

Updates on the 2023 MPFS Proposed Rule for Radiology

Overview

In early June, the Centers for Medicare and Medicaid (CMS) issued their proposed rule for the Medicare Physician Fee Schedule (MPFS). The proposed changes tend to be negative or neutral for radiologists, though the final rule won't be issued until later in the fall. It is currently open for public comment.

Of the areas that CMS focused on in this proposed rule, cancer screenings are the most relevant to radiologists. Unfortunately, in the proposal the CMS does not include CT colonography coverage, despite expanding coverage for traditional colonoscopies. This is just one of various aspects in the proposal that bode poorly for radiologists if the rule is finalized as is.

Fee Schedule Changes

The CMS proposal involves significant cuts to radiology. The conversion factor would change from \$34.6062 to \$33.0775 per RVU, representing an overall reduction of 4.4%. CMS also estimates the following reductions to specific areas:

- Radiology: 3% decrease
- Interventional radiology: 4% decrease
- Nuclear medicine: 3% decrease
- Radiation oncology & radiation therapy centers: 1% decrease

These decreases draw no distinction between professional components and the global fee. Fortunately, there is some good news as well. The CMS accepted recommendations for 10 radiology-related CPT codes, including:

- Contrast x-ray studies of knee joints
- Rendering and interpretation of 3D exams
- Ultrasound and fluoroscopic guidance

The CMS also proposes refining codes related to the following:

- Neuromuscular ultrasound
- Percutaneous arteriovenous fistula creation

Quality Payment Program (QPP)

The QPP has gradually been moving away from the traditional MIPS system toward MIPS Value Pathways (MVPs), which CMS continues to advocate. The CMS proposal includes 5 new MVPs and revising 7 more. The following are the 5 new MVPs:

- Advancing Cancer Care
- Optimal Care for Kidney Health
- Optimal Care for Patients with Episodic Neurological Conditions
- Supportive Care for Neurodegenerative Conditions
- Promoting Wellness

The 7 MVPs proposed for revision include:

- Advancing Care for Heart Disease
- Optimizing Chronic Disease Management
- Advancing Rheumatology Patient Care
- Improving Care for Lower Extremity Joint Repair
- Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
- Patient Safety and Support of Positive Experiences with Anesthesia
- Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes

Other proposed changes to the QPP include adding quality measures, making significant changes to the 75 current measures, and modifying improvement activities and benchmark scoring. Notably for radiologists, the CMS proposes removing the quality measure #76: Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections.

The category weighting and 75-point performance threshold will remain unchanged, but the exceptional performance bonuses will no longer apply. The range of possible payment adjustments continues to be +/- 9 points.

Importantly, the floor for quality measure scores that have a benchmark will decrease from 3 to 1, and those without a benchmark will receive zero points, as will measures that don't reach case minimums. These changes will likely make it more difficult for some practitioners to achieve the performance threshold.

Qualified APM participants will receive a 5% incentive bonus for the payment years 2019-2024, and the incentive payment will be replaced by a .75% increase to the fee schedule in the 2026 payment year.

The overall impact to radiology in this proposal tends to be negative, which is why the RBMA and other advocates are pushing back. For more details on how these changes might impact your practice, see the [CMS Proposed Rule Fact Sheet](#) or contact your Practice Manager.

APS will continue to monitor all progress on these discussions and publish a follow-up white paper when the final rule is released.