



CMS Releases 2022 Physician Fee Schedule Proposed Rule

July 13, 2021

The Centers for Medicare & Medicaid Services (CMS) released one of its largest annual payment proposed rules — the [Physician Fee Schedule](#) (PFS) for calendar year 2022. ASHP is in the process of reviewing the proposed rule, which is well over 500 pages. We anticipate that a full issue brief for the PFS will be available later this week. In the interim, we have provided some highlights below.

- **Pharmacist-Provided Evaluation and Management Services:** The proposed rule does not include any changes to last year's clarification that reimbursement for pharmacist-provided evaluation and management (E/M) services is limited to 99211. However, we are working with CMS to develop a mechanism to ensure that pharmacist services are reimbursed commensurate with the scope and intensity of the services provided.
- **Telehealth Services:** CMS is proposing to allow a number of telehealth codes to remain available until Dec. 31, 2023 to allow additional time to determine whether they should be made permanent. During the COVID-19 public health emergency (PHE), CMS allowed certain E/M services as well as mental health services to be provided using audio only, rather than requiring video. CMS indicates that it intends to discontinue audio-only E/M telehealth services when the PHE ends, but is proposing to continue allowing certain mental health services, including opioid treatment services and services at federally qualified health centers (FQHCs) and rural health centers (RHCs), to be provided audio-only on a permanent basis. ASHP will be seeking input from members regarding the proposed additions to the telehealth code list and the changes to the utilization of audio-only telehealth services.
- **Vaccine Provision and Reimbursement:** In an effort to "develop an accurate and stable payment rate," CMS is reviewing payments for COVID-19 and other preventive vaccines (e.g., influenza, shingles, pneumonia). CMS is seeking feedback from vaccine providers regarding vaccine provision costs, including supplies and resources. Further, CMS is asking whether the process for regular updates to vaccine reimbursement should be revised. ASHP will be seeking input from its members in order to provide CMS with accurate, detailed input regarding vaccine provision and reimbursement.
- **Electronic Prescribing of Controlled Substances:** CMS is proposing to implement the second phase of electronic prescribing of controlled substances (EPCS) for Medicare Part D drugs. Specifically, CMS is proposing a number of exceptions to EPCS, including when the prescriber and dispensing pharmacy are the same entity, for low-volume prescribers (i.e., >100 Part D controlled substances prescriptions per year), and for prescribers in natural disaster areas or who have an extraordinary circumstances waiver. Further, CMS is proposing to extend the effective date for EPCS compliance one year to Jan. 1, 2023 and to Jan. 1, 2025 for Medicare Part D prescriptions in long-term care facilities.

In addition to the highlights above, CMS is proposing changes to split-share billing, treatment of critical care services, and concurrent billing for chronic care management and transition care management services in RHCs and FQHCs. CMS is also seeking feedback on methods for "closing the health equity gap in CMS clinician quality programs."

ASHP will be posting a full PFS issue brief with further detail regarding CMS's proposed changes and their potential impact on pharmacy practice. ASHP will be seeking member input to inform our comments on PFS, which are due Sept. 13, 2021.

Questions or comments on the proposed rule can be directed to Jillanne Schulte Wall, ASHP senior director of health and regulatory policy, at jschulte@ashp.org.