



COLLEGE of AMERICAN
PATHOLOGISTS

Final 2022 Medicare Policy and Payment Changes for Pathologists

Jonathan L. Myles, MD, FCAP

W. Stephen Black-Schaffer, MD, FCAP

Ronald McLawhon, MD, FCAP

Diana Cardona, MD, FCAP

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

December 3, 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

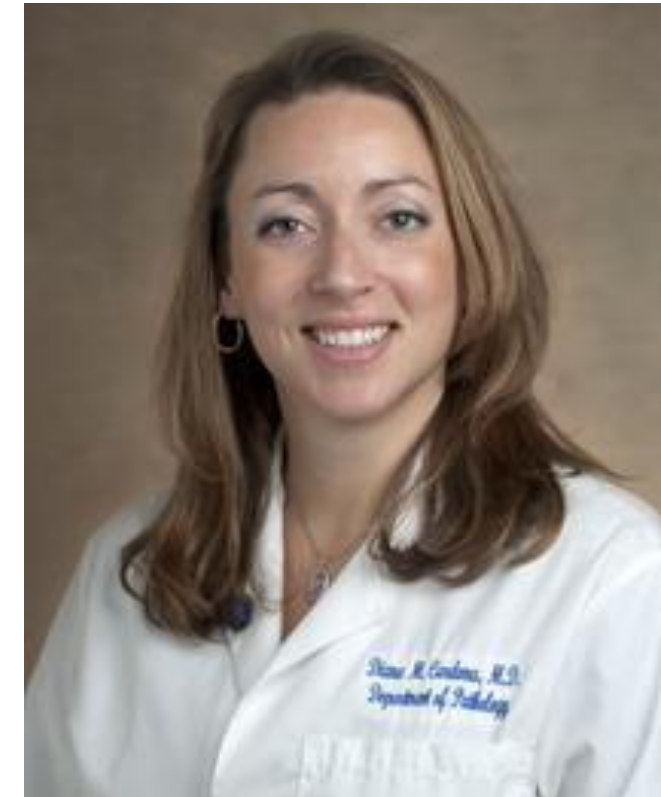
- **Vice-Chair, CAP Economic Affairs Committee**



Welcome

Diana M. Cardona, MD, FCAP

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



Agenda

- **CAP Policy and Advocacy**
- **Final 2022 Fee Schedule and Reimbursement Policy Overview**
- **Consult Codes Implementation for Pathology Practices**
- **Final 2022 Quality Payment Program Policy Overview**
- **Questions**

Final 2022 Medicare Physician Fee Schedule and Quality Payment Program Regulations

