making.

• Services - comprehensive care plan established, implemented, revised or monitored;

• Codes
  – GCCC3: 60 minutes of clinical staff time per calendar month
  – GCCC4: each additional 30 minutes of clinical staff time
Principal Care Management (PCM) Services

• Two new G codes
• Eligible - a single high disease or complex chronic condition expected to last between three months and a year, or until the death of the patient, may have led to a recent hospitalization, and/or place the patient at significant risk of death, acute exacerbation, decompensation, or functional decline
• Provider – PCP or any specialty
• Services - development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities
• Codes
  – GPP1: at least 30 minutes of physician or other qualified health care professional time per calendar month
  – GPP2: at least 30 minutes of clinical staff time per calendar month
Review and Verification of Medical Record Documentation

• Allow the physician, the PA, or the advanced practice registered nurse (APRN) who furnishes and bills for their professional services to review and verify, rather than re-document, information included in the medical record by physicians, residents, nurses, students, or other members of the medical team.

• Allow physicians, residents, nurses, students, or other members of the medical team to enter information in the medical record that can then be reviewed and verified by a teaching physician without the need for re-documentation.
Evaluation & Management Codes

• No new office visit E/M service proposals are made by CMS to take effect for 2020.
  – continue to report existing CPT codes for new and established patient visits (99201-99215)
  – level selection remains based upon three key components (history, physical exam, and MDM complexity)
  – Time may be used for level selection only when over 50 percent of the visit’s face-to-face time consists of counseling and/or care coordination,