# November Advocacy Recap

December 13, 2021

**Alec Bose:**

Hello and welcome to the CAP Advocacy recap, a monthly podcast dedicated to catching you up on the top news for pathologists. I'm Alec Bose from the CAP's Advocacy Communication Team. Here with your November recap.

The Centers for Medicare and Medicaid Services published the final 2022 Medicare fee schedule detailing how much physicians will be paid for their services next year. There were several big news items in the 2022 fee schedule, which the CAP provided extensive analysis of on November 2nd. Pathologists will have new CPT codes for clinical consultation services after the Medicare program included codes developed by the CAP and the final fee schedule. The CAP had advocated for improved codes and values for clinical consultation services in the Medicare fee schedule. Before new pathology clinical consultation services describe what's provided at the request of another physician or qualified healthcare professional. The Centers for Medicare and Medicaid Services also announced a delay to the practice expense changes, which overall saves pathologists from a 1% decrease to their reimbursements. In the proposed fee schedule, pathologists were set to face an additional Medicare cut of 1% caused by updated expense rates used to calculate payment services. Thanks to opposition from CAP advocacy, however, the update was delayed, which averted this specific 1% cut to pathology services next year.

Unfortunately, overall payment rates are expected to decrease by about 3.7% in 2022. This reduction is tied to budget neutrality requirements that mandate decreases to pathologists and other specialty physician services to offset increases for evaluation and management office visit services. The CAP strongly opposes these cuts and is actively working with Congress to or mitigate the decreases. Visit cap.org/advocacy for more details. November also saw the release of new regulations in the No Surprises Act. These regulations give the advantage to insurance companies in what should be an impartial independent resolution process. An interim final regulation released on September 30th disregarded Congress's intentions of directing arbitrators to consider all factors equally during any independent dispute resolution process. Instead, regulators are giving more weight to the qualifying payment amount controlled by insurers during this process.

The No Surprises Act, however, mandated a process allowing both insurers and physicians to bring offers to an independent arbitrator. In November, representatives Tom Suzi of New York and Brad Winstrop of Ohio drafted a letter to the Department of Health and Human Services opposing these regulations. The letter emphasizes that the recent regulations released are not the right direction and will hurt patient access to care along with being at odds with the intention of the original law. The CAP put out an action alert to pathologists to urge their representatives to sign onto the letter. More than 200 members of Congress signed on to pressure the administration and follow the statute. We turn now to the executive branch where the Biden administration is requiring COVID-19 vaccines or regular testing for all healthcare workers and employees of large companies. The regulations call for all workers in healthcare facilities to be fully vaccinated by January 4th.

All those working for private companies with 100 or more employees must be fully vaccinated or submit to regular testing by the same date. A provision expected to impact an estimated 84 million workers. The CAP supports and has supported vaccine requirements for those working in healthcare and continues to encourage all Americans to get fully vaccinated against the coronavirus. And we end the recap with an update on Cigna's payment policies. Following a request for additional details clarifying their policy, Cigna responded in a letter to the CAP. They explained that pathologists should submit claims for the professional component of clinical pathology. The letter reads, quote: "The facility has already received payment for the service through their contract with Cigna. At that point, the pathologist should communicate with their facility to determine whether payment for these services were in fact received from Cigna by the facility and if the denial was made in error. Also adding the denial carries with it a right to appeal."

The CAP remains engaged on this issue and will continue advocating for appropriate payment for the PC of CP. Visit our private sector advocacy page for more information. That's all for this edition of the CAP Advocacy recap. Thank you so much for listening. Be sure to read our weekly advocacy newsletter and follow us on Twitter @CAPDCAdvocacy. Once again, I'm Alec Bose for CAP Advocacy, and we'll see you in 2022.