



Final CY 2023 PHYSICIAN FEE SCHEDULE

FACT SHEET

On November 1, 2022, the [Center for Medicare and Medicaid Services \(CMS\)](#) released their final rule for the [CY 2023 Medicare Physician Fee Schedule \(PFS\)](#). CMS had previously released their proposed version on July 7, 2022. After receiving submitted feedback from the public during the comment period, CMS published the final version that, unless otherwise stated, will have policies going into effect January 1, 2023. Much of what was proposed in July remains in this final version.

► End of the Public Health Emergency (PHE)

CMS is going forward with the policies required of the Medicare program that were in the [2022 Budget Act](#). These policies included allowing some of the temporary telehealth COVID policies to continue through a 151-day grace period after the end of the PHE and delaying other permanent policies:

- Federally qualified health centers (FQHCs), rural health clinics (RHCs), physical therapists, occupational therapists, audiologists and speech-language pathologists remain eligible providers to be reimbursed by Medicare if they provide certain services via telehealth during this grace period.
- The patient may be in the home when receiving these services and the geographic limitation would also not apply during the 151 day grace period.
- Policies around the provision of mental health via telehealth that were put into law by the [Consolidated Appropriations Act \(CAA\)](#) passed in December 2020 and administrative policies from the [2022 PFS](#) are also delayed during this 151 day grace period.
- The temporary telehealth eligible services COVID-19 list will remain fully available during this 151-day grace period.

▶ Eligible Services

The public is allowed to send in requests to have certain services (CPT codes) added to the permanently eligible services list when being provided via telehealth if the code meets one of two tests:

- **Category 1** – The service is similar to a service already on the permanent telehealth services list.
- **Category 2** – There is sufficient evidence to show that the service can be safely and effectively provided via telehealth.

CMS finalized for addition to the permanent telehealth services list based on a Category 1 test the following codes:

CODE	DESCRIPTOR
G0316	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact
G0317	Prolonged nursing facility evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact
G0318	Prolonged home or residence evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact
G3002	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care, e.g. physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. Required initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. (When using G3002, 30 minutes must be met or exceeded.)
G3003	Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (List separately in addition to code for G3002. When using G3003, 15 minutes must be met or exceeded.)

CMS will require that for the first time G3002 is billed the physician or qualified health practioner must see the beneficiary in-person and both must be in a clinical setting.

In 2020, CMS added a third category that was not a test to determine permanent status on the telehealth eligible services list, but rather a temporary holding place for some of the services that had been added to the temporary COVID-19 list. CMS felt that these services had potential to pass either a Category 1 or 2 test, but more time was needed to gather the evidence. In July CMS proposed to continue to keep these services in Category 3 available to be provided via telehealth under the Medicare program until the end of 2023 (previously they were only to remain until the end of 2022) and add additional services to that list.

Not all of the temporary COVID codes are on the Category 3 list. As noted earlier, CMS did clarify that temporary codes that didn't make it into Category 3 will remain eligible for reimbursement through the 151-day extension period but will not be reimbursable afterward. For example, telephone-only codes 99441-99443 did not make it, and will therefore expire the 152nd day after the PHE ends.

ADDED TO CATEGORY 3 UNDER THIS PFS, AVAILABLE UNTIL THE END OF 2023		WILL BE UNAVAILABLE 152 DAYS AFTER END OF PHE	
CODE	SHORT DESCRIPTOR	CODE	SHORT DESCRIPTOR
90875	Psychophysiological therapy	77427	Radiation tx management x5
90901	Biofeedback train any meth	92002	Eye exam new patient
92012	Eye exam estab pat	92004	Eye exam new patient
92014	Eye exam & tx estab pt 1/>vst	93750	Interrogation vad in person
92507	Speech/hearing therapy	94002	Vent mgmt inpat init day
92550	Tympanometry & reflex thresh	94003	Vent mgmt inpat subq day
92552	Pure tone audiometry air	94004	Vent mgmt nf per day
92553	Audiometry air & bone	94664	Evaluate pt use of inhaler
92555	Speech threshold audiometry	96125	Cognitive test by hc pro
92556	Speech audiometry complete	99218	Initial observation care
92557	Comprehensive hearing test	99219	Initial observation care
92563	Tone decay hearing test	99220	Initial observation care
92565	Stenger test pure tone	99221	Initial hospital care
92567	Tympanometry	99222	Initial hospital care
92568	Acoustic refl threshold tst	99223	Initial hospital care
92570	Acoustic immitance testing	99234	Observ/hosp same date
92587	Evoked auditory test limited	99235	Observ/hosp same date
92588	Evoked auditory tst complete	99236	Observ/hosp same date
92601	Cochlear implt f/up exam <7	99304	Nursing facility care init
92625	Tinnitus assessment	99305	Nursing facility care init
92626	Eval aud funcj 1st hour	99306	Nursing facility care init

