














2019 Medicare Fee Schedule/Quality Payment Program/MSSP Final Rule

CMS Proposal	AANP Recommendation	CMS Decision	Thumbs Up/Down
<p>CMS proposed to eliminate the requirement that a clinician must document why a home visit is medically necessary</p>	<p>AANP supported this proposal</p>	<p>CMS finalized this proposal</p>	
<p>CMS proposed to eliminate prohibition on billing same-day visits by practitioners of same group and specialty</p>	<p>AANP supported this proposal and noted same issue applies for new patient visits</p>	<p>CMS said they are reviewing the comments received for future rulemaking</p>	
<p>CMS proposed to remove redundancy in E/M visit documentation</p>	<p>AANP supported proposals to remove requirements that clinicians re-document work already in the medical record</p>	<p>CMS finalized these proposals</p>	
<p>CMS proposed to provide choices in E/M documentation using time, medical decision making or current framework</p>	<p>AANP raised concerns that lowering the documentation standard too significantly could lead to lower quality documentation</p>	<p>CMS amended proposal so that it no longer applies to level five E/M coding and delayed the implementation for two years</p>	
<p>CMS proposed to collapse E/M codes 2-5 into one blended payment rate</p>	<p>AANP raised concerns about the impact on NPs with a high volume of complex patients</p>	<p>CMS amended proposal so that it no longer applies to level five E/M coding and delayed implementation for two years</p>	
<p>CMS proposed the creation of add-on code GCGOX for inherent visit complexity in specialty settings</p>	<p>AANP raised concern that proposed rule language limited use of this code to certain specialty physicians</p>	<p>CMS clarified that the add-on code would not be limited by provider specialty, it would be based on type of service provided</p>	
<p>CMS proposed to reduce the documentation burden on teaching physicians and medical residents</p>	<p>AANP took this opportunity to highlight the importance of reducing these same burdens for NP preceptors and NP students</p>	<p>CMS only addressed teaching physicians in the final rule, and AANP is continuing to raise this issue with the agency</p>	
<p>CMS proposed to unbundle payments for communication technology-based services including consultations</p>	<p>AANP was concerned that the language of the new remote consultation codes limited them to consulting physicians</p>	<p>CMS clarified that these codes (994X6, 994X0, 99446-99448) can be billed by all clinicians authorized to bill Medicare</p>	

CMS proposed to create an “opt-in” option for clinicians to participate in MIPS even if they did not meet all of the low-volume threshold criteria	AANP supported this proposal	CMS finalized the proposal to allow clinicians to “opt-in” to the QPP	
CMS proposed to create a new low-volume threshold of 200 or more Medicare Part B services billed in a calendar year	AANP supported this proposal because combined with the opt-in proposal it would allow many more NPs to participate in the program	CMS finalized the proposal to create a new low-volume threshold of 200 Medicare Part B services billed in a calendar year	
CMS proposed to keep the MIPS performance periods from year two of the program	AANP supported this proposal to create greater consistency within MIPS	CMS finalized this proposal	
CMS proposed to implement new episode-based cost measures in the cost category of MIPS	AANP requested that CMS continue to develop episode-based measures with a primary care focus	CMS stated that they will continue to develop measures for broader array of clinicians	
CMS proposed to maintain the NP exemption from reporting on the Promoting Interoperability category until data from the first year of the program could be reviewed	AANP supported this proposal	CMS finalized this proposal	
CMS proposed to remove the one physician visit requirement from the voluntary alignment patient attribution pathway in the Medicare Shared Savings Program	AANP supported this proposal	CMS finalized this proposal	