

# Insights

## Highlights from the 2018 Physician Fee Schedule Final Rule

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CMS published its 1,250 page 2018 Physician Fee Schedule Final Rule (“PFS”) on November 2, 2017.[1] In addition to the finalized changes to payment for non-excepted off-campus provider-based departments (discussed in detail here), the following are other important PFS changes, effective January 1, 2018:

**Increased Overall PFS Reimbursement:** The 2018 PFS final rule includes an overall +0.31 percent payment adjustment.

**Physician Quality Reporting System (PQRS) and Meaningful Use (MU) Quality Reporting:** Holds all groups and solo practitioners who met 2016 PQRS reporting requirements harmless from any negative value modifier payment adjustments in 2018, primarily by aligning calendar year 2016 PQRS and MU quality reporting requirements with those under MIPS and reducing payment adjustment for not meeting the criteria per the following:

- Physician groups ≥ 10 practitioners: from -4.0% to -2.0%
- Physician groups <10 practitioners: from -2.0% to -1.0%

**Medicare Shared Savings Program:** PFS reduces document submission requirements for skilled nursing facilities, rural health clinics and federally qualified health centers.

**Diabetes Prevention Program:** Reduces from \$810 the maximum payment per beneficiary to \$670 over three years and establishes two-year limit on Medicare coverage for ongoing maintenance sessions. PFS also introduces new G-codes for practitioner reporting services.

**Telehealth Updates:** PFS finalizes Digital Medicine/Remote Patient Modeling, demonstrating CMS’ push to expand telehealth services and reimbursement, including and implementation development of several new HCPCS/CPT codes:

- HCPCS code G0296 (visit to determine low dose computer tomography eligibility)
- CPT code 90785 (Interactive Complexity)
- CPT codes 96160 and 96161 (Health Risk Assessment)
- HCPCS code G0506 (Care Planning for Chronic Care Management)
- CPT codes 90839 and 90840 (Psychotherapy for Crisis)

**Physician Work and Practice Expense:** Includes resource estimates for new/revised CPT codes and undervalued services.



As most providers are aware, the devil is in the details, and the PFS includes overflows with very specific requirements. If any of the above high-level items or other aspects of the PFS generate questions for your practice, then please contact Krieg DeVault's Health Care Practice Group. Questions can be directed to Thomas N. Hutchinson at (317) 238-6254 or [thutchinson@kdlegal.com](mailto:thutchinson@kdlegal.com).

[1] <https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-23953.pdf>