ADDED TO CATEGORY 3 UNDER THIS PFS, AVAILABLE UNTIL THE END OF 2023		WILL BE UNAVAILABLE 152 DAYS AFTER END OF PHE	
CODE	SHORT DESCRIPTOR	CODE	SHORT DESCRIPTOR
92627	Eval aud funcj ea addl 15	99324	Domicil/r-home visit new pat (delted from PFS for CY 2023)
94005	Home vent mgmt supervision	99325	Domicil/r-home visit new pat (delted from PFS for CY 2023)
95970	Alys npgt w/o prgrmg	99326	Domicil/r-home visit new pat (delted from PFS for CY 2023)
95983	Alys brn npgt prgrmg 15 min	99327	Domicil/r-home visit new pat (delted from PFS for CY 2023)
95984	Alys brn npgt prgrmg addl 15	99328	Domicil/r-home visit new pat (delted from PFS for CY 2023)
96105	Assessment of aphasia	99341	Home visit new patient
96110	Developmental screen w/score	99342	Home visit new patient
96112	Devel tst phys/qhp 1st hr	99343	Home visit new patient
96113	Devel tst phys/qhp ea addl	99344	Home visit new patient
96127	Brief emotional/behav assmt	99345	Home visit new patient
96170	Hlth bhv ivntj fam wo pt 1st	99441	Phone e/m phys/qhp 5-10 min
96171	Hlth bhv ivntj fam w/o pt ea	99442	Phone e/m phys/qhp 11-20 min
97129	Ther ivntj 1st 15 min	99443	Phone e/m phys/qhp 21-30 min
97130	Ther ivntj ea addl 15 min	99468	Neonate crit care initial
97150	Group therapeutic procedures	99471	Ped critical care initial
97151	Bhv id assmt by phys/qhp	99475	Ped crit care age 2-5 init
97152	Bhv id suprt assmt by 1 tech	99477	Init day hosp neonate care
97153	Adaptive behavior tx by tech		
97154	Grp adapt bhv tx by tech		
97155	Adapt behavior tx phys/qhp		
97156	Fam adapt bhv tx gdn phy/qhp		
97157	Mult fam adapt bhv tx gdn		
97158	Grp adapt bhv tx by phy/qhp		
97530	Therapeutic activities		
97537	Community/work reintegration		
97542	Wheelchair mngment training		
97763	Orthc/prostc mgmt sbsq enc		
98960	Self-mgmt educ & train 1 pt		
98961	Self-mgmt educ/train 2-4 pt		
98962	Self-mgmt educ/train 5-8 pt		
99473	Self-meas bp pt educaj/train		
0362T	Bhv id suprt assmt ea 15 min		
0373T	Adapt bhv tx ea 15 min		



► Modifiers

MODIFIER	WHEN TO USE
95 Modifier & POS code corresponding to where service would have been furnished in-person	Use until the later of the end of the year PHE ends or CY 2023.
02 Modifier	Services furnished in a facility as an originating site may be used & corresponding facility fee billed beginning the 152 nd day after the end of the PHE
93 Modifier <i>can</i> be appended to claim lines for services using audio-only*	Effective on and after January 1, 2023
FQ Modifier <i>must</i> be used for allowable audio-only services (includes FQHCs, RHCs, and OTPs)*	Effective on and after January 1, 2023
93 Modifier when billing for eligible mental health services furnished via audio-only*	Effective on and after January 1, 2023
FR Modifier by supervising practitioners on any applicable telehealth claim when direct supervision provided for service using real-time audio and video technology.	Continued requirement

* CMS notes that providers have the option to use “FQ” or “93” or both when appropriate and true.

