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CY2023 Physician Fee Schedule Chart: Outlining Changes from Proposed Rule to Final Rule

The Centers for Medicare & Medicaid Services (CMS) Nov. 1 issued a final rule that updates the physician fee schedule (PFS) for calendar year (CY) 2023. The ATA outlines below the differences between the proposed rule and the final rule.

Medicare Telehealth Services		
Proposed CY2023 PFS	**ATA Comments**	**Final Rule**
CMS proposed maintaining coverage of the Medicare telehealth service codes as well as the telemental health in-person requirement 151 days post-PHE in alignment with the Consolidated Appropriations Act	Appreciate this alignment and urge CMS to continue to align these timeframes should Congress make subsequent extensions of the pandemic flexibilities.	Same as proposed rule
CMS did not propose adding any new codes to category 1 or 2	Recommended adding the following codes to Category 1: inpatient hospital care services (99221–99223); observation admission services (99218–99220); same-day inpatient/observation admission and discharge services (99234–99236); new patient domiciliary, rest home services (99324–99328); ophthalmologic services (92002, 92004, 92012 and 92014); and home-visit new-patient services (99341– 99345).	CMS did not add any codes to category 1 or 2
CMS proposed adding 50 new codes to the category 3 list (temporary coverage during PHE)	Applauds CMS for adding new codes and consider making category 3 codes permanent	CMS added a few codes to category 3 list through CY2023.
CMS proposed to end audio-only coverage, except for mental health	Recommends CMS to continue covering audio only services permanently and leave it up to the discretion of the provider on what meets the standard of care.	CMS will cover audio only services until the end of the COVID-19 PHE
CMS proposed to reimburse telehealth services at a lower rate than in-person services (at the facility rate vs. non facility rate)	Recommends reimbursing at the non-facility-based practice rate through CY2023 regardless of PHE status.	CMS will continue to allow for payments to be made for Medicare telehealth services at the non-facility rate through the latter of the end of the of CY 2023 or the end of the calendar year in which the PHE ends.
CMS proposed to discontinue direct supervision via audio-visual availability of the supervising	Recommend that CMS makes this flexibility permanent.	CMS will continue the direct supervision flexibility through the end of CY2023

Sources: CY2023 Proposed Physician Fee schedule Rule: Calendar Year (CY) 2023 Medicare Physician Fee Schedule Proposed Rule | CMS
ATA's Comments to CMS on CY2023 Proposed PFS Rule
CY2023 Physician Fee Schedule Final Rule: 2022-23873.pdf (federalregister.gov)

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practitioner once the PHE expires. CMS also sought comments on whether this flexibility should be made permanent.		
Remote Monitoring		
Proposed CY2023 PFS	**ATA Comments**	**Final Rule**
CMS proposed implementing four new HCPCS G codes GTRM1-4); with one pair of codes aimed at increasing patient access to RTM services and the second pair aimed at reducing physician and non-physician provider (NPP) supervisory burden	Appreciated their proposal of the new codes, but had several concerns with requirements for these codes.	The four G codes were not finalized as many stakeholders laid out concerns to CMS. Instead, for CY 2023, CMS is maintaining their current policies for the RTM treatment management CPT codes 98980 and 98981. (More details can be found on pg. 685) CMS is retaining, and now permitting general supervision for, all RTM codes (98975, 98976, 98977, 98980, and 98981)
CMS proposed to lower reimbursement rates for remote therapeutic monitoring services (codes GTRM 3 & 4) specifically for PTs, OTs, and SLPs (the amounts represent an unreasonable decrease of 41%, and 29%, in payment rates, respectively)	Urge CMS not to implement these sharp reductions in reimbursement	The four G codes and the reimbursement rates were not finalized as many stakeholders laid out concerns to CMS.
Proposed 16-day requirement for Remote Therapeutic Services under the new codes	Disappointed CMS imposed these same requirements on RTM as RPM. Urge CMS to forgo the 16-day requirement and accept a minimum of 2 days.	Given CMS' decision not to finalize the new proposed codes, it appears that this new requirement is now off the table, at least for the time being.
No mention of Remote Patient Monitoring (RPM)	Disappointed that CMS did not mention RPM again this year or address the 16-day requirement.	No changes made.

Sources: CY2023 Proposed Physician Fee schedule Rule: Calendar Year (CY) 2023 Medicare Physician Fee Schedule Proposed Rule | CMS
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	Urge CMS to explicitly affirm that flexibilities for RPM services allowed during the PHE are extended through the end of CY2023 or 151 days following the expiration of the PHE, whichever is later.	
Virtual Diabetes Prevention Program		
Proposed CY2023 PFS	**ATA Comments**	**Final Rule**
No mention of Medicare diabetes prevention program	Urge CMS to allow virtual providers offering CDC-recognized Diabetes Prevention Programs (DPPs) to enroll in the Medicare DPP	No changes made.
Artificial Intelligence and Software as a Medical Device		
Proposed CY2023 PFS	**ATA Comments**	**Final Rule**
CMS indicated continued interest in understanding artificial intelligence (AI) and machine learning applications for health care	Concerned with how the current Practice Expense (PE) methodology categorizes Software as a Medical Device (SaMD) as "computer software," Indirect PE and not necessarily an allocable expense Encourage CMS to issue a specific request for information (RFI) in order for the agency to learn more about this topic from a broader group of stakeholders, separate from this proposed rule	No changes. Historically, CMS has considered most computer software and associated licensing fees to be indirect costs. We refer readers to our previous discussions of this topic in our CY 2019 final rule. (83 FR 59577) We continue to engage in discussions and conduct further research into these topics of AI, SaMD, and other related evolving technologies.