
CMS Finalises 2022 Payment Rules: Speciality Physicians See Pay Cuts



The Centers for Medicare & Medicaid Services (CMS) finalised the following payment rules for the 2022 calendar year:

- Physician Fee Schedule (PFS)
- Hospital Outpatient Prospective Payment System (OPPS) / Ambulatory Surgical Center (ASC) Payment System
- Home Health Prospective Payment System (PPS)

CMS increased hospital outpatient services payments by 2% and home health by 2.6%, while reducing physician speciality reimbursement. Notable updates are described below.

The current PFS conversion factor, a multiplier used by Medicare to calculate reimbursements, is boosted by the Consolidated Appropriations Act, which expires next year. Thus, the temporary 3.75% boost it added drops by \$1.30 to \$33.59. PFS also updated clinical labour prices, which benefits primary care physicians while lowering payment to specialities like interventional radiology, vascular surgery, radiation oncology, and cardiology.

The PFS also extended through 31 December 2023 the telehealth benefits added during the pandemic to better evaluate whether these services should permanently remain. Telehealth mental health treatment services are being included for reimbursement under Medicare telehealth services.

The OPPS rule brings stricter penalties for hospitals that fail to comply with the hospital price transparency regulations. In a CMS press release, CMS Administrator, Chiquita Brooks-LaSure, added: 'The CMS is committed to promoting and driving price transparency, and we take seriously concerns we have heard from consumers that hospitals are not making clear, accessible pricing information available online.' For hospitals with 30 beds or less, there is a minimum penalty of \$300 per day. Hospitals with more than 30 beds shall receive a fine of \$10 per bed per day up to a maximum daily penalty of \$5,500. CMS halted plans to eliminate the inpatient-only (IPO) list, which includes hospital only healthcare services. OPPS also continues the following:

- 340B drug discount payments. These provide reduced pricing for health care organisations that care for many uninsured and low-income patients.
- Site-neutral payment provisions. These call for equal payments regardless of whether treatment occurs in an inpatient rehabilitation hospital or nursing home.

PPS formalised the nationwide expansion of the Home Health Value-Based Purchasing Model. Beginning 2023, this will test whether payment incentives can change health care providers' behaviour to improve the quality of care. The rule establishes survey and enforcement requirements for hospice programs serving Medicare beneficiaries. Blanket waivers for home health aide supervision and telecommunication use in assessment visits are made permanent.

Source: [Ernest & Young](#)

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