



COLLEGE of AMERICAN
PATHOLOGISTS

Proposed 2022 Medicare Policy and Payment Changes for Pathologists

Jonathan L. Myles, MD, FCAP

W. Stephen Black-Schaffer, MD, FCAP

Ronald W. McLawhon, MD, PhD, FCAP

Diana M. Cardona, MD, FCAP

**Pamela K. Wright, Senior Director of CAP Economic & Regulatory Affairs,
Advocacy**

August 5, 2021

Welcome

Jonathan L. Myles, MD, FCAP

- **Chair, CAP Council on Government and Professional Affairs**



Welcome

W. Stephen Black-Schaffer, MD, FCAP

- **Chair, CAP Economic Affairs Committee**



Welcome

Ronald W. McLawhon, MD, PhD, FCAP

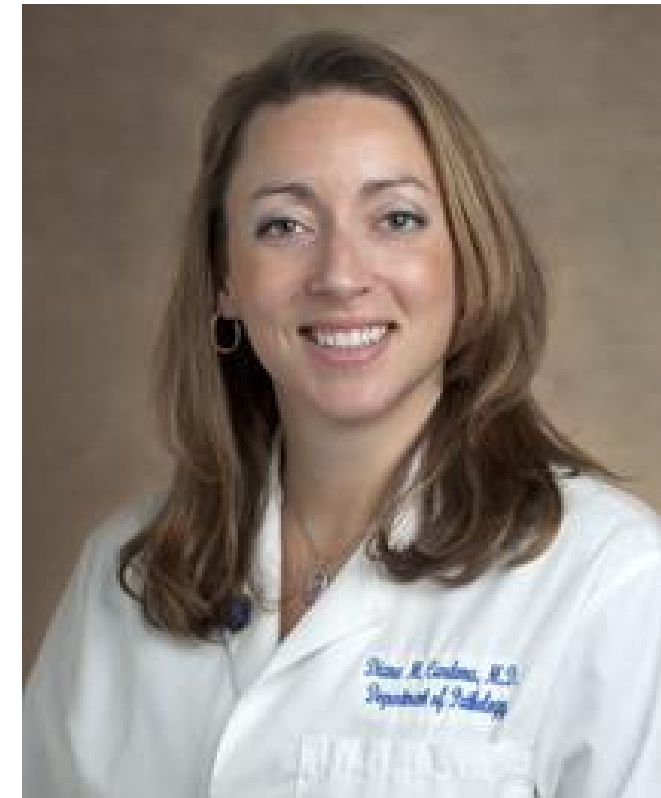
- **Vice-Chair, CAP Economic Affairs Committee**



Welcome

Diana M. Cardona, MD, FCAP

- **Chair of the Quality and Clinical Data Registry Committee**





Agenda

- **CAP Policy and Advocacy**
- **Proposed 2022 Fee Schedule and Reimbursement Policy Overview**
- **Pathology Clinical Consultation Codes Impact**
- **Proposed 2022 Quality Payment Program Policy Overview**
- **Take Action**
- **Questions**



Proposed 2022 Medicare Physician Fee Schedule and Quality Payment Program Regulations

- **Proposed 2022 Medicare Physician Fee Schedule and Quality Payment Program regulations were released on July 13**
 - CAP members received a *Special Advocacy Update* with initial analysis of this regulation
- **CAP will continue to engage with the Centers for Medicare & Medicaid Services (CMS) and strongly urges Congress to reduce or waive Medicare's budget neutrality requirement for the office visit and other payments**
- **Final regulations expected Fall of 2021**



