



Comment Summary: CY 2022 Physician Fee Schedule (PFS) Proposed Rule

On September 14th, AHPA submitted comments in response to the proposed rule titled “*CMS-1751-P Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies.*” Below are some of the key positions taken by AHPA in our response to the Centers for Medicare and Medicaid Services (CMS). To review the comment letter, click [here](#).

Telehealth Services

Proposal: CMS proposes to extend the Category 3 services (telehealth services only covered temporarily) until the end of CY 2023. This category includes services added during the Public Health Emergency (PHE) for which there is likely to be a clinical benefit when furnished by telehealth.

Position: **Supported.**

- Supported the coverage extension of the Category 3 services and urged the agency to extend coverage for at least another year after the end of the PHE.

Proposal: CMS proposes requiring a face-to-face visit at least once within six months after a telehealth service is provided for the diagnosis or treatment of mental health services. CMS sought comments on whether a different interval, shorter or longer, may be appropriate for the subsequent in-person service.

Position: **Did not support.**

- Did not support creating a specific timeframe for a follow-up, in-person visit as we believe that decision is better left to the physician and patient.

Appropriate Use Criteria (AUC)

Proposal: CMS proposes to postpone the payment penalty phase of the program until January 1, 2023, or January 1st of the year after the end of the COVID-19 PHE.

Position: **Supported.**

- We commended CMS for its decision to delay the payment penalty phase of the AUC.

Quality Payment Program (QPP)

Proposal: CMS invites comments on when it should mandate MVP participation for all MIPS participants, proposing to sunset the current MIPS program after the CY 2027 performance period.

Position: **Supported.**

- AHPA agrees with the proposed timeline as it offers sufficient time for clinicians to learn more about the transition and adequately prepare for the changes.

Medicare Shared Savings Program

Proposal: CMS proposes updates to the list of primary service codes to be used beginning with PY 2022 for beneficiary assignment to MSSP ACOs. CMS proposes to freeze the quality performance standard at the 30th percentile across all measures through 2023 as an added incentive to report eCQMs.

Position: Supported and provided additional recommendations.

- Supported the proposed additions to the assignment code list.
- Believed that the expansion to all-payer data for ACOs is inappropriate and recommended that for eCQM reporting, CMS limit the reporting to Medicare assigned beneficiaries.