Provisions of the Patient Protection and Affordable Care Act of 2010 Implemented in the "Medicare Program; Payment Policies Under the Physician Fee Schedule and Other" Regulations

A. Section 3002: Improvements to the Physician Quality Reporting System

B. Section 3003: Improvements to the Physician Feedback Program and Section 3007: Value-based payment modifier under the physician fee schedule

   1. Background

   2. Effect of the Patient Protection and Affordable Care Act on the Program

   3. Implementation of Sections 3003 and 3007 of the Affordable Care Act

   4. Comments Sought on Specific Policy Topics Related to Both PPACA Sections 3003 and 3007

      a. Risk Adjustment

      b. Attribution

      c. Benchmarking and Peer Groups

      d. Cost and Quality Measures and Composite Measurement

C. Section 3102: Extension of the Work Geographic Index Floor and Revisions to the Practice Expense Geographic Adjustment under the Medicare Physician Fee Schedule, and Protections for Frontier States as amended by Section 10324 of the Affordable Care Act

D. Section 3103: Extension of Exceptions Process for Medicare Therapy Caps

E. Section 3104: Extension of Payment for Technical Component of Certain Physician Pathology Services

F. Section 3105: Extension of Ambulance Add-On

G. Section 3107: Extension of Physician Fee Schedule Mental Health Add-On

H. Section 3108: Permitting Physician Assistants to Order Post-Hospital Extended Care Services

I. Section 3111: Payment for Bone Density Tests

J. Section 3114: Improved Access for Certified Nurse Midwife Services

K. Section 3122: Extension of Medicare Reasonable Costs Payments for Certain Clinical Diagnostic Laboratory Tests Furnished to Hospital Patients in Certain Rural Areas

L. Section 3134: Misvalued Codes Under the Physician Fee Schedule

M. Section 3135: Modification of Equipment Utilization Factor for Advanced Imaging Services

1. Adjustment in Practice Expense to Reflect Higher Presumed Utilization

2. Adjustment in Technical Component "Discount" on Single-Session Imaging to Consecutive Body Parts

N. Section 3136: Revision for Payment for Power-Driven Wheelchairs

a. Payment Rules for Power Wheelchairs

b. Elimination of Lump Sum Payment for Standard Power Wheelchairs

c. Revision of Payment Amounts for Power Wheelchairs

O. Section 3139: Payment for Biosimilar Biological Products

P. Section 3401: Revision of Certain Market Basket Updates and Incorporation of Productivity Improvements into Market Basket Updates That Do Not Already Incorporate Such Improvements

1. ESRD Market Basket Discussion

2. Productivity Adjustment regarding Ambulance and Clinical Laboratory Fee Schedules

a. Ambulatory Surgery Centers (ASCs)

b. Ambulance Fee Schedule (AFS)

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Q. Section 4103: Medicare Coverage of Annual Wellness Visit Providing a Personalized Prevention Plan

1. Background

a. Medicare Coverage of Preventive Physical Examinations and Routine Checkups

b. Requirements for Coverage of an Annual Wellness Visit

2. Proposed Revisions

a. Proposed Revisions to §411.15, Particular services excluded from coverage

b. Proposed revisions to Part 410, Subpart B – Medical and Other Health Services

(1) Definitions

(2) Requirements of the first visit for personalized prevention plan services

(3) Requirements of subsequent visits for personalized prevention plan services

3. Payment for the Annual Wellness Visit Providing Personalized Prevention Plan Services (PPPS)

R. Section 4104: Removal of Barriers to Preventive Services in Medicare

1. Definition of "Preventive Services"

2. Deductible and Coinsurance for Preventive Services

3. Extension of Waiver of Deductible to Services Furnished in Connection with or in relation to a Colorectal Cancer Screening Test that becomes Diagnostic or Therapeutic

S. Section 5501: Expanding Access to Primary Care Services and General Surgery Services

1. Section 5501(a): Incentive Payment Program for Primary Care Services

a. Background

b. Proposed Primary Care Incentive Payment Program (PCIP)

2. Section 5501(b): Incentive Payment Program for Major Surgical Procedures Furnished in Health Professional Shortage Areas

a. Background

b. Proposed HPSA Surgical Incentive Payment Program (HSIP)

3. Sections 5501(a) and (b) of the Affordable Care Act and Payment for Critical Access Hospital Professional Services Under the Optional Method

T. Section 6003: Disclosure Requirements for In-Office Ancillary Services Exception to the Prohibition on Physician Self-Referral for Certain Imaging Services

1. Background

2. Proposed Disclosure Requirement

U. Section 6404: Maximum period for submission of Medicare claims reduced to not more than 12 months

1. Background

2. Provisions of Affordable Care Act

V. Section 6410 and MIPPA: Adjustments to the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Competitive Acquisition Program

1. Background

2. Subdividing Large MSAs under Round 2

3. Exclusions of Certain Areas after Round 2 and Prior to 2015

4. Expansion of Round 2

W. Section 10501(i)(3)—Proposed Collection of HCPCS data for Development and Implementation of a Prospective Payment System for the Medicare Federally Qualified Health Center Program