

Medicare Proposal for 2023 Reimbursement Released



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On July 7, the Centers for Medicare & Medicaid Services released the annual proposal for Medicare reimbursement for the coming year. In the absence of Congressional intervention, the payment rate for physicians will decline by 4.4% in 2023 based on the proposed conversion factor of \$33.08, a decrease of \$1.53 from the current factor of \$34.61.

The recent ruling proposed other key changes to physician reimbursement in 2023, to include:

- **Broad application of office-based E/M rules**

CMS is employing the American Medical Association's extensive revisions to all E/M codes, which include eliminating the use of history and exam to determine code levels for inpatient, observation, and "other" E/M services. See this [link](#) for the

AMA's changes to E/M codes effective January 1, 2023.

- **Extension of key public health emergency (PHE) relaxations**

Under a separate decree, the PHE was extended until October 13. The proposed rule is paying for certain services for an additional 151 days (five months) following the conclusion of the PHE. This includes paying for telemedicine services with the “originating” site as the patient's home and permitting the services to be furnished in any geographic area. In addition, audio-only (telephone) visits will remain covered (with new CPT modifier - 93) and Federally Qualified Health Centers (FQHCs) will be able to continue offering telehealth services during this five-month period.

- **Expansion of non-physician services**

Licensed professional counselors and other behavioral health practitioners can practice under general supervision, with additional payment allowances for clinical psychologists and social workers on care teams as core components of [CMS' new behavioral health strategy](#). Additionally, Medicare beneficiaries are allowed to access audiologists directly for hearing aids and more with new CPT code, GAUDX.

- **Expansion of colon cancer screening**

CMS is decreasing the age requirement for the study to 45 (from 50, for certain screening tests) and eliminating beneficiaries' cost-sharing on a follow-up colonoscopy to an at-home test.

- **Revisiting global periods**

CMS [questioned the use of global periods](#) for surgeries nearly a decade ago and is again seeking feedback about the efficacy of global periods.

- **Initiating payment for chronic pain**

The agency is expanding coverage to chronic pain management and treatment services with new CPT codes and accompanying reimbursement. The expanded coverage is proposed to extend to FQHCs and Rural Health Clinic.

The 2,066-page proposed rule is viewable at [here](#). You can also review CMS' [summary](#). Stay tuned for the final rule, which is normally issued the first week of November. Although the July 7 ruling is a proposal, it is often a blueprint for the coming year.

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