

CMS Proposed Rule:

2021 Medicare Physician Fee Schedule

ASAM Summary of Major Provisions

On December 2, 2020, the Centers for Medicare and Medicaid Services (CMS) released the [Final Rule](#) that makes revisions to the CY 2021 payment policies under the Medicare Physician Fee Schedule (PFS) and makes other policy changes, including implementation of certain provisions of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (the SUPPORT Act).

CMS has also published a fact sheet on the PFS final rule, available [here](#)

The Consolidated Appropriations Act, 2021, signed into law on December 22, 2020, made several modifications to the CY2021 PFS:

- Provided a 3.75% increase in MPFS payments for CY 2021.
- Suspended the 2% payment adjustment (sequestration) through March 31, 2021.
- Reinstated the 1.0 floor on the work Geographic Practice Cost Index through CY 2023.
- Delayed implementation of the inherent complexity add-on code for evaluation and management services (G2211) until CY 2024.

The main changes are as follows:

- CMS adopted AMA CPT coding and documentation guidelines to report office and outpatient E/M visits based on either medical decision-making or physician time and reduce unnecessary documentation. These changes will be effective beginning January 1, 2021. Learn more about the changes [here](#).
- CMS permanently added several services to the Medicare telehealth services list, including Group Psychotherapy.
- Medicare Coverage for Opioid Use Disorder Treatment Services Furnished by Opioid Treatment Programs (OTP).

CMS finalized its proposal to extend the definition of OUD treatment services to include opioid antagonist medications, specifically naloxone, that are approved by Food and Drug Administration under section 505 of the Federal Food, Drug, and Cosmetic Act for emergency treatment of opioid overdose, and overdose education provided in conjunction with opioid antagonist medication. Read more in the [CMS Factsheet](#).

- Bundled Payments under the PFS for Substance Use Disorders (HCPCS codes G2086, G2087, and G2088)

In the CY 2020 PFS final rule (84 FR 62673), CMS finalized the creation of new coding and payment describing a bundled episode of care for the treatment of Opioid Use Disorder (OUD). In response to requests to expand those bundled payments to be inclusive of other SUDs, not just OUD, CMS is revising the code

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descriptors by replacing “opioid use disorder” with “a substance use disorder.” The payment and billing rules otherwise remain unchanged.

- Initiation of Medication Assisted Treatment (MAT) in the Emergency Department (HCPCS code G2213)

In the CY 2020 PFS proposed rule, CMS sought comment on the use of medication assisted treatment (MAT) in the emergency department (ED) setting, including initiation of MAT and the potential for either referral or follow-up care. It was persuaded by the comments received that this work is not currently accounted for in the existing code set. To account for the resource costs involved with initiation of medication for the treatment of opioid use disorder in the ED and referral for follow-up care, CMS is creating one add-on G-code (G2213) to be billed with E/M visit codes used in the ED setting.

- Electronic Prescribing of Controlled Substances

Section 2003 of the SUPPORT Act requires that, effective January 1, 2021, the prescribing of a Schedule II, III, IV, or V controlled substance under Medicare Part D be done electronically in accordance with an electronic prescription drug program. CMS finalized the provision with an effective date of January 1, 2021 and a compliance date of January 1, 2022 to encourage prescribers to implement EPCS as soon as possible, while helping ensure that its compliance process is conducted thoughtfully. It noted that physicians who do not implement EPCS “until January 1, 2022 will still be considered compliant with the requirement.

Read the summary [here](#)

Read the [full rule](#)