New year brings changes for all plastic surgeons

CPT CORNER

Regrets? Had a few?

Attention ASPS members! FSN is interested in hearing your stories about equipment in which you’ve invested for your office – perhaps for skin-tightening or fat-reduction purposes – but later regretted due to poor performance, the lack of off-label use for the product, or another reason you would like to explain. If you have stories or examples to share, please contact Paul Snyder at psnyder@plasticsurgery.org.

Head and neck flaps

The most significant change occurred in the description of muscle, myocutaneous or fasciocutaneous flap family of codes (1573X) that serve as the backbone for many reconstructive surgeons. The use of code 15734 (trunk), 15736 (upper extremity) and 15738 (lower extremity) remained unchanged in their definition. However, the previous code, 15732, which included muscle, myocutaneous and fasciocutaneous flaps in the head and neck, was discontinued due to a history of confusion, variable usage and frank misusage.

Two new codes now represent complex head and neck flap procedures with additional clarification provided in the CPT manual regarding the coding for other types of head and neck reconstruction.

For repair of head and neck defects using non-native patient advancement flaps [including lesion] and/or repair by adjacent tissue transfer or rearrangement [e.g., Z-plasty, W-plasty, rotation flap, random island flap, advancement flap see 14040, 14041, 14060, 14061, 14301, 14302]

What’s new for QPP

The Quality Payment Program (QPP) final rule for 2018 was recently released and continues to build and improve upon CMS’s transition-year policies, and it addresses elements of MACRA that were not included in the first year of the program.

In the 2017 transition year, the payment adjustment was set at +/- 4 percent. In performance Year 2, the payment adjustment has increased to +/- 5 percent. Adjustments will be assessed in payment year 2020.

CMS has updated the low-volume threshold for the second year. You are considered an acceptable level of performance in the QPP raising the threshold to 15 points, versus 3 points for the first year. This change was made in an effort to avoid a payment penalty in 2019. There are multiple ways in which a clinician can meet that 15-point threshold, including submitting the maximum number of improvement activities or full participation in MIPS for a year.

Virtual groups

CMS has announced the inclusion of virtual groups in the second year of the QPP as an additional participation option. A virtual group is a combination of two or more Taxpayer Identification Numbers (TINs) made up of solo practitioners and/or groups of 10 or fewer eligible clinicians who come together “virtually” (no matter specialty or location) with others to participate in MIPS for a yearly performance period.

To be eligible to join or form a virtual group, you need to be a solo practitioner who exceeds the low-volume threshold individually and who is not a newly Medicare-enrolled eligible clinician, a Qualifying APM Participant (QPP) or a Partial QPP choosing not to participate in MIPS. If you are a group of 10 or fewer eligible clinicians and exceed the low-volume threshold at the group level, you are eligible to participate.

Performance period

CMS previously allowed for a 90-day performance period for the transition year for quality component of MIPS. This will change for the second year, as CMS now requires a 12-month (full year) performance period for both Quality and Cost (see bottom table to the left).

Small practices

CMS realized it might be hard for small practices to participate in the QPP; therefore, it’s offering some flexibilities for groups of 15 or fewer clinicians. Small practices include adding five bonus points to the final scores of small practices, giving solo practitioners or small groups the ability to form or join a virtual group if they exceed the low-volume thresholds, and continuing to award small practices three points for measures in the quality-performance component of MIPS when the reported data does not meet data completeness requirements. CMS has also added a new hardship exception for the ACO performance category as well.

CEHR requirements

In an effort to reduce administrative burden, CMS is allowing MIPS-eligible clinicians to use either the 2014 or 2015 CEHRT, or a combination of both, for the 2018 performance year. Note that a 10 percent bonus is available for clinicians using only the 2015 edition.

Clinicians can also earn up to a five-point bonus for the treatment of complex patients. This is based on a combination of Hierarchical Condition Categories (HCC), a method used to account for a patient’s health relative to risk. The number of Medicare/Medicaid-eligible patients treated by the clinician will also be factored into the bonus scoring.

ASPS has reviewed and submitted comments on this final rule. For more information, visit plasticsurgery.org for medical-professionals/health-policy/macra.