

Welcome to the Monthly Webinar Series

Maximizing Income and Efficiencies for Urology Practices

Free to all PRS Network Customers

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Introductions

Moderator:

Scott Painter

Presenters:

Mark Painter, CPMA, MBSU

Format

Webinar Presentation

Please Submit Question Via Chat

Webinar is Being Recorded

Today's Webinar

Medicare Final Rule for 2022

Open Q and A

Final Rule 2022

- Conversion factor decrease -3.71%
- Clinical staff PE update -1.0% for Urology will be applied to PE RVU phased in over 4 years but projected to be offset by other changes 0% RVU change impact in 2022
- RVU Changes not 0% impact to all Urology Groups

Code	MOD	In-office % Medicare Fee Change	Code	MOD	In-office % Medicare Fee Change	Code	MOD	In-office % Medicare Fee Change	Code	MOD	In-office % Medicare Fee Change
50200		-5.90%	50693		-5.91%	51784		-5.21%	54150		-5.21%
50382		-7.77%	50694		-5.36%	51792	26	-4.32%	54160		-4.15%
50384		-5.83%	50695		-5.76%	51797	TC	4.64%	54162		-4.09%
50385		-7.47%	50705		-4.91%	52007		-6.63%	54235		-4.08%
50386		-4.04%	50706		-8.87%	52010		-5.98%	54450		-4.19%
50391		-3.97%	50951		-3.97%	52204		-5.03%	55200		-6.96%
50431		5.37%	50953		-3.79%	52265		-4.71%	55250		-7.50%
50433		-4.53%	50957		-3.86%	52332		-10.04%	55700		-5.41%
50434		-4.15%	51700		-4.96%	52441		-8.00%	55873		-8.20%
50551		-3.80%	51701		-4.43%	52442		-11.21%	55874		-8.42%
50555		-3.79%	51702		-4.74%	52647		-6.08%	56420		4.44%
50557		-3.79%	51720		-4.45%	52648		-6.08%	56501		3.96%
50561		-3.78%	51725	26	-4.15%	53850		-9.23%	57061		4.07%
50592		-9.57%	51726	26	-4.10%	53852		-8.86%	57465		-7.19%
50593		-9.96%	51729	26	-3.97%	53854		-8.23%	64561		-4.81%
50606		-18.25%	51784	TC	-8.24%	53855		-10.54%	64566		-7.83%

Code	MOD	Physician Hospital/ASC Fee % Change	Code	MOD	Physician Hospital/AS C Fee % Change	Code	MOD	Physician Hospital/AS C Fee % Change	Code	MOD	Physician Hospital/AS C Fee % Change
50010		-8.29%	50695		-4.00%	52285		-4.05%	54105		-3.87%
50280		-4.05%	50706		-4.08%	52300		-3.95%	54235		-4.16%
50382		-4.23%	50825		-4.09%	52301		-3.83%	54411		-3.84%
50384		-4.58%	50948		-3.74%	52305		-3.83%	54450		-4.86%
50385		-4.47%	50951		-3.82%	52315		-3.83%	54505		-3.87%
50389		-4.33%	51101		-4.99%	52318		-3.78%	54512		-3.89%
50433		-3.97%	51725	26	-4.15%	52334		-3.89%	55300		-4.07%
50434		-4.06%	51726	26	-4.10%	52402		-3.96%	57020		-4.12%
50437		-4.11%	51729	26	-3.97%	52442		-5.65%	57160		-5.82%
50570		-3.78%	51792	26	-4.32%	53600		-4.23%	57170		-4.39%
50580		-3.82%	51800		-3.90%	53601		-4.95%	57460		-4.12%
50606		-11.25%	52214		-4.09%	53605		-4.74%	57465		-5.99%
50693		-3.87%	52270		-4.08%	54055		-4.06%			
50694		-3.96%	52283		-4.20%	54100		-3.98%			

Other Fee changes

- Radiation Oncology and Radiation Therapy Centers RVU changes -4%
- ASC fee schedule up 2.3%

2022 Shared/Split Visit Rule

- Shared/Split visit Rule Clarification
 - Shared/Split visit allowed in Facility setting only
 - "Incident to" rules apply in the office setting
 - Shared/Split visit for Time based billing – Billing provider most time spent
 - Shared/Split Visit based MDM – Billing provider documented most effort and all of Component (eg. MDM and redo PE critical)
 - Applies to every facility setting and Critical Care codes
 - New Modifier will be introduced for Split visits

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 October 2021 through January 15, 2022 at least.
- Expansion of RPM codes with new RTM codes

AUC

- Penalty Phase delayed until January 2023
- Use CDSM when ordering advanced imaging.
 - Computed tomography
 - Positron emission tomography
 - Nuclear medicine
 - Magnetic resonance imaging
- Lobby to block implementation continues

QPP

- Few changes to MIPS/MACRA program.
- Increase in Threshold score to 75:
 - Cost and Quality 30% each
 - Interoperability 25%
 - Improvement activities 15%
- Last year extra funds allocated to pay exceptional performers

APP Changes

- PAs will be able to contract directly with Medicare
- No longer required to be employed by Medicare Credentialed entity
- Must follow state licensure

Inpatient Only List

- IPO list was being rescinded over a 3 year period
- IPO list rescension halted and reversed
- 298 procedures added back to IPO list
 - Only 2 Urology procedures affected
- Medicare to review each procedure nominated for removal from the list individually
- Affects ASC approved procedures.