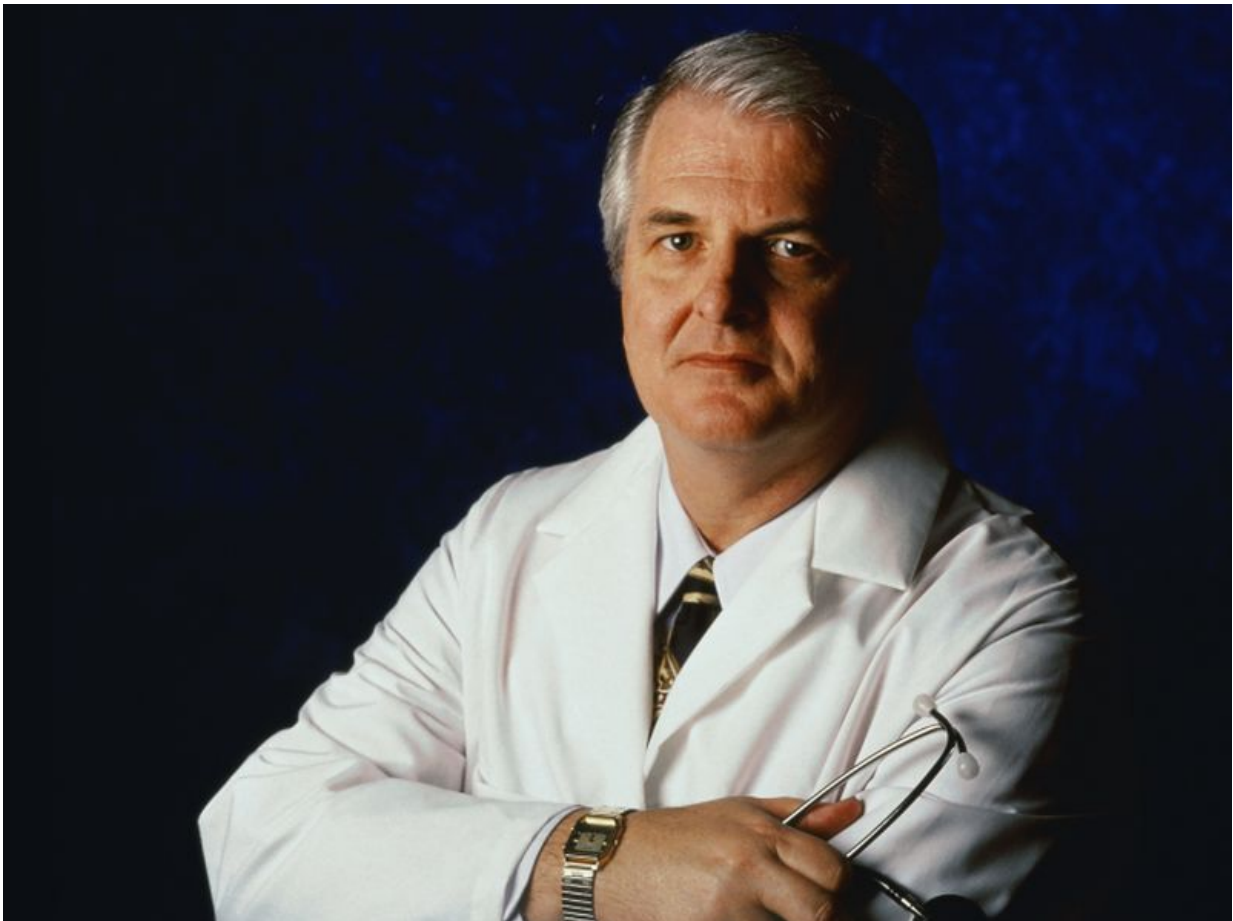


CMS proposes changes to physician fee schedule

July 16 2016



(HealthDay)—Changes have been proposed to the Physician Fee

Schedule to transform how Medicare pays for primary care, focusing on improvements in pay for care coordination and planning, according to a new payment rule published by the Centers for Medicare & Medicaid Services (CMS).

The rule's [primary care](#) proposals improve how Medicare pays for services provided by primary care physicians and other practitioners. The changes are relevant to patients with multiple chronic conditions, mental and behavioral health issues, and cognitive impairment or mobility-related impairments. The CMS rule is also proposing to expand the Diabetes Prevention Program into Medicare.

The proposed annual Physician Fee Schedule updates policies, payment rates, and quality provisions for services for 2017 and includes visits, surgical procedures, diagnostic tests, therapy services, and specific preventive services. Policies include primary care and care coordination, specifically in chronic care management, and mental and behavioral health, with payment for specific behavioral health services furnished using the Collaborative Care Model. In addition, proposed policies include a new code to pay for cognitive and functional assessment and planning, and care for patients with mobility-related impairments.

"Today's proposals are intended to give a significant lift to the practice of primary care and to boost the time a physician can spend with their patients listening, advising, and coordinating their care—both for physical and mental health," Andy Slavitt, acting administrator for the Centers for Medicare & Medicaid Services, said in a statement.

More information: [More Information](#)

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