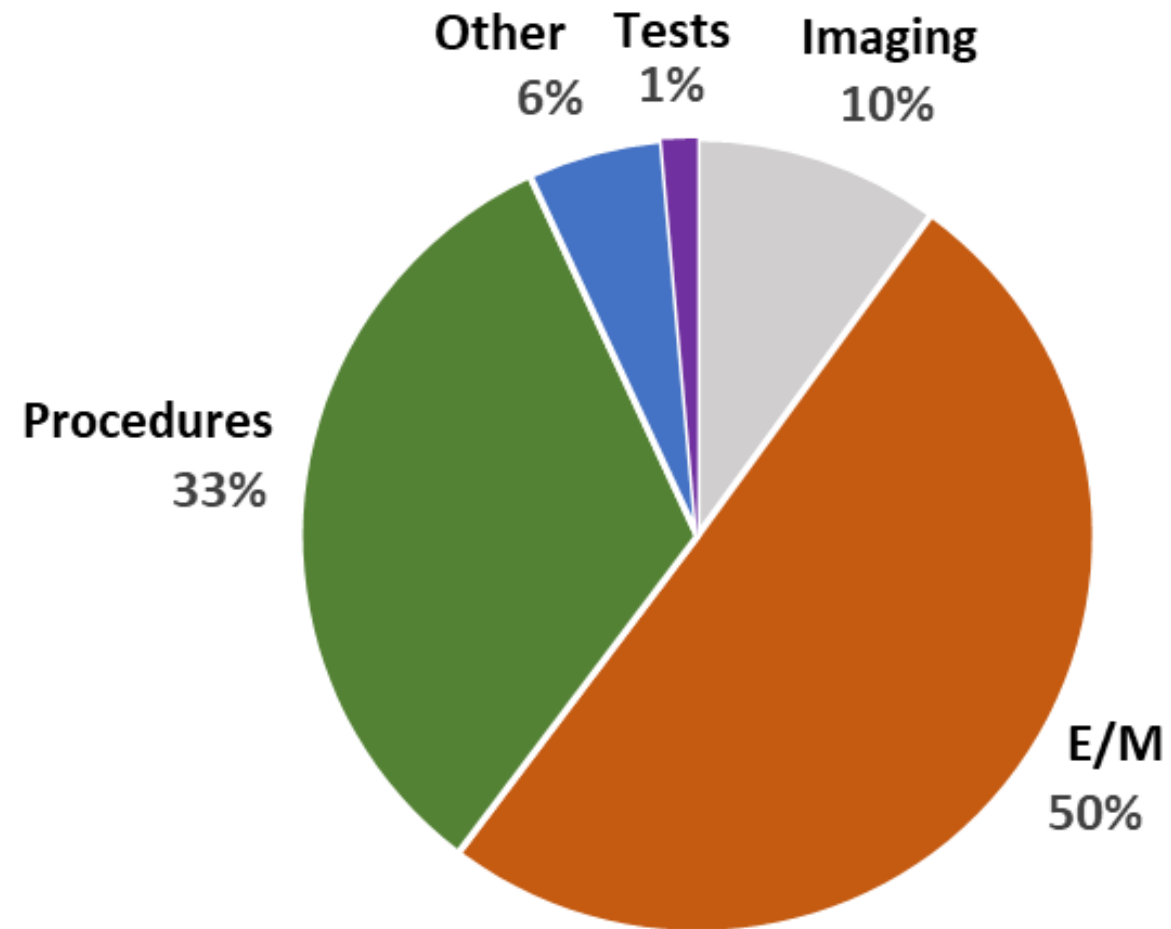
CAP Policy and Advocacy



CAP Advocacy Priorities

- **Protect the value of pathology services**
- **Mobilize pathologists for political action**
- **Ensure pathologists can participate in new payment models**
- **Strengthen the profession with advocacy in states**
- **Conduct socioeconomic research**

Changes in E/M RVUs Impact the Physician Fee Schedule



Any E/M visit coding revisions and revaluations results in a significant redistribution of Medicare dollars and negatively impacts pathologists and others.

