

## CMS PHYSICIAN FEE SCHEDULE FINAL RULE-2022

On 11/19/21 CMS has published their physician fee schedule for 2022. The conversion factor is unchanged with regard to the statutory update, but does include a -0.10% budget neutrality adjustment. Also included in the rule is an extension of the testing period for Appropriate Use Criteria (AUC) & some updates to the MIPS program.

- Conversion Factor: This is the value assigned per RVU (relative value unit).  
Change: Current value = \$34.8931 in the current fee schedule to \$33.5893 in 2022. A difference of \$1.2948. Below is the impact to some practices. You can see the impact to all specialties included in the final rule in [Table 136](#)
  - Impact to your practice:
    - Anesthesiology +1%
    - Cardiology -1%
    - Family Practice +1%
    - Internal Medicine 0%
    - Pathology 0%
    - Radiology:
      - Diagnostic -1%
      - Interventional -5%
      - Nuclear Med -1%
      - Radiation Oncology -1%  
& radiation therapy
- AUC- CMS has extended the testing period for this program through 2022, or longer depending on the Public Health Emergency. Payment for claims will not be impacted in 2022. We do recommend that providers use this additional time to prepare.
- Physician Assistants may begin direct billing & reassign payment for their services under Medicare.
- Medicare Telehealth Services: CMS has maintained the category 3 status of all the temporary telehealth codes through the end of 2023. A complete list of telehealth codes included in the final rule can be found [here](#).
- MIPS updates- These are some of the highlights:
  - Category Weighting:
    - Cost – 30% , which is an increase from 20% in 2021
    - Quality – 30%, which is a decrease from 40% in 2021
    - Promoting Interoperability – 25%, which is unchanged
    - Improvement Activities – 15%, which is unchanged.
  - Performance threshold to avoid a negative adjustment is now 75 points
  - Exceptional Performance threshold increased to 89 points. This is the last year this incentive will be available.
  - Additional qualified provider types include:
    - Clinical Social Workers
    - Certified nurse mid-wives
  - MIPS Value Pathways (MVP): CMS has finalized 7 pathways for voluntary 2023 reporting. They include:
    - Rheumatology
    - Stroke Care and Prevention

- Heart Disease
- Chronic Disease Management
- Emergency Medicine
- Lower Extremity Joint Repair
- Anesthesia

There are other factors impacting provider reimbursement which are not included in the CMS fee schedule process, but through separate legislation. However, yesterday, 12/9/21, both the House and the Senate passed the Protecting Medicare and American Farmers from Sequester Cuts Act. It has been sent to the President for signature. The bill includes:

- Increase in the conversion factor by 3%, temporarily for 2022
- Continues the delay of -2% sequestration until at least 03/31/2022
- Defer the PAYGO 4% reduction until 2023
- Delay of the implementation of the Radiation Oncology Payment Model to 2023