NOTE: In response to concerns about the post-PHE period, CMS clarified that for telehealth delivered services, it “will continue to maintain payment at the POS had the service been furnished in-person” (i.e. at the non-facility rate (which is higher) as opposed to the facility rate), through the latter of the end of the CY 2023 or the end of the calendar year in which the PHE ends.

► Opioid Treatment Programs (OTPs)

CMS finalized their July proposal to allow OTPs intake add-on code to be furnished by live video when billed for the initiation of treatment with buprenorphine, when clinically appropriate and in compliance with all applicable requirements. Additionally, CMS has proposed to allow audio-only to be used when live video is not available to the beneficiary.

▶ Remote Therapeutic Monitoring

In July CMS proposed the creation of four new remote therapeutic monitoring HCPCS codes (RTM):

- **GRTM1** - (Remote therapeutic monitoring treatment management services, physician or NPP professional time over a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes of evaluation and management services).
- **GRTM2** - (Remote therapeutic monitoring treatment management services, physician or NPP professional time over a calendar month requiring at least one interactive communication with the patient/caregiver over a calendar month; each additional 20 minutes of evaluation and management services during the calendar month (List separately in addition to code for primary procedure)).
- **GRTM3** - (Remote therapeutic monitoring treatment assessment services, first 20 minutes furnished personally/directly by a nonphysician qualified health care professional over a calendar month requiring at least one interactive communication with the patient/caregiver during the month).
- **GRTM4** - (Remote therapeutic monitoring treatment assessment services, additional 20 minutes furnished personally/directly by a nonphysician qualified health care professional over a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month (List separately in addition to code for primary procedure)).

In the final proposal, CMS is not finalizing the creation of these four codes. These codes were proposed to address issues related to incident-to services, inclusions of clinical staff and supervision levels. After considering public feedback, CMS is instead issuing a clarification that the RTM service be furnished under general supervision as opposed to direct supervision requirements. They are also finalizing a new policy for billing requirements around the existing codes noted below:

CODE	DESCRIPTION
98975	Remote therapeutic monitoring (e.g. respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment
98976	Remote therapeutic monitoring (e.g. respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g. daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
98977	Remote therapeutic monitoring (e.g. respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g. daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
98980	Remote therapeutic monitoring treatment, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes
98981	Remote therapeutic monitoring treatment, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes

▶ Other Items

- Originating site facility fee is \$28.64
- Adoption of G2252 Virtual check-in for 11-20 minutes
- CMS will add a telehealth indicator to the [Physician Compare Finder](#) found on the Medicare website as is applicable and technically feasible.
- While CMS did not change the use of a virtual presence for direct supervision, available through the end of the calendar year the PHE ends, the agency continues to consider comments regarding this issue for potential future PFS rulemaking.

▶ Analysis

The majority of the proposals from July remained intact with the notable exception of the proposed creation of four RTM codes. As was noted in CCHP's fact sheet for the July proposals, much of the policies can be looked at as setting the stage for what happens post-PHE. Currently, the PHE has been renewed through January 11, 2023, but there are recent indications that it will be renewed at least one more time taking the end of the PHE to April 2023.

Typically, CMS will issue more clarifying policies (usually through their Medicare Learning Network (MLN) documents) at a later date, so we anticipate there may be more details forthcoming. In the meantime, a few things that CMS has released related to the final PFS for CY 2023 are:

- [CMS fact sheet for the CY 2023 PFS](#)
- [CMS newly updated list of Medicare telehealth services effective January 1, 2023](#)

Center for Connected Health Policy

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