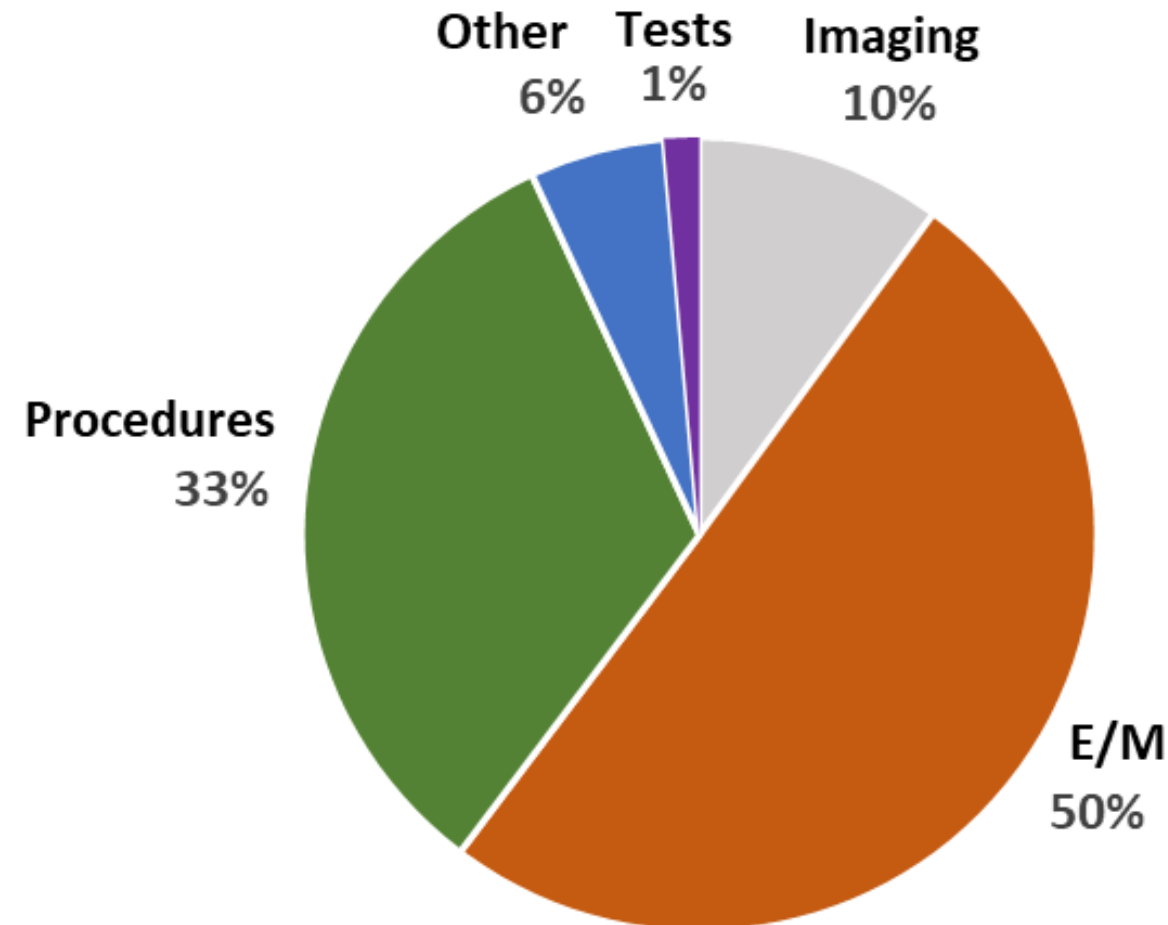
- Final 2022 Medicare Physician Fee Schedule and Quality Payment Program regulations were released on November 2
 - CAP members received a Special *Advocacy Update* with initial analysis of this regulation

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

Medicare Cuts

- **CAP waged an aggressive legislative campaign against a 9% Medicare cut to pathologists in 2021**
- **CAP averted 1% reduction to pathologists' Medicare payments in 2022**
- **Efforts to avert a 3.7% cut scheduled for 2022 continue**

A never-ending process . . .

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

Largest Changes in Pathology Final for 2022

CPT Code	Modifier	Short Descriptor	2021 Payment	Final 2022 Payment	Percent Change
88162	TC	Cytopath smear other source	\$65.25	\$73.92	13%
88319	TC	Enzyme histochemistry	\$102.93	\$111.88	9%
88350	TC	Immunofluor antb addl stain	\$81.30	\$88.36	9%
88162		Cytopath smear other source	\$104.33	\$111.88	7%
96935		Rcm celulr subcelulr img skn	\$73.28	\$77.95	6%
88346	TC	Immunofluor antb 1st stain	\$109.56	\$116.25	6%
36522		Photopheresis	\$1,767.68	\$1,405.42	-20%
36514		Apheresis plasma	\$661.92	\$576.55	-13%
36516		Apheresis immunoads slctv	\$2,041.60	\$1,836.15	-10%
38220		Dx bone marrow aspirations	\$172.37	\$155.90	-10%
88374	TC	M/phmtrc alys ishquant/semiq	\$308.46	\$280.21	-9%
88374		M/phmtrc alys ishquant/semiq	\$352.42	\$322.21	-9%

