

A Quick Guide To Medicare Physician Fee Schedule Changes JANUARY 2023

Code changes are Effective from January 1, 2023.

Overview:

The Centers for Medicare & Medicaid Services (CMS) issued a final rule that includes updates and policy changes for Medicare payments under the Physician Fee Schedule (PFS), and other Medicare Part B issues, effective from Jan 1, 2023.

MPFS code changes 2023 summary

Additions	Deletions	Revisions	Total
327	130	9818	10275

» Conversion Factor rate update:

The 2023 MPFS Conversion Factor is set at \$33.06. This represents a decrease of \$1.55, or 4.48%, from the 2022 MPFS Conversion Factor rate update of \$34.61

» Split (or Shared) E/M Visits

For this year, CMS has the split (or shared) visits policy. This policy determines which professional should bill for a shared visit by defining the “substantive portion” of the service as more than half of the total time.

» Telehealth Services

CMS finalized its proposal to extend telehealth coverage for an additional five months beyond the end of the Public Health Emergency (PHE) for the codes that were only going to be on the telehealth list through the end of the PHE. CMS agreed to maintain the same payment rates for office visits provided in-person or via telehealth through the end of 2023 instead of reducing payments for telehealth visits to the facility rates.

» Behavioral Health Services

CMS finalized the proposal to add an exception to the direct supervision requirement under our “incident to” regulation at 42 CFR 410.26 to allow behavioral health services to be provided under the general supervision of a physician or non-physician practitioner (NPP), rather than under direct supervision, when these services or supplies are furnished by auxiliary personnel, such as licensed professional counselors (LPCs) and Licensed Marriage and Family Therapists (LMFTs) and LMFTs, incident to the services of a physician (or NPP).

» Chronic Pain Management and Treatment

CMS finalized new HCPCS codes, (G3002 and G3003) performed by physicians and other qualified health professionals, describing monthly CPM for payment.

» Opioid Treatment Programs (OTPs)

Pricing of the drug component methadone weekly bundle and the add-on code for take-home supplies of methadone, will increase the 2023 rate by 5.3 percent. The OTP intake add-on code will now have to be furnished via two-way audio-video communications technology when billed for the initiation of treatment with buprenorphine.

» Audiology Services

CMS finalized a policy to allow beneficiaries direct access to an audiologist without an order from a physician or NPP for non-acute hearing conditions. For better reporting accuracy the services can be billed using the codes audiologists already use with the new AB modifier, and include only those personally furnished by the audiologist.

» Dental and Oral Health Services

CMS has finalized that dental services (including both examination and treatment) should be covered prior to cardiac valve replacement, valvuloplasty, or organ transplant. CMS finalized that Medicare payment would be provided if these procedures were done on an outpatient or an inpatient basis. CMS also said that ancillary services (such as X-rays, the administration of anesthesia, or the use of an operating room) for these procedures would also be covered.

» Colorectal Cancer Screening

CMS has finalized two updates to expand Medicare coverage policies for colorectal cancer screening in order to align with recent United States Preventive Services Task Force and professional society recommendations.

- First, CMS is expanding Medicare coverage for certain colorectal cancer screening tests by reducing the minimum age payment and coverage limitation from 50 to 45 years.
- Second, CMS is expanding the regulatory definition of colorectal cancer screening tests to include a complete colorectal cancer screening, where a follow-on screening colonoscopy after a Medicare covered non-invasive stool-based colorectal cancer screening test returns a positive result.

» Preventive Vaccine Administration Services

CMS finalized its proposals to update the Medicare Part B payment for administration of the influenza, pneumococcal, hepatitis part B, and COVID-19 vaccines based on the annual increases to (Medicare Economic Index) MEI and to geographically adjust the payments.

References:

<https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2023-medicare-physician-fee-schedule-final-rule>

MLN Matters Number: MM12982 - <https://www.cms.gov/files/document/mm12982-medicare-physician-fee-schedule-final-rule-summary-cy-2023.pdf>

<https://www.ama-assn.org/system/files/2023-mpfs-final-rule-summary.pdf>