

March 2017

CMS Changes Direction on Non-Face-to-Face Services

There are changes in the wind at the Centers for Medicare and Medicaid Services (CMS) as payment models start to move away from payment based on the volume of services provided and toward a greater emphasis on value. Some of these changes will be broad and far reaching while others are more nuanced and specific. One of the latter types is a modification in CMS's stance on payment for non-face-to-face care – specifically **prolonged services** without direct patient contact.

This decision as discussed within the [2017 Medicare Physician Fee Schedule final](#) rule acknowledges a shift to delivery system reforms that *“requires more centralized management of patient needs and extensive care coordination among practitioners and providers, often on a non-face-to-face basis across an extended period of time.”* Per CMS it is understood that this change includes driving increased access for healthier people as well as a greater burden on providers for coordination of disease management. Because new payment models such as the Merit-based Incentive Payment System (MIPS) and many Alternative Payment Models (APMs) will include incentives for care management services, CMS has made some changes in policy for some of these services not previously paid. For example, starting in 2013, Medicare started paying for post-discharge care by establishing and paying for transitional care management services. In 2015 Medicare started allowing separate payment for chronic care management services.

The latest example of this change in emphasis is the new CMS policy that allows payment for prolonged services in non-face-to-face settings. The following two codes are not new to the CPT® code set but they are new for Medicare payment:

99358 - Prolonged evaluation and management service before and/or after direct patient care; first hour

99359 - Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)

This new policy marks a change from previous CMS policy which has bundled non-face-to-face services into related Evaluation and Management (E/M) codes and may signal the likelihood of additional significant CMS policy changes to come. For more information, please review [CMS Transmittal 3678](#) and the information on Prolonged Services Without Direct Patient Contact found on page 33 of the 2017 Professional Edition of CPT.

Timely Topics

PAYMENT AND PRACTICE MANAGEMENT

The Medicare policy for proper reporting these specific codes will follow CPT guidance. You may wish to check with your local commercial payers for their specific policies.

Offering coverage for these services may allow for recognition of the direct costs required to provide this care; some non-face-to-face services can result in higher quality care at lower overall costs and can help promote patient-centered care.

This and other potential payment policy changes may more appropriately recognize the value of total patient management by physicians, as CMS continues to try to align Medicare payment with current and future practice and payment methods. Staying abreast of these changes in policy can help you prepare for the new Quality Payment Program (QPP) within the Medicare Access and CHIP Reauthorization Act (MACRA). The QPP includes both the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APM). To learn more about them, please visit <http://www.asahq.org/quality-and-practice-management/macra>