Top Pathology Codes Changes

CPT Code	Modifier	Short Descriptor	2021 Payment	Final 2022 Payment	Percent Change
88184		Flowcytometry/ TC 1 marker	\$69.79	\$67.20	-4%
88185		Flowcytometry/ TC add-on	\$23.03	\$21.50	-7%
88305		Tissue exam by pathologist	\$71.53	\$69.88	-2%
88305	26	Tissue exam by pathologist	\$37.68	\$36.29	-4%
88305	TC	Tissue exam by pathologist	\$33.85	\$33.60	-1%
88312		Special stains group 1	\$113.05	\$111.21	-2%
88312	26	Special stains group 1	\$26.87	\$25.53	-5%
88312	TC	Special stains group 1	\$86.19	\$85.68	-1%
88313		Special stains group 2	\$81.65	\$79.96	-2%
88313	26	Special stains group 2	\$12.21	\$11.76	-4%
88313	TC	Special stains group 2	\$69.44	\$68.20	-2%
88341		Immunohisto antb addl slide	\$93.86	\$87.02	-7%
88341	26	Immunohisto antb addl slide	\$28.61	\$27.21	-5%
88341	TC	Immunohisto antb addl slide	\$65.25	\$59.80	-8%
88342		Immunohisto antb 1st stain	\$106.08	\$99.45	-6%
88342	26	Immunohisto antb 1st stain	\$35.24	\$33.60	-5%
88342	TC	Immunohisto antb 1st stain	\$70.83	\$65.85	-7%

Top Pathology Services – Reimbursements

CPT Code	Modifier	Short Descriptor	2021 Payment	Final 2022 Payment	Percent Change
88305	26	Tissue exam by pathologist	\$37.68	\$36.29	-4%
88312	26	Special stains group 1	\$26.87	\$25.53	-5%
88313	26	Special stains group 2	\$12.21	\$11.76	-4%
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CAP Advocacy Win: Consult Codes in Finalized in 2022 Medicare Payment Regulation

Pathology Clinical Consultation Services

- The current "Consultations (Clinical Pathology)" CPT code family was 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	Long Descriptor	RUC Recommended Work RVU	2022 Final Work RVU
80503	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
80504	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
80505	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
80506	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

- Pathology clinical consultation services codes (80503, 80504, 80505, 80506)
 - Whenever a pathologist provides a requested consultation on a clinical problem (of varying complexity) for an individual patient
 - Address any clinical questions involving anatomic pathology, molecular pathology, or clinical pathology/laboratory findings and any combination thereof
- Reporting pathology and laboratory findings without medical interpretive judgment **is not considered** a pathology clinical consultation
- Clinical consultations may not be used to report a primary pathology or laboratory result, or to report a physician interpretation of a result that may be separately reported as a codifiable service elsewhere within CPT

Pathology Clinical Consultation Services

- The pathology clinical consultation services (80503, 80504, 80505, 80506) may be reported when the following criteria have been met:
 - The pathologist renders a pathology clinical consultation at the request of a physician or other qualified health care professional at the same or another institution
 - The pathology clinical consultation request is related to pathology and laboratory findings or other relevant clinical or diagnostic information (eg, radiology findings or operative/procedural notes) that require additional medical interpretive judgment

A pathologist may also render a pathology clinical consultation when mandated by federal or state regulation (eg, Clinical Laboratory Improvement Amendments [CLIA])

