

Medicare to cover key services championed by AGS to improve care for chronically ill

4 November 2016

This week, the Centers for Medicare and Medicaid Services (CMS) released the Final 2017 Medicare Physician Fee Schedule Rule showing their continued support for reimbursing services provided to Medicare beneficiaries with multiple chronic conditions.

As a result of ongoing advocacy from the AGS and our fellow stakeholders, these proposals, which will take effect in 2017, recognize much of the cognitive work that geriatrics healthcare professionals, primary care providers, and other cognitive specialists currently and regularly provide—until now without reimbursement.

Starting January 1, 2017, CMS will recognize the following services for Medicare beneficiaries:

- Complex chronic care management, which comprises non-face-to-face care provided to the most severely ill Medicare beneficiaries. Importantly, CMS will also make changes to reduce the administrative burden of performing these procedures, which will greatly increase availability to those covered by Medicare.
- Comprehensive assessment and care planning for people with cognitive impairment (e.g., dementia). These services will allow individuals living with such conditions to be diagnosed as early as possible, offering family members and caregivers the chance to be involved in the care planning process sooner, if desired.
- Collaborative care between primary care providers and psychiatrists for those with psychiatric conditions like depression and anxiety.
- Additional non-face-to-face prolonged evaluation and management services (e.g., review of medical records and other clinical information), which can be especially important for people who are chronically ill.

We commend CMS for recognizing the value and importance of these high-quality, person-centered services. Their inclusion in the Medicare Physician Fee Schedule in 2017 is a key component of better care and supports the healthcare professional community working to improve the health, independence, and quality of life of older people in the U.S.

More information: www.americangeriatrics.org/files/September_6_2016.pdf

Provided by American Geriatrics Society

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