

- | |
|--|
| <input checked="" type="checkbox"/> Urgent |
| <input type="checkbox"/> Action Required |
| <input checked="" type="checkbox"/> For Your Information |

APA Practice Organization

Information Alert

Date: September 7, 2011

To: SPTA and Division Federal Advocacy Coordinators
APAGS Coordinators

From: Marilyn Richmond, J.D., Assistant Executive Director for Government Relations
American Psychological Association Practice Organization

Cc: Katherine Nordal, Ph.D., Executive Director for Professional Practice
SPTA Executive Directors
SPTA Directors of Professional Affairs
CAPP

Re: **APA Responds to Proposed Rule on 2012 Medicare Fee Schedule**

As part of psychology's ongoing effort to fight for the interests of the profession through the ongoing challenges facing Medicare reimbursement, APA recently responded to the Centers for Medicare and Medicaid Services (CMS) proposed rule on the 2012 Medicare fee schedule. APA made the following comments:

- Following changes to the Medicare Economic Index (MEI) earlier this year that disproportionately penalized cost-effective psychological services to boost reimbursement for overhead-intensive specialties, CMS should consider alternative approaches to budget neutrality that more fairly apportion the burden among all specialties. When psychology raised this issue during the previous rulemaking and secured 22 members of Congress to send a joint letter calling attention to the harmful impact of the cuts on Medicare mental health services, CMS announced it would convene a Technical Advisory Panel (MEI TAP) to review the MEI going forward. CMS should ensure that the MEI TAP explores the issue of disparate impact when it comes together.
- CMS should not adjust provider time as proposed for selected group service codes, which include three psychotherapy services (90849, 90853 and 90857) and the health and behavior group intervention (96153). Since group services are billed per patient, CMS has suggested dividing the codes by the typical number of patients per session, which CMS believes to be six patients. The proposal lacks an understanding about the nature of group services, which requires therapists to manage the concerns and engagement of multiple individuals throughout the entire session.
- CMS should not impose any new timelines on the AMA RUC process that would involve the psychotherapy codes currently under review by CPT. CMS is suggesting that the AMA RUC review by July 2012 a number of codes that have not been reviewed in the past six to ten years, including several psychotherapy codes (90801, 90805, 90806, 90808 and 90818). Because the

CPT review is already underway the psychotherapy codes should not be subject to an expedited RUC process.

- As CMS makes changes to requirements for annual wellness visits (AWVs), CMS should indicate that upon identification or suspicion of mental illness, psychosocial risks or behavioral risks, primary care providers should refer beneficiaries to mental health professionals when necessary. As CMS works to expand coverage for preventive care at a time when most primary care settings have not yet integrated mental health professionals into primary care, it is important that primary care providers understand the need for, and are prepared to make, referrals to psychologists and other mental health providers.

The comment letter is available at <http://www.apapracticecentral.org/advocacy/medical/physician-fee-letter.pdf>. The final rule is expected in early November.

As you know, Medicare reimbursement remains a top priority of the APA Practice Organization. As challenges and opportunities arise, APAPO will continue to press at both the legislative and regulatory levels for the professional interests of psychologists. In the coming months, we will need your help to ensure Congress halts the 29.5% Sustainable Growth Rate (SGR) cut scheduled for all services in 2012 and we have the best chance to protect our 5% psychotherapy payment extender we first secured in 2008. Thanks for your ongoing support.

APAPO: Putting Your Practice Assessment to Work