American College of Surgeons
Inspiring Quality:
Highest Standards, Better Outcomes
100+years

2019 Medicare Physician Fee Schedule and Quality Payment Program Final Rule: Key Takeaways for Surgeons

The Centers for Medicare & Medicaid Services (CMS) released the final rule for the 2019 Medicare Physician Fee Schedule (PFS) and Quality Payment Program (QPP) on November 1, 2018. Below are some key takeaways for general surgeons.

No Change in Allowed Charges for General Surgery

CMS estimates that the combined impact of all the payment policies finalized in the PFS will result in no net change to allowed charges for general surgery.

E/M Documentation and Valuation Proposals Postponed

CMS **postponed changes to the E/M codes** that were proposed to take effect in January 2019. Starting in 2021, CMS will **collapse E/M office/outpatient visit levels 2, 3, and 4 into a single payment rate**. CMS will also create add-on codes for primary care and certain specialized medical care services. Also in 2021, CMS will allow for E/M documentation via medical decision-making or time alone, or by using the current 1995/1997 guidelines.

E/M Documentation Burden Reduction Policies Finalized

CMS finalized the following policies intended to **reduce evaluation & management (E/M) documentation burden:**

(1) Physicians may choose to document only what has changed since the last visit rather than re-recording a defined list of elements of history and exam for established patients.

(2) Physicians will not need to re-document the chief complaint or history that has already been documented in the record.

AMERICAN COLLEGE OF SURGEONS
Inspiring Quality:
Highest Standards, Better Outcomes
100+years

Reduction in Documentation Requirements for Teaching Physicians

CMS **eliminated the requirement that a teaching physician must personally document the extent of their participation** in the review and direction of services furnished to each patient. The teaching physician's participation during E/M services and procedures may be **demonstrated by notes in the medical record made by a resident, nurse, or other clinical staff.** Teaching physicians **will still be responsible for verifying the accuracy of such notes**, along with further documenting their participation in the medical record if the notes made by the clinical staff did not accurately demonstrate the physician's involvement in the provision of the service.

Valuation of General Surgery-Related Services

CMS **finalized the ACS-supported valuation for 12 individual surgical services** to reflect the broad-based, multi-specialty recommendations made by the AMA/Specialty Society RVS Update Committee (RUC). These include services related to fine needle aspiration, diagnostic proctosigmoidoscopy procedures, and removal of intraperitoneal catheters.

Changes to the MIPS Low-volume Threshold and Flexibility to Opt-in

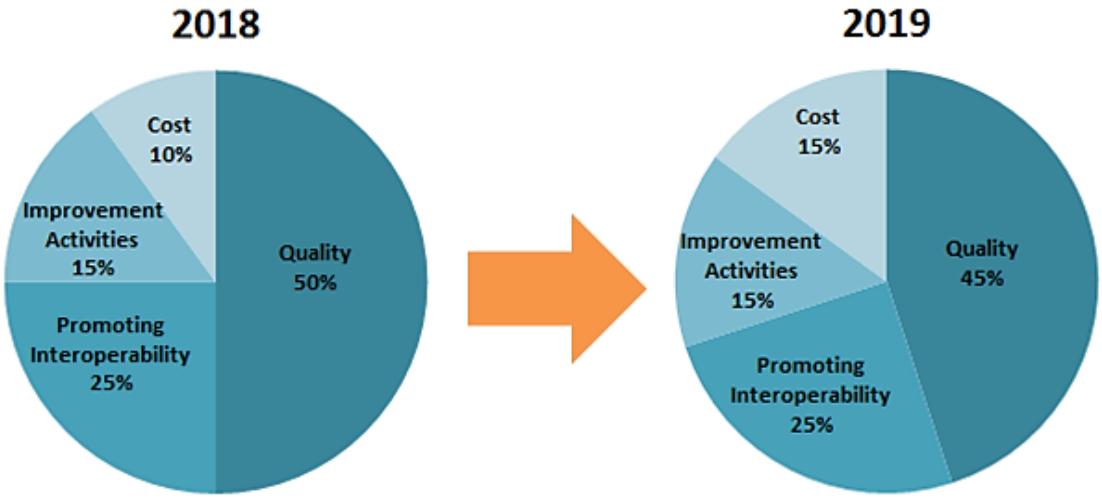
Similar to 2018, in 2019 many surgeons will continue to be excluded from MIPS based on the low-volume threshold. CMS estimates that 1/3 of all clinicians will be excluded in 2019. New for 2019, CMS expanded the low volume threshold to include clinicians who provide ≤ 200 covered professional services under the PFS, and CMS offers opportunities for low-volume threshold clinicians to opt-in to the program.

CMS Increases MIPS Performance Threshold Needed to Avoid a Penalty

CMS doubled the overall performance threshold. **In the 2019 performance year physicians must achieve a final score of 30 points to avoid a payment penalty.** The 2018 requirement was 15 points. This means surgeons will have to submit data for more than one MIPS performance categories (Promoting Interoperability, Quality, Improvement Activities) to avoid a penalty.

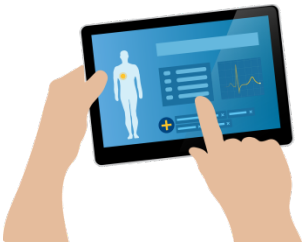
AMERICAN COLLEGE OF SURGEONS
Inspiring Quality:
Highest Standards, Better Outcomes
100+years

Changes to the MIPS Quality and Cost Weights



For 2019, the **Quality performance category has been decreased from 50% to 45% of the overall MIPS score**, and the **Cost performance category has been increased from 10% to 15%**. The category weights for Improvement Activities and Promoting Interoperabilty will remain the same from 2018 to 2019.

New Program Name: Promoting Interoperability



For 2019, CMS changed the Advancing Care Information (ACI) category name to Promoting Interoperability. As part of this program, CMS finalized the requirement that **physicians report their MIPS data using 2015 Edition Certified Electronic Health Record Technology (CEHRT) for 2019.** Participation in this category is still not required to avoid a MIPS penalty.

MIPS Burden Reduction for Facility-based Physicians

For 2019, surgeons eligible for facility-based MIPS measurement will have their facility's Hospital Value-Based Purchasing (VBP) Program performance automatically applied to their MIPS Quality and Cost score. This policy applies to surgeons attributed to a facility that has a higher VBP Program score compared to the clinician or group's own combined MIPS Quality and Cost score).

AMERICAN COLLEGE OF SURGEONS
Inspiring Quality:
Highest Standards, Better Outcomes
100+years

MIPS Claims Reporting Only Available to Small Practices

For 2019, the claims-based reporting option will no longer be available to most surgeons reporting individually. **Medicare Part B claims measures can only be submitted by clinicians in a small practice, whether participating as an individual or a group.** Surgeons who have historically reported via claims may want to consider other ways to report, such as the ACS Surgeons Specific Registry.

For more information about the CY 2019 Medicare Physician Fee Schedule and Quality Payment Program Final Rule, contact the Regulatory and Quality Affairs team, ACS Division of Advocacy and Health Policy at Regulatory@facs.org.