











Physician Fee Schedule Final Rule

CMS Proposal	AANP Recommendation	CMS Decision	Thumbs Up/ Down
Addition of 5 new telehealth codes and removal of GT modifier	AANP supported proposal	CMS finalized addition of 5 new telehealth codes and eliminated required reporting of GT modifier	
Separate payment for remote patient monitoring code 99091	AANP supported proposal	CMS finalized separate payment for CPT code 99091	
Reduction of E&M documentation requirements	AANP expressed need for revision, but concerned that too much of a reduction could have adverse impact on documenting patient care	CMS did not finalize any changes to E&M documentation, but agreed that they need to be revised and will continue to work with stakeholders	
Creation of two new bundled CCM codes for RHCs and FQHCs	AANP supported creation of the codes as the proposal authorized NPs to initiate and direct care of patients receiving the services	CMS finalized creation of new bundled CCM codes	
Move start date of AUC back one year and align AUC with MIPS by adding as an improvement activity	AANP supported proposal	CMS finalized that Medicare AUC program will begin educational and operational testing in 2020 also added as an improvement activity in QPP final rule	
Removal of attestation requirement of beneficiaries in FQHCs and RHCS for the MSSP	AANP supported proposal	CMS finalized proposal. Also stated that they are no longer using the term "main doctor" for coordinating overall care, now use "primary clinician"	
Addition of new chronic care management and behavioral health codes to definition of primary care services in MSSP	AANP supported proposal	CMS finalized addition of three new CCM codes and four BHI codes to definition of primary care for ACO assignment methodology	

<p>Lower reporting threshold for final year of PQRS and make changes to EHR incentive and VM programs to align with MIPS</p>	<p>AANP supported proposals and encouraged CMS to use rulemaking to smooth transition to MIPS and increase participation</p>	<p>CMS finalized proposals to align all three programs with MIPS</p>	
<p>Allow patients who develop diabetes during MDPP to remain in program</p>	<p>AANP supported this proposal</p>	<p>CMS finalized proposal</p>	
<p>Addition of MACRA Patient Relationship Categories and Codes</p>	<p>AANP supported addition of the codes and recommended that they be implemented in a fashion that identifies actual provider in “incident-to” encounter</p>	<p>CMS finalized policy that reporting would begin as voluntary on 1/1/18 and indicated that they may account for “incident-to” encounters by having multiple providers on one claim.</p>	
<p>RUC Committee Activities</p>	<p>AANP stated that NPs need to be involved in RUC activities since they impact all clinicians</p>	<p>Concur that multiple sources should have input considered, will continue to engage with stakeholders.</p>	