Source: Medicare Physician Spending by Type of Service, 2019 (estimated), AMA, April 2020



Mitigating 2021 Medicare Cuts

- **Direct engagement by CAP resulted in action on December 27, 2020**
- **The legislation directed Medicare to make a 3.75% positive adjustment to the 2021 physician payments.**
- **The CMS updated 2021 Physician CF to \$34.8931, a 3.3% reduction from the 2020 conversion factor**
- **Suspended 2% payment adjustment (sequestration) through December 31, 2021**
- **Delayed implementation of the inherent complexity add-on code for E/M services (G2211) until 2024**



Threat of Medicare Cuts in 2022

- **Based on pathology utilization data the overall impact on reimbursement for 2022 represents an approximate - 5% from 2021 pathology payments.**
 - 3.75% cut from revaluation of evaluation of management services
 - 1% cut from clinical labor repricing proposal
 - The CAP's estimated change for independent laboratories is - 6%
- **The CAP has worked throughout 2021 to stop next year's cut.**
 - At the Pathologists Leadership Summit and Hill Day in May, our main ask of Congress was to mitigate the 2022 cut
 - The CAP has further engaged with the administration and leaders in Congress to urge them to act before next year



A never-ending process . . .

**Since 2006, about half of all pathology
CPT codes have been targeted for
reevaluation by CMS.**

Top Pathology Services – Proposed Reimbursements

CPT Code	Modifier	Short Description	2021 Payment	Proposed 2022 Payment	Percent Change
88305	26	Tissue exam by pathologist	\$37.68	\$35.94	-4.6%
88312	26	Special stains group 1	\$26.87	\$25.52	-5.0%
88313	26	Special stains group 2	\$12.21	\$11.75	-3.8%
88341	26	Immunohisto antib addl slide	\$28.61	\$27.20	-4.9%
88342	26	Immunohisto antib 1st stain	\$35.24	\$33.58	-4.7%
88305		Tissue exam by pathologist	\$71.53	\$69.86	-2.3%
88312		Special stains group 1	\$113.05	\$107.14	-5.2%
88313		Special stains group 2	\$81.65	\$78.92	-3.3%
88341		Immunohisto antib addl slide	\$93.86	\$80.60	-14.1%
88342		Immunohisto antib 1st stain	\$106.08	\$95.38	-10.1%
88305	TC	Tissue exam by pathologist	\$33.85	\$33.92	0.2%
88312	TC	Special stains group 1	\$86.19	\$81.61	-5.3%
88313	TC	Special stains group 2	\$69.44	\$67.17	-3.3%
88341	TC	Immunohisto antib addl slide	\$65.25	\$53.40	-18.2%
88342	TC	Immunohisto antib 1st stain	\$70.83	\$61.80	-12.7%

Largest Percent Change – Proposed Reimbursements

CPT Code	Modifier	Short Description	2021 Payment	Proposed 2022 Payment	Percent Change
36516		Apheresis immunoads slctv	\$2,041.60	\$1,619.79	-20.7%
36522		Photopheresis	\$1,767.68	\$1,377.98	-22.0%
88374	TC	M/phmtrc alys ishquant/semiq	\$308.46	\$243.15	-21.2%
88125	TC	Forensic cytopathology	\$12.91	\$15.78	22.2%
88161	TC	Cytopath smear other source	\$46.41	\$55.41	19.4%
88162	TC	Cytopath smear other source	\$65.25	\$85.64	31.2%
88177	TC	Cytp fna eval ea addl	\$7.33	\$8.73	19.1%
88182	TC	Cell marker study	\$101.89	\$122.25	20.0%
88348	TC	Electron microscopy	\$354.51	\$423.17	19.4%
88356	TC	Analysis nerve	\$113.75	\$140.05	23.1%



CAP Advocacy Win: Consult Codes in Proposed 2022 Medicare Payment Regulation



Pathology Clinical Consultation Services

- The current clinical pathology consultation services were identified as potentially misvalued for review by the AMA RUC's Relativity Assessment Workgroup
 - 80500 - Clinical pathology consultation; limited, without review of patient's history and medical records
 - 80502 - Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records