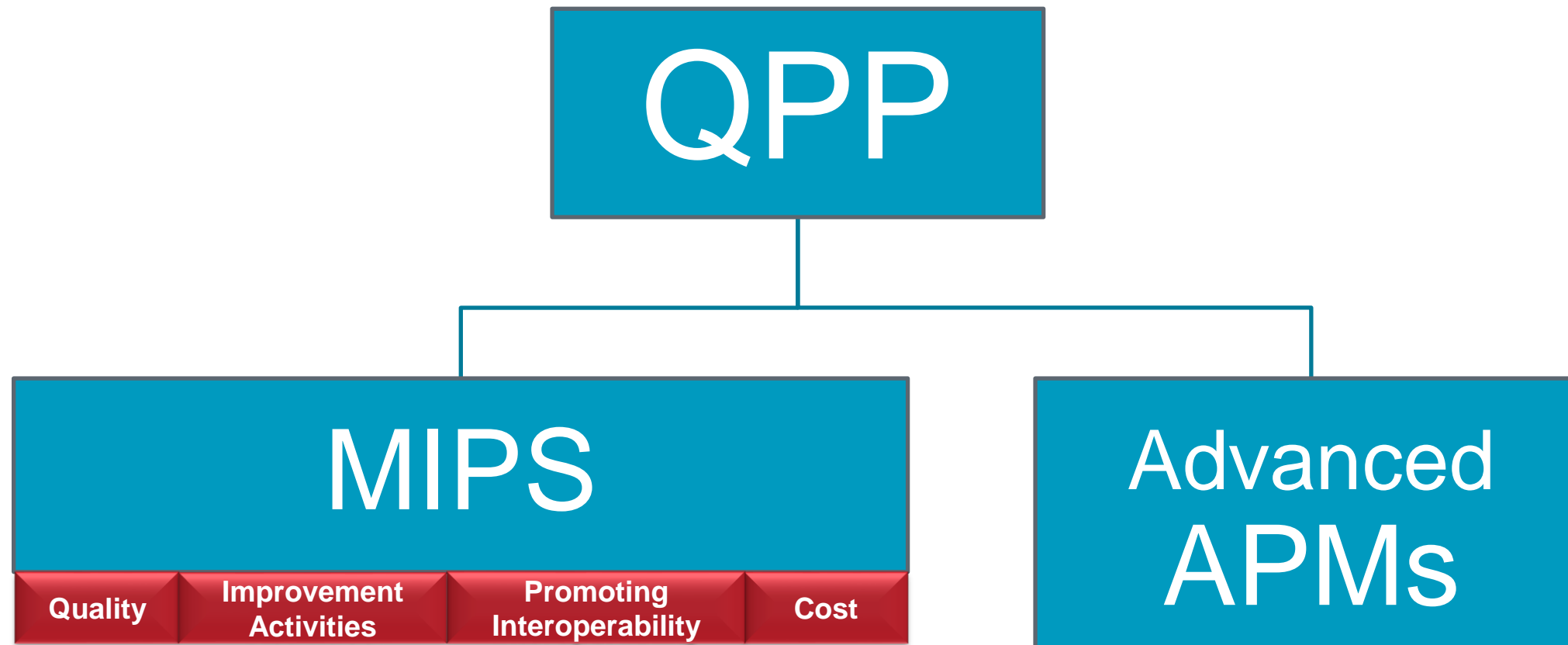
Initial Consultation Code Questions

- Do we use complexity or time?
- How do we document the time?
- Where do we get information on the complexity?
- Can a standing order suffice, or do I need an individual order each time?
- Can the order come from a physician outside your facility?
- What if I have signed out a surgical pathology case and then get additional information, can I use a pathology clinical consultation code in that instance?
- Can I use these codes for tumor board reviews?
- Can a pathologist initiate the request for a consultation from another pathologist? (eg for a CP related issue)

