CRI CARR RIGGS & INGRAM CPAs and Advisors

CRI PHYSICIAN SERVICES PLANNING FOR 2023

MEDICARE FEE SCHEDULE 2023

- **Evaluation and Management (E/M) visits for hospital inpatient, hospital observation, emergency department, nursing facility, home services, and cognitive assessment visits will have revised coding, documentation, and CPT code definitions.**
- **Extend the availability of certain telehealth services through the end of CY 2023 (regardless of the Public Health Emergency (PHE) declaration) and continue to allow certain other telehealth services for 151 days after the expiration of the PHE, including payment for RHCs and FQHCs telehealth services. Providers will continue to bill with the place of service (POS) indicator that would have been used had the service been provided in person. These claims will require the addition of modifier 95.**
- **Audiologists may furnish certain non-acute diagnostic hearing tests without a physician or non-physician practitioner (NPP) order. These services will be indicated by modifier AB with one of the 36 approved CPT codes and may be billed once every 12 months per beneficiary. Additional changes to coding may be finalized during CY 2023.**
- **MIPS Program Year 2023:**
  - Must earn 75+ MIPS points to avoid a penalty and possibly earn an incentive.
  - Discontinuing automatic reweighting of the Promoting Interoperability (PI) section for NP, PA, CRNA, and CNS.
  - Exceptional Performance Bonus is no longer available.
  - Additions and removals from the Quality measures list.
  - Option to report via MIPS Value Pathways (MVP) with five new pathways.
  - Determination periods are October 1, 2021 – September 30, 2022, and October 1, 2022 – September 20, 2023.
  - Has your eligibility status changed for MIPS reporting? Did you:
    - **Join a new practice or APM entity?**
    - **Change provider type/specialty code between determination periods?**
    - **Bill Medicare in only part of the determination period?**
    - **Fall blow/rise above the low-volume threshold during the determination period?**
    - **Drop out of an APM entity during the Performance Year?**
    - **Change in your status as a Qualifying APM Participant?**

HIPAA CHECKUP

- **Do you have Business Associates Agreements with all required parties?**
  - **Business associates are considered:**
    - **A third-party administrator who assists a health plan with claims processing.**
    - **A CPA firm whose accounting services to a health care provider involves access to protected health information.**
    - **An attorney whose legal services to a health plan involve access to protected health information.**
    - **A pharmacy benefits manager who manages a health plan's pharmacist network.**

NO SURPRISES ACT

- **All-inclusive Good Faith Estimate from the convening provider is effective 1/1/2023 (GFE must include co-provider costs) and must be provided to the patient no later than 1 business day after scheduling the appointment (if scheduled 3-9 days prior to the date of service).**
- **Create a plan to coordinate cost information quickly with co-providers.**
- **GFE to insured patients is effective 1/1/2023.**
- **Confirm your process to reconcile GFR to the final bill. If the difference is more than $400, the patient can ask the provider to update the bill to match the GFE.**
- **CMS provided the final rules regarding the Independent Dispute Resolution process should you and the payer still need to agree on out-of network payments.**

TIPS TO BEST PRESENT YOUR PRACTICE IF YOU ARE THINKING ABOUT SELLING:

- **Show at least three consecutive years of growth.**
- **Know your numbers and how they will be counted in a practice valuation.**
- **Perform an insurance analysis and know how your revenue is generated.**
- **Improve practice processes and management.**
- **Make sure technology is upgraded.**
- **Assess the current marketing plan and plan for the next phase.**
- **Have a consultant complete a full practice assessment.**