Pathology Clinical Consultation Services

CPT Code	Description	RUC Recommended Work RVU	2022 Proposed Work RVU
80XX0	Pathology clinical consultation; for a clinical problem with limited review of patient's history and medical records and straightforward medical decision making. When using time for code selection, 5-20 minutes of total time is spent on the date of the consultation.	0.50	0.43
80XX1	Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making. When using time for code selection, 21-40 minutes of total time is spent on the date of the consultation	0.91	0.91
80XX2	Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making. When using time for code selection, 41-60 minutes of total time is spent on the date of the consultation	1.80	1.71
80XX3	Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure)	0.80	0.80



Pathology Clinical Consultation Services

- **While the PFS released information regarding the new services is limited, it notes some instructions per CPT:**
 - **For consultations involving the examination and evaluation of the patient, see 99241-99255**
 - **Use 80XX3 in conjunction with 80XX2**
 - **Do not report 80XX0, 80XX1, 80XX2, 80XX3 in conjunction with 88321, 88323, 88325**



Pathology Clinical Consultation Services

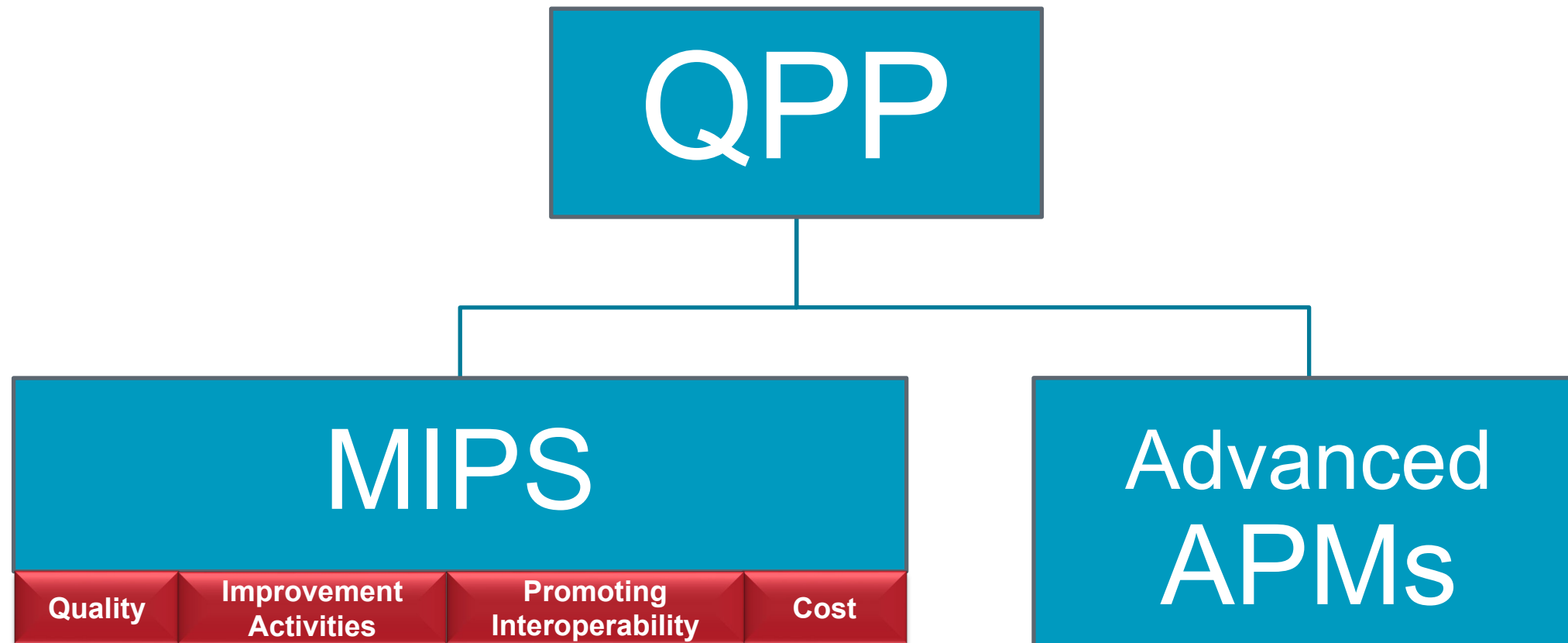
- **CAP will continue to engage with the CMS on advocating to implement the new services**
- **Educational information for CAP members on the use of the new codes will follow CPT publication**