2022 Medicare Quality Payment Program Requirements

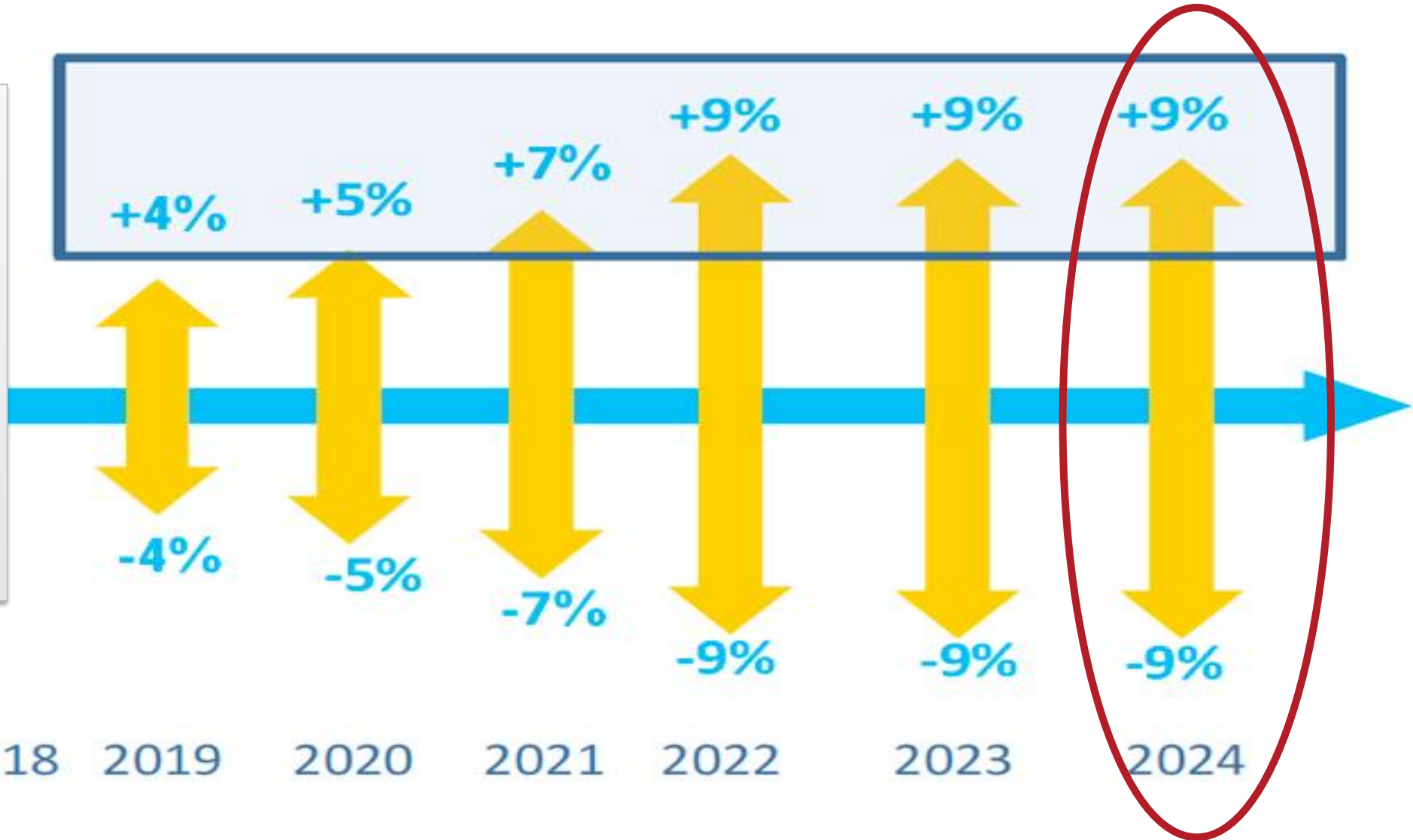
Quality Payment Program Pathways

Two pathways/tracks are offered under the QPP:



