Clinical Labor Pricing Update

- Clinical labor pricing is a component used to determine practice expense RVUs. This accounts for the salaries of clinical staff using data from the Bureau of Labor Statistics (BLS). CMS last updated this data in 2002.
- Finalizes the implementation of the clinical labor pricing update using 2018 BLS data, phased in over 4 years to transition from current prices to the final updated prices in CY 2025.
- Expected impact on nurse practitioners is a 1% increase on Part B payments over the course of the four-year implementation.

Changes to Coinsurance: Certain Colorectal Cancer Screening Tests

- Updates the coinsurance rules for procedures that are planned as colorectal cancer screening tests, but become diagnostic tests when the practitioner identifies the need for additional services.
- Beginning in CY 2022, the coinsurance required of Medicare beneficiaries for planned colorectal cancer screening tests that result in additional procedures furnished in the same clinical encounter will be gradually reduced, and beginning January 1, 2030, will be zero percent.

Vaccine Administration Services

- Beginning January 1, 2022, providers and suppliers will be paid $30 for the administration of an influenza, pneumococcal or Hepatitis B vaccine under the Medicare Part B vaccine benefit.
- Through the end of the year in which the COVID-19 public health emergency (PHE) ends, CMS will maintain the current payment rate of $40 per dose for the administration of the COVID-19 vaccines; following the end of the year in which the PHE ends, the payment rate for COVID-19 vaccine administration will be set at a rate that aligns with the rate for other preventive vaccines.
- CMS will continue making the additional payment of $35.50 when a COVID-19 vaccine is administered in a beneficiary’s home under certain circumstances until the end of the year in which the PHE expires.

Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

- FQHCs and RHCs will be eligible to receive payment for hospice attending physician services when provided by a FQHC/RHC physician, nurse practitioner, or physician assistant who is employed or working under contract for an FQHC or RHC, but is not employed by a hospice program, starting January 1, 2022.
- Allows RHCs and FQHCs to bill for transitional care management and other care management services furnished for the same beneficiary during the same service period, provided all requirements for billing each code are met.
Centers for Medicare and Medicaid Services Calendar Year 2022 Physician Fee Schedule
Summary of Major Provisions

Pulmonary Rehabilitation

- Finalizes coverage for outpatient pulmonary rehabilitation services, paid under Medicare Part B, to beneficiaries who have had confirmed or suspected COVID-19 and experience persistent symptoms that include respiratory dysfunction for at least four weeks.

Medicare Shared Savings Program (MSSP)

- Beginning in the 2022 performance year, expands the definition of primary care services that are used for purposes of beneficiary assignment to include principal care management services, prolonged office or outpatient E/M services, communication technology-based services, and a newly created chronic care management services code.
- Extends the applicability of the expanded definition of primary care services for certain codes that are in effect during the PHE, but are not permanent. These include CPT Codes 99421, 99422, and 99423 (codes for online digital evaluation and management services, codes for telephone evaluation and management services).

Requirement for Electronic Prescribing for Controlled Substances for a Covered Part D Drug Under a Prescription Drug Plan or an MA-PD Plan (Section 2003 of the SUPPORT Act)

- Finalizes the delay of the implementation date of the SUPPORT Act requirement for electronic prescribing for controlled substances under Part D until January 1, 2023.

Updates to the Quality Payment Program

- Finalizes the delayed implementation date of MIPS Value Pathways (MVPs) and will gradually phase in MVPs between 2023 and 2026. Seven MVPs will be available for clinicians beginning in the 2023 performance year: advancing rheumatology patient care; coordinating stroke care to promote prevention and cultivate positive outcomes; advancing care for heart disease; optimizing chronic disease management; adopting best practices and promoting patient safety within emergency medicine; improving care for lower extremity joint repair; and support of positive experiences with anesthesia.
- Finalizes the proposal to continue the existing policy to reweight the Promoting Interoperability performance category for NPs, PAs, CRNAs, and CNSs for the CY 2022 performance period/ 2024 MIPS payment year.