2022 Medicare Quality Payment Program Requirements

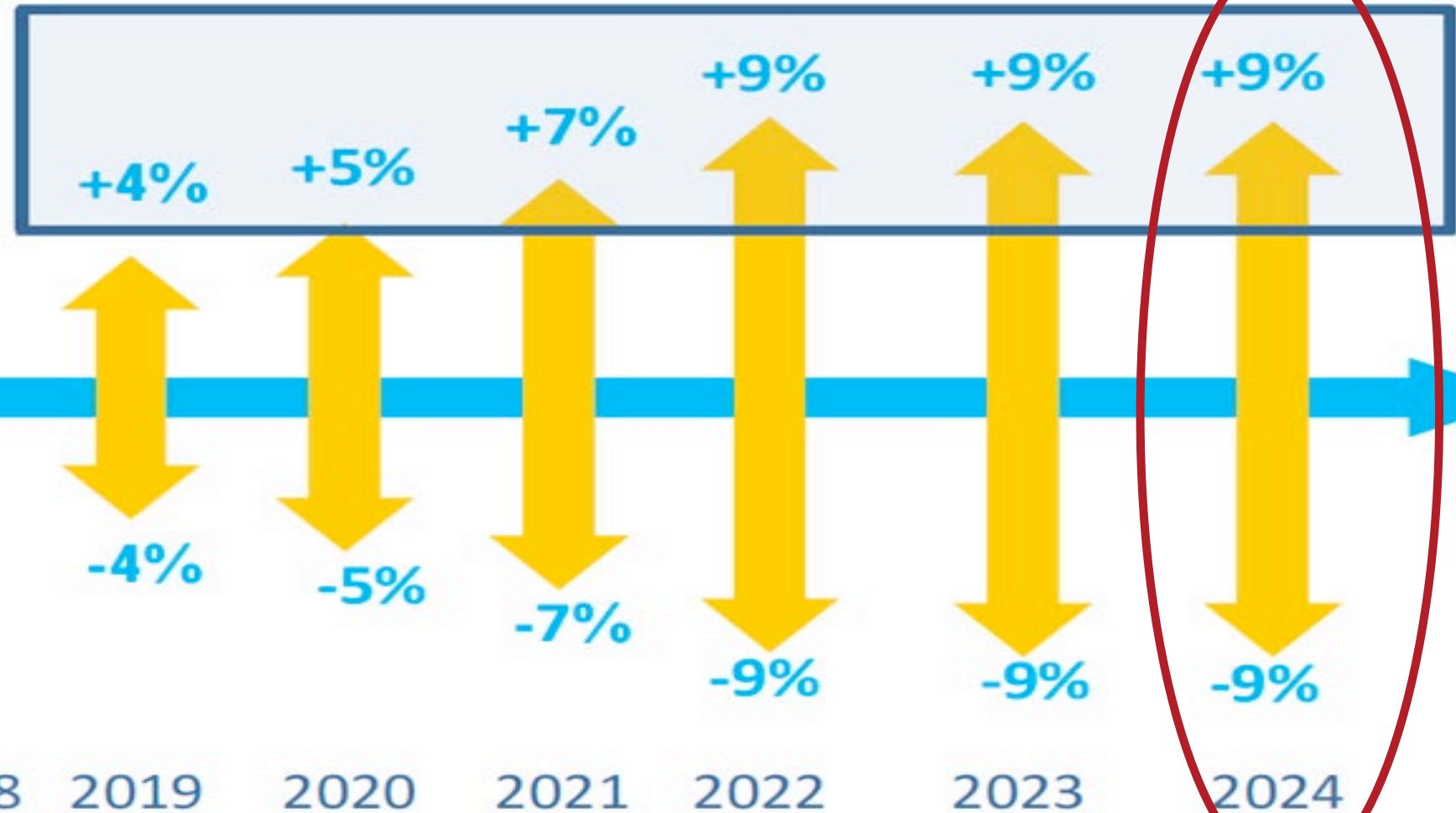
Quality Payment Program Pathways

Two pathways/tracks are offered under the QPP:



Year 6 MIPS Implementation

Performance Year 2022:
The CMS proposed to increase the Performance Threshold to **75 points** and the Exceptional Performance Bonus Threshold to **89 points**.

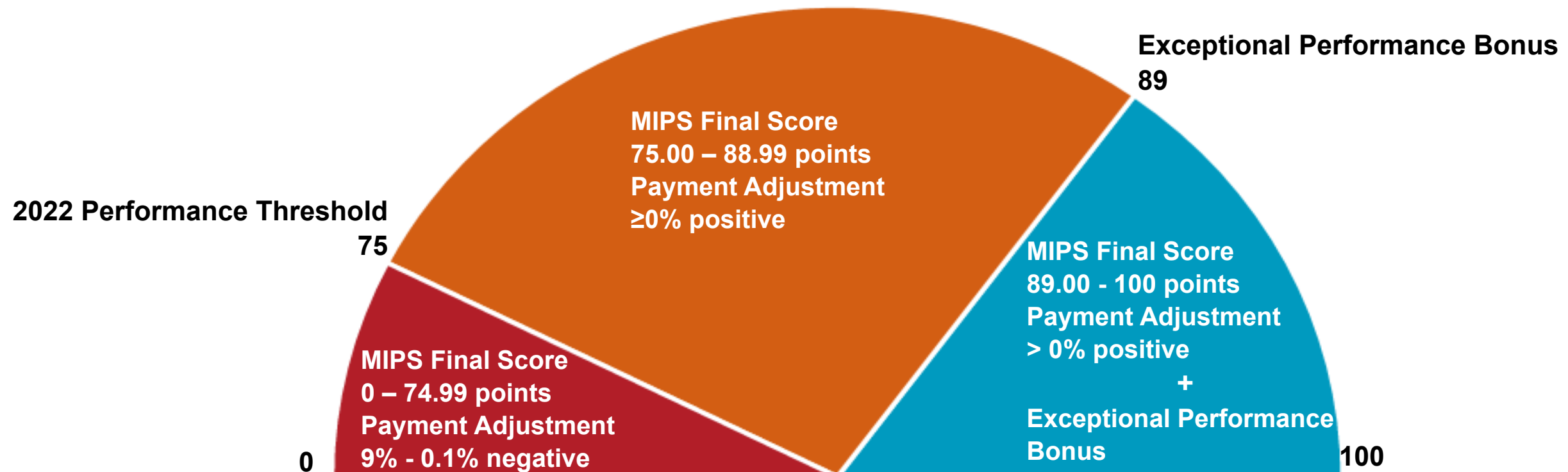


As per the MACRA Statute, 2022 is the last year the Exceptional Performance Bonus is available.

Proposed 2022 MIPS Performance Year

- Quality Measures: **85%** of Final Score*
- Improvement Activities: **15%** of Final Score
- Promoting Interoperability: Non-patient facing pathologists and groups automatically reweighted

Proposed New Reweighting Policy for Small Practices (≤ 15 pathologists):
Quality and IA categories each scored at 50% if unable to report on Promoting Interoperability and Cost



***If CMS attributes any **Cost** measures to you or your practice, your Quality category score will be 55% and your **Cost** category score will be 30% of your overall MIPS score.**