Year 6 MIPS Implementation

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

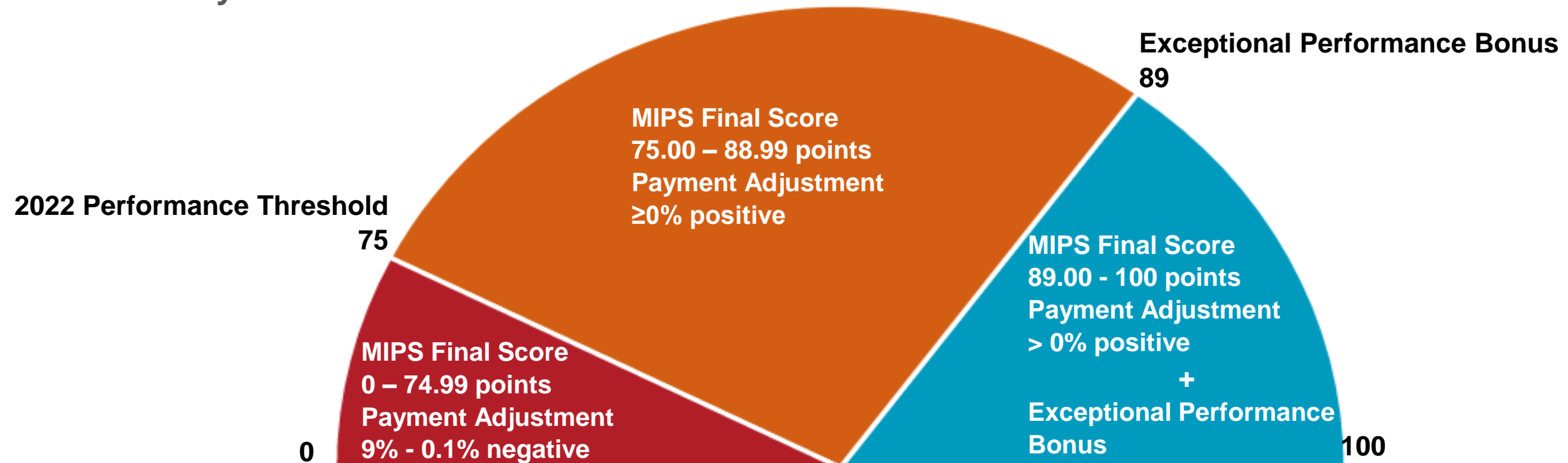


Per statute, 2022 is the last year of the Exceptional Performance Bonus

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

New Reweighting Policy for Small Practices (≤ 15 clinicians):
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 Quality Measures Set Remains the Same

2022 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

Changes to Quality Measure Scoring for 2022

- **Measure value**

Points	Measure
3-10	With benchmark
7	Topped-out New measures in 1st performance year
5	New measures in 2nd performance year

- **Not meeting 70% data completeness**

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

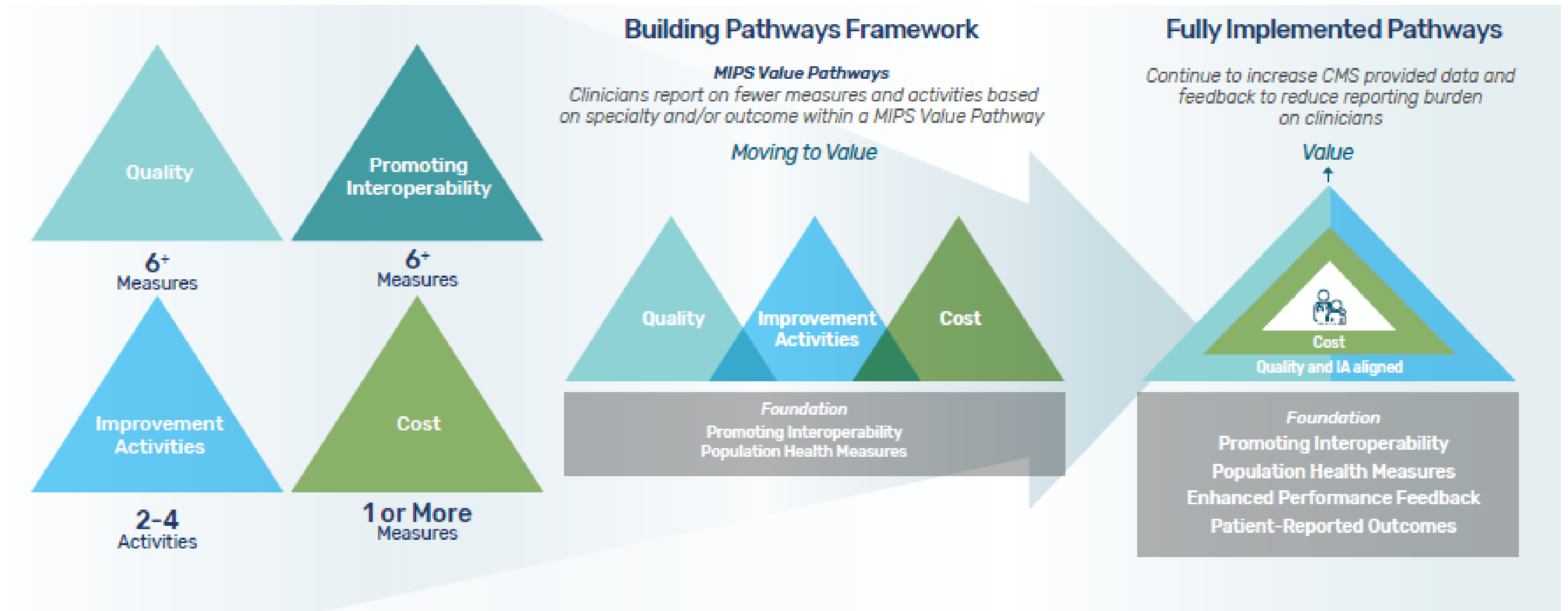
- **Removed bonus points for reporting >1 outcome/high priority measures**
- **More changes coming in 2023 (i.e., removing the 3 point floor)**

