

# Information Alert



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**Urgent**



**Action Required**



**For Your Information**

On October 30, 2015, the Centers for Medicare & Medicaid Services (CMS) released the [final rule](#) on the 2016 Medicare physician fee schedule, establishing Medicare's payment policies for the coming year.

In its [September 8<sup>th</sup> comment letter](#) on the 2016 Medicare Physician Fee Schedule Final Rule, APAPO addressed areas that could impact reimbursement of psychological services, and CMS considered many of these comments when it developed its final rule.

**Impact of Medicare's Payment Formula for Psychologists:** The impact on Medicare allowed charges for clinical psychologists in 2016 is estimated by CMS to be 0%. Most of the other specialties will also see no impact next year as well. However, since 2013, a mandatory sequestration cut has been imposed to all Medicare providers, and this cut will reduce psychologist reimbursement by 2% in 2016. The Bipartisan Budget Act of 2015, signed by President Obama on November 2<sup>nd</sup>, extended the 2% sequestration cut for Medicare providers through 2025.

In addition to losses caused by sequestration, Medicare payments to psychologists have declined significantly since 2001 because under the current formula Medicare pays more for higher-cost, technology-driven services with high overhead, and APAPO continues to [advocate](#) for a change in the Medicare payment formula so that psychologists are appropriately and fairly compensated for treating Medicare beneficiaries.

**The Physician Quality Reporting System (PQRS):** CMS is not making changes to the claims-based reporting method for 2016; although, the agency has stated in the past that claims-based reporting will be eliminated in future rulemaking. Additionally, the reporting requirements for eligible professionals (EPs) for 2016 are the same as the 2015 requirements: EPs must report nine measures across three National Quality Strategy (NQS) domains and include at least one cross-cutting measure.

CMS finalized several new measures:

#411 Depression Remission at Six Months – registry reporting only

#431 Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling – registry reporting and measures group reporting and note: #431 is a cross-cutting measure

#414 Evaluation of Intervention for Rising Opioid Use – registry reporting only

CMS revised several measures for 2016 including:

#370 Depression Remission at Twelve Months – registry reporting being added

CMS is removing these measures for 2016

#131 Pain Assessment and Follow-Up (will be available only through a new measures group)

#173 Preventive Care and Screening: Unhealthy Alcohol Use – Screening

#285 Dementia: Screening for Depressive Symptoms (considered duplicative of measure #134)

Proposed measures that CMS did not finalize for 2016.

Cognitive Impairment Assessment Among At-Risk Older Adults

Documentation of a Health Care Proxy for Patients with Cognitive Impairment

PQRS resources are available on the [Quality Improvement Programs section](#) of APAPO's Website.

**Advanced Care Planning:** CMS finalized its proposal to reimburse Medicare providers for Advance Care Planning services by a physician or other qualified health professional under new CPT codes 99497 and add-on code 99498. In APAPO's comment letter, we applauded CMS for recognizing the importance of having health professional discuss topics such as advance directives and explained psychologists education, training, and experiences qualifies them to provide advance directive services. However, in the final rule, CMS was not clear on which non-physician providers will be reimbursed for these services. APAPO has contacted CMS regarding this issue and continues to advocate for psychologists to have access to these codes.

**Value-Based Modifier:** CMS will not apply the value-based modifier for psychologists and certain other non-physician practitioners. Instead, the agency will transition these providers directly to the Merit-Based Incentive Payment System (MIPS) which will occur after 2019. APAPO members can learn more about MIPS in [Good Practice](#). In the meantime, CMS strongly encourages non-physician providers to report claims through a PQRS registry to help. APAPO **PQRS**PRO is a qualified CMS PQRS registry and to register, visit: <https://apapo.pqrspro.com/>.

**Future Rulemaking:** CMS is still considering comments, including those made by APAPO, for proposed collaborative care models for beneficiaries with common behavioral health conditions, and they are seeking further input from primary care providers before proposing a new model. Regarding chronic care management and transitional care management services, CMS stated that it will take APAPO and other stakeholder comments into consideration if it decides to develop proposals in a future rulemaking.

**For more information, contact APAPO Government Relations Office at [Pracgovt@apa.org](mailto:Pracgovt@apa.org) or (202) 336-5889. Visit APAPO on-line at [APAPracticeCentral.org/Advocacy](http://APAPracticeCentral.org/Advocacy).**

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