2022 Proposed Pathology Quality Measures Set

Measures Proposed for 2021 Pathology Measure Set	Submission Mechanism	
	Claims**	Registry
249: Barrett's Esophagus Reporting	X	X
250: Radical Prostatectomy Reporting	X	X
395: Lung Cancer (biopsy/cytology)*	X	X
396: Lung Cancer (resection)*	X	X
397: Melanoma Reporting*	X	X
440: Basal Cell Carcinoma (BCC)/Squamous Cell Carcinoma (SCC): Biopsy Reporting Time – Pathologist to Clinician*	--	X

*High Priority Measures

**Only available to small practices of ≤ 15 clinicians

Proposed Changes to Quality Measure Scoring

- **Measure value**

Points	Measure
1-10	With benchmark
7	Topped-out
5	New measures without benchmark
0	Without benchmark

- **Not meeting 20 case minimum or 70% data completeness**

Points	Practice Size
0	Large Practice (16+ pathologists)
3	Small practice (≤ 15 pathologists)

- **Removing bonus points for reporting additional outcome/high priority measures, beyond the 1 required**

CAP Advocacy Win: New Proposed Improvement Activity

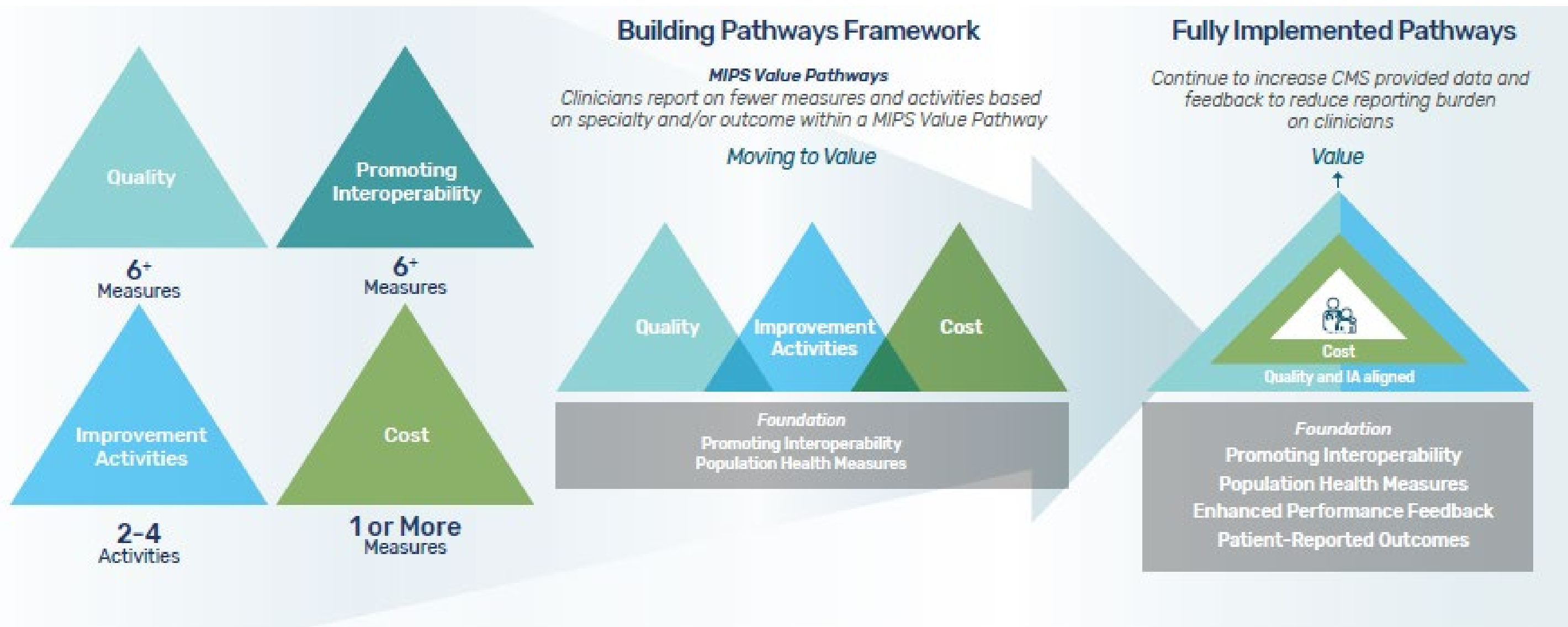
Title: Implementation of a Laboratory Preparedness Plan

