APA PRACTICE ORGANIZATION
Promoting and supporting practicing psychologists

InformationAlert

☐ URGENT ☐ ACTION REQUIRED ☒ FOR YOUR INFORMATION

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To: SPTA and Division Federal Advocacy Coordinators, and APAGS Coordinators

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SPTA Directors of Professional Affairs
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CAPP
APAPO Board of Directors

Re: 2018 Medicare Physician Fee Schedule

On July 21, 2017, the Centers for Medicare and Medicaid Services (CMS) released the proposed rule on the 2018 Medicare Physician Fee Schedule which, if adopted as proposed, will bring some positive changes for psychologists in 2018. The proposed rule can be viewed online at https://www.federalregister.gov/documents/2017/07/21/2017-14639/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions. The APA Practice Organization will submit comments on the proposed rule to CMS by the September 11, 2017 deadline.

Positive impact projected for 2018 payments

CMS is projecting that due to changes in practice expense (e.g., overhead costs) psychologists will receive on average a 2% increase in payment for 2018.This is significant as many of the medical specialties are projected to have payment losses ranging from 1 to 3%. More information will be available in November when CMS releases the final rule on the fee schedule containing a breakdown of the values assigned to each service. Psychologists are reminded that regardless of what payment changes CMS adopts for 2018 all providers will continue to lose 2% under the ongoing sequestration enacted by Congress.

Proposal to reduce requirements for 2016 PQRS reporting

To reduce the burden on providers who reported quality measures under the Physician Quality Reporting System in 2016, CMS is proposing to lower the number of measures required for last year's reporting. Originally asking for nine measures across three domains with one cross-cutting measure, CMS will now credit providers who successfully reported on six PQRS measures, regardless of the domains or whether any were cross-cutting measures. If adopted, more psychologists will be able to successfully meet the 2016 PQRS reporting requirements and avoid a 2% penalty in 2018. This change will have no impact on 2017 payment adjustments for 2015 PQRS reporting.

Additional telehealth services
CMS is proposing to add codes 90839 (psychotherapy for crisis, first 60 minutes) and 90840 (each additional 30 minutes) to its list of services that can be furnished via telehealth. Because mobilization of resources to defuse the crisis is a critical part of this service CMS will make it an explicit condition of payment that the practitioner (distant site) is able to mobilize resources where the patient is located (originating site).

CMS is also proposing to add code 90785 for interactive complexity as a telehealth service. This code is an add-on that must be billed with a code for a primary procedure. 90785 can be billed with the codes for a diagnostic psychiatric evaluation, psychotherapy, or group psychotherapy.

To avoid redundancy CMS is proposing to eliminate requiring the GT modifier for telehealth services. In its rationale, the agency explains that with new place of service codes the GT modifier is no longer needed to determine that the service is being provided via telehealth.

Coding changes for cognitive functioning interventions
Currently, code 97532 is used by psychologists and other providers to bill for services involving development of cognitive skills to improve memory, attention and problem-solving. This code will be deleted in 2018 and replaced by new code 97X11. The new code has a higher value but is limited to being used once, whereas 97532 is billed in 15-minute increments.

As a result, providers using this code may see an increase or decrease in payment, depending upon the number of services they furnish. Those who typically bill under the current code for more than four units will be negatively impacted by the new code. In contrast, those who usually bill for fewer than four units will see a payment increase when switching to the new code.

According to CMS, data patterns indicate that psychologists are likely to see lower reimbursement under the new codes as they bill more units for these interventions than physical therapists, occupational therapists, and speech-language pathologists do. APAO is working to address this change to protect psychologists' reimbursement.

Psychiatric Collaborative Care Model
In its discussion on the values for codes related to the Psychiatric Collaborative Care Model (CoCM) CMS asks for comments on whether other healthcare providers such as clinical psychologists could serve as the primary practitioner who integrates medical care and psychiatric expertise. Currently only psychiatrists and advance practice psychiatric nurses can fill this role. CMS also asks whether additional codes are needed to accurately describe and value other models of care for this population. APAPO will be addressing this issue in its comments to CMS.