



2019 Medicare Payment Policy: Everything You Need to Know

Barbara S. Levy, MD

**AMA Integrated Physician Practice Section
November 9, 2018**

Presentation Overview

- CMS proposal for modifying Evaluation and Management (E/M) coding and payment
- Comments Submitted on the CMS proposal
- CPT/RUC Workgroup on E/M
- CMS decisions outlined in Final Rule
- Questions

A photograph of three medical professionals, two women and one man, all wearing white lab coats and stethoscopes. They are gathered around a tablet computer, looking at the screen with focused expressions. The scene is lit with a cool, blueish-purple light, giving it a professional and clinical feel. The text 'CMS Proposal to Modify E/M Coding and Payment' is overlaid in white on the center of the image.

CMS Proposal to Modify E/M Coding and Payment

Medicare E/M Proposal

- Eliminates the requirement to document medical necessity of furnishing visits in the home rather than office
- Eliminates the