- **Maintain a laboratory preparedness plan intended to support continued or expanded patient care during COVID-19 or another public health emergency.**
 - **It should address how the laboratory would maintain or expand patient access to improve beneficiary health outcomes and reduce healthcare disparities.**
 - **For labs without a preparedness plan - meet with stakeholders, record minutes, document a preparedness plan, then implement the steps identified in the plan and maintain them.**
 - **For laboratories with an existing preparedness plans - review, revise, or update the plan as necessary, implement new procedures, and maintain the plan.**

New Participation Pathway: MIPS Value Pathways (MVPs)

CMS wants to evolve current MIPS framework

Proposed implementation starting 2023 MIPS Performance Year



The Pathologists Quality Registry Helps Our Members with MIPS

Enrollment is “high-touch” customer service experience from the CAP

Quality Measures:

1. Manual data entry

- Via web portal
- Via excel file upload

2. Automated data entry with billing and/or LIS

Improvement Activities (IA):

- The registry makes it easy to understand and choose from a subset of IA most pathologists are already doing
- Most billing companies cannot submit IA
- Even if you are facility-based, you still need to submit IA

Email us at MIPS@cap.org



It pays to deliver
quality care

Pathologists Quality Registry





QCDR Measures Can Offer Increased Scoring Opportunities

- MIPS CQM measures for pathologists are topped out: 7 point maximum
- QCDR measures are only available in the Pathologists Quality Registry
 - Offer potential for 10 points with a benchmark
 - Eventually, benchmark is based on 2 years' previous historical data
- Performance year benchmark: 20 reporting entities submit data for the measure
- Based on 2020 data, at least 20 reporting entities submitted at least 20 cases for two of CAP's QCDR measures
 - H Pylori (10 points)
 - Prostate Cancer Gleason Pattern, Score and Grade Group (10 points)
- **Performance year benchmarks do not carry over and are not guaranteed for 2021 and 2022 performance years**

Example: CAP's QCDR Measures that Receive Benchmarks Can Help Practices Achieve Higher Scores

For Small Practices of ≤15 clinicians (6 bonus points added to their Quality; proposed reweighting: 50% quality, 50% IA)

- 6 QPP measures (assuming 100% performance, data completeness met and >20 cases and full credit for IA) = **90 FINAL MIPS SCORE**
- 4 QPP measures + 2 benchmarked QCDR measures (CAP28 and CAP32) (assuming 100% performance, data completeness met and >20 cases and full credit for IA) = **95 FINAL MIPS SCORE**

For Large Practices of 16+ clinicians (reweighting: 85% quality, 15% IA)

- 6 QPP measures (assuming 100% performance, data completeness met and >20 cases and full credit for IA) = **74.75 FINAL MIPS SCORE**
- 4 QPP measures + 2 benchmarked QCDR measures (CAP28 and CAP32) (assuming 100% performance, data completeness met and >20 cases and full credit for IA) = **83 FINAL MIPS SCORE**

Assumption that CAP28 and CAP32 receive benchmarks and can be scored at a maximum 10 points.



Before we take questions ...



Stay Informed Through the CAP

- Follow CAP on social media
 - [Twitter @CAPDCAdvocacy](#)
 - [Facebook.com/capathologists](#)
- Visit [CAP.org](#) > advocacy
- Read *Advocacy Update*
- Join PathNET, the CAP's grassroots advocacy network



Questions



COLLEGE of AMERICAN
PATHOLOGISTS