## Welcome to the Monthly Webinar Series

Maximizing Income and Efficiencies for Urology Practices

Free to all PRS Network Customers

Introductions

Moderator:

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Presenters:

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# Format

Webinar Presentation Please Submit Question Via Chat Webinar is Being Recorded







### **Proposed Rule for 2021**

- Conversion factor decrease projected -3.89%
- Clinical staff PE update -1.0% for Urology will be applied to PE RVU but projected to be offset by other changes 0% RVU change impact
- Shared/Split visit Rule Clarification
  - Shared/Split visit allowed in Facility setting only
  - "Incident to" rules apply in the office setting
  - Shared/Split visit now requires time documentation to support billing provider provided most of the visit based on time
  - Applies to every facility setting and Critical Care codes



### Telehealth

- Category II and III codes extended through 2023
- Requirement for presence of patient in Medicare approved facility required once PHE ends, exceptions Mental Health and Opioid Abuse
- PHE renewed 7/19/21 and indicated to be in place through end of 2021 at least.

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• Expansion of RPM codes with new RTM codes



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51727		-7%	NA		52647		-10%	2%		58563		-12%	1%
51727	TC	-9%	NA		52442		-19%	-2%		58558		-16%	1%
51726		-6%	NA		52441		-16%	1%		58356		-16%	-1%
51726	TC	-8%	NA		52332		-14%	2%		58353		-16%	1%
51600		-8%	NA		52330		-6%	1%		57460		-5%	1%
51101		-7%	NA		52317		-8%	0%		56442		NA	5%
50706		-14%	NA		52281		-6%	2%		55874		-18%	2%
50705		-12%	1%		52275		-6%	1%		55873		-17%	2%
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### MIPS Update CY2021 Final Rule/2022 Proposed Rule

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Item	2019	2020	2021	2022
Quality Weight (%)	45	55	40	30
Cost Weight (%)	15	0	20	30
IA Weight (%)	15	15	15	15
PI Weight (%)	25	30	25	25
Composite Score Threshold (pts)	30	45	60	75
Exceptional Threshold (pts)	75	85	85	-
Maximum Adjustment (+/-%)	7	9	9	9
Actual Scaled Maximum adjustment (+/- %)	-	-	-	-

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# Proposed Rule for 2022 Addition of new quality 5 Measures Proposal to move to MIPS Value Pathways (MVPs) beginning in 2023 7 MVPs to be optional in 2023 Goal to make QPP more relevant with lower admin time Move to align Interoperability to match current hospital requirements.

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