CAP Advocacy Win: New Improvement Activity

- **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 Pathway: MIPS Value Pathways (MVPs)

Implementation starting 2023 MIPS Performance Year



Its Getting Harder to Avoid Penalties...

- Large practices (16+) are impacted by the **increased Performance Threshold** and **removal of high priority bonus points**
- However, small practices (≤ 15) have more advantageous, new reweighting policy: **Quality and IA categories each scored at 50%**
- MIPS CQM pathology measures are topped out - 7 point max
- Our Pathology Quality Registry (QCDR) measures now offer a potential for 10 points!!
 - Based on 2020 data, ≥ 2 QCDR measures will likely receive performance year benchmarks
 - H. pylori and Prostate Cancer Gleason Pattern, Score and Grade Group

CAP's QCDR Measures With Benchmarks Help Practices Achieve Higher Scores

- **Small Practice Examples:**
 - *Automatically receive 6 Quality bonus points AND reweighing 50% quality and 50% IA*
- **Submit only QPP measures:**
 - Submit 6 QPP measures (assume 100% performance) & full credit for IA
 - Receive **90** FINAL MIPS SCORE
- **Submit QPP and PQR QCDR measures:**
 - Submit 4 QPP + 2 benchmarked QCDR measures (assume 100% performance) & full credit for IA
 - Receive **95** FINAL MIPS SCORE

CAP's QCDR Measures With Benchmarks Help Practices Achieve Higher Scores

- Large Practice Examples:
 - *Reweighting of 85% quality and 15% IA AND no additional bonus points*
- Submit only QPP measures:
 - Submit 6 QPP measures (assume 100% performance) & full credit for IA
 - Receive **74.5** FINAL MIPS SCORE (*BELOW Performance Threshold of 75*)
- Submit QPP and PQR QCDR measures:
 - Submit 4 QPP + 2 benchmarked QCDR measures (assume 100% performance) & full credit for IA
 - Receive **83** FINAL MIPS SCORE
- Large practices should use the CAP's PQR to avoid a penalty!

The Pathologists Quality Registry Helps You with MIPS

- “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



It pays to deliver
quality care

Pathologists Quality Registry



Improvement Activities (IA):

- Makes it easy to understand and choose from a subset of relevant IA
- Most billing companies cannot submit IA
- Even if you are facility-based, you still need to submit IA

Email us at MIPS@cap.org for more information

Before we take questions ...

Upcoming Webinar- December 7

- CAP Insights on No Surprises Act Implementation webinar
- December 7, 2021
- 1 PM ET
- [Register today.](#)

2022 Pathologists Leadership Summit

April 30–May 3, 2022



**INSPIRE.
INFLUENCE.
IMPACT.**

SET THE PATH

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Questions



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