National Kidney Foundation®

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Centers for Medicare & Medicaid Services
Calendar Year 2019 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B
National Kidney Foundation Summary

Changes to Evaluation and Management Codes

CMS modified its proposal to combine evaluation and management (E/M) level 2-5 codes to combine 2-4 codes and delayed implementation until 2021.

Telecommunications and Telehealth

CMS finalized a new code (G2012) that allows clinicians to bill for virtual-check ns using phone, and other two-way telecommunications for consultations with established patients with verbal consent by patients to be documented in the medical record. Separate payment will only be furnished if an office visit has not occurred within the prior 7 days or the communication doesn't result in an office visit. Otherwise the communication will be considered bundled into the E/M code for the office visit.

CMS also finalized a new code (G2010) that allows clinicians to bill for remote evaluation, including virtual follow-up with the patient, of video or still patient submitted images when they don't necessitate an office visit. Like virtual visits these remote evaluations of patient-transmitted information will be bundled into E/M codes if conducted within 7 days of a prior office visit or there is a following office visit within 24 hours or the next available appointment. This code is limited to the clinicians existing patients and verbal or written consent from the patient is required to be documented in the medical record.

CMS finalizes new CPT codes 99451, 99452, 99446, 99447, 99448, and 99449 describing interprofessional consultations, for example a primary care consultation with a nephrologist to determine patient need for nephrology consult. Patients would need to provide verbal consent that must be documented in the medical record.

CMS finalizes its proposal to implement provisions from the Bipartisan Budget Act of 2018 that will increase home dialysis patient's access to telehealth consultations. This will allow patients to benefit even more from the flexibility that home dialysis offers since they will have the option to receive monthly consultations with their healthcare team from home using telehealth. This new

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option also helps patients receive care that is tailored to their personal life goals, values and preferences by providing flexibility for patients to better design their treatment schedule around their lives rather than designing their lives around their treatment. The National Kidney Foundation supported implementation as proposed by CMS.

Facility-based measurement

CMS had requested comments on expanding facility-based measurement to dialysis facilities. The move would allow clinicians to receive MIPS credit for dialysis facility measures used in the QIP. The National Kidney Foundation issued comments opposing expansion of this policy to dialysis facilities out of concern that dialysis facility-based measurement for MIPS eligible clinicians could unintentionally discourage a focus on earlier CKD and post-transplant care and discourage participation in future payment models that are more holistic of kidney care and not solely dialysis focused. CMS did not respond to comments but stated they would consider them in potentially future policy changes.

Comprehensive ESRD Care Model

CMS finalized its proposal to include both transplant measures in the Comprehensive ESRD Care (CEC) model for ESRD Seamless Care Organizations (ESCOs) the Percent of Patients Prevalent on the Waitlist (PPPW) and the Standardized First Kidney Transplant Waitlist Ratio (SWR). The National Kidney Foundation supported testing these measures by including them in the CEC but did not support their inclusion in the ESRD Quality Incentive Program (QIP). NKF urged CMS to make modifications to the SWR to allow ESCOs whose participants are involved in early CKD care and education to receive credit for preemptive transplants. CMS did not respond to or acknowledge comments on the CEC measure set and did not make changes to count pre-emptive transplant. CMS did include living donor transplants occurring in the first year of initiating dialysis in the SWR.

If you have any questions on the final rule or the National Kidney Foundation's positions please contact Tonya Saffer, Vice President, Health Policy at 202.244.7900 x 717 or at tonya.saffer@kidney.org