

CMS finalizes 2014 physician payment rates, policies

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The final payment rules for 2014 include a proposal to support care management outside the routine office interaction and policies to promote high quality care and efficiency, according to a report from the Centers for Medicare & Medicaid Services.

"Health care is changing, and part of delivery system reform is recognizing this and making sure payment systems account for these changes," CMS principal deputy administrator Jon Blum said in a statement. "We believe that successful efforts to improve chronic care management for these patients could improve the quality of care while simultaneously decreasing costs, through reductions in hospitalizations, use of post-acute care services, and emergency department visits."

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Starting in 2015, the CMS will establish separate payment for managing patient care outside of face-to-face office visits. The 2014 payment rates also increase payment for several medical specialties, with large increases going to mental health service providers, including psychiatrists, clinical psychologists, and clinical social workers. A process is also being implemented to adjust payment rates for test codes on the Clinical Laboratory Fee Schedule, based on changes in technology, enabling more accurate payment for laboratory tests.

In addition, the rule includes provisions relating to physician quality programs and the Physician Value-Based Payment Modifier, and to the Physician Quality Reporting System for 2014, including an option for quality measure reporting through qualified clinical data registries.

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