board reductions in physician services elsewhere. The movement to the new locality structure in California may increase payments to many physicians in urban parts of California without any reductions in specified counties that the law "holds harmless" from payment reductions. In a few areas of California, the new locality structure may decrease Medicare fee schedule payments.

Collecting Data on Resources Used in Furnishing Global Services

Background

Under the misvalued code initiative in the 2015 final rule, CMS finalized a policy to transform all 10- and 90-day global codes to 0-day global codes, beginning in 2018. Under this policy, CMS would have valued the surgery or procedure to include all services furnished on the day of surgery and paid separately for visits and services furnished after the day of the procedure. Subsequently, Congress intervened and prohibited CMS from implementing this AAFP-backed policy. Instead, CMS is now required to gather data on visits in the post-surgical period that could be used to accurately value these services.

Proposed Changes

CMS proposes a data collection strategy, including claims-based data collection and a survey of 5,000 practitioners, to gather data on the activities and resources involved in furnishing these services. To the extent that this data results in proposals to revalue any surgical services, that revaluation will be done through future rulemaking.

0-day Global Services That Are Typically Billed with an Evaluation and Management (E/M) Service with Modifier 25

Background

Because CMS assumes that the valuation of codes with 0-, 10-, and 90-day global periods includes a certain amount of evaluation and management of the patient, Medicare only makes separate payment for E/M services that are provided in excess of those considered included in the global procedure. In such cases, the physician would report the additional E/M service with Modifier 25 appended, which is defined as a significant, separately identifiable E/M service performed by the same physician on the day of a procedure above and beyond other services provided or beyond the usual preservice and post-service care associated with the procedure that was performed. Modifier 25 allows physicians to be paid for E/M services that would otherwise be denied as bundled.

Proposed Changes

CMS notes that several high-volume procedure codes are typically reported with a modifier that unbundles payment for visits from the procedure, even though the modifier should only be used for reporting services beyond those usually provided. Therefore, CMS believes the services may be misvalued. As a result, CMS proposes to prioritize 83 services for review as potentially misvalued. Included at the end of the AAFP summary is CMS Table 7 that lists these 83 services.

Medicare Diabetes Prevention Program

Background

The Medicare Diabetes Prevention Program is a structured lifestyle intervention that includes dietary coaching, lifestyle intervention, and moderate physical activity, all with the goal of preventing the onset of diabetes in individuals who are pre-diabetic. The clinical intervention consists of 16 intensive "core" sessions of a curriculum in a group-based, classroom-style setting that provides practical training in long-term dietary change, increased physical activity, and behavior change strategies for weight control. After the 16 core sessions, less-intensive monthly follow-up meetings help ensure that the participants maintain healthy behaviors. The primary goal of the intervention is at least 5 percent average weight loss among participants.