2022 Medicare Physician Fee Schedule (MPFS) Final Rule

CMS uses the MPFS to set the reimbursement rates for Medicare-eligible providers for services provided to Medicare beneficiaries. Each year CMS proposes some new fee updates as well as regulations that govern what providers must do in order to receive payment.

Fee Schedule

Fee schedule changes from proposed rule to final rule:
-   Therapists and other qualified healthcare professionals will now be able to bill remote therapeutic monitoring (RTM) codes. Payment for these RTM codes is being finalized for CY 2022, and CMS is now designating the five RTM CPT codes as "sometimes therapy" codes.
-   An update to clinical labor input in practice expenses has been changed from a phase-in over 2 years to a 4-year implementation.

In most cases, the final rule does not stray from the CY2022 MPFS proposed rule.
-   The conversion factor will be $33.59 for CY2022.
-   Because the law requires it, the 15% differential for care provided in whole or in part (de minimis standard) by PTAs or OTAs will be implemented on January 1, 2022. There will be no delays or exceptions for rural or medically underserved areas.
-   CMS clarified that the 15% therapy assistant differential will be deducted from the 80% paid by CMS (that remains after the 20% patient portion is deducted).
-   CMS declined to change the PTA supervision standard for private practice settings.
-   CMS put off making a decision about allowing A/V communications to achieve direct supervision on a permanent basis (currently allowed under Public Health Emergency (PHE) waiver until January 1, 2023).
-   Telehealth: CMS maintained their position that physical therapy and other rehabilitation therapy are not to be added as provider types who will be able to provide for care to Medicare beneficiaries via telehealth after the PHE is lifted.
-   The CY 2022 KX modifier threshold amount will be $2,150 for PT and SLP services combined and $2,150 for OT services. The targeted medical review threshold is $3,000 for PT and SLP services combined and $3,000 for OT services (this threshold will remain the same until CY 2028).

Merit-Based Incentive Payment System (MIPS)
-   As proposed, small practices, excluding those participating in MIPS as part of a virtual group, must submit data as a group to indicate that they wish to be scored as a group for Medicare Part B claims.

- For the 2022 performance/2024 payment year, MIPS eligible clinicians will need to achieve a final score equal to 75 points in order to receive a neutral MIPS payment adjustment.
- CMS will move forward with its first 7 MIPS Value Pathways beginning with 2023 performance year/2025 payment year; the "Improving Care for Lower Extremity Joint Repair" MVP is one of the seven.
- CMS responded to PPS' concerns about the removal of Quality measure 154 by stating, "The removal of measure Q154 would not impede a clinician's ability to submit measure Q155 as the denominator criteria of screening for future fall risk (CPT II code 1100F) could still be submitted on the Medicare Part B claims form if utilizing the Medicare Part B Claims Measure Specification collection type."
- CMS agreed with PPS and noted that Q50: urinary incontinence: plan of care for urinary incontinence was inadvertently included in the removal table. The correction has been made and Q50 has been moved to the "measures finalized for addition" for the PT/OT specialty set.

Legislative advocacy efforts are ongoing to mitigate the PTA differential and improve PTA supervision (the *Stabilizing Medicare Access to Rehabilitation and Therapy (SMART) Act*, H.R.5536); as well as to enable PTs, PTAs, and other rehabilitation therapists to provide care via telehealth to Medicare beneficiaries (the *Expanded Telehealth Access Act*, S.3193/H.R.2168). Additionally, 247 Representatives are on record calling for an extension of the 3.75% increase to conversion factor for another year; legislation to do so is anticipated. Please join us in our advocacy efforts and reach out to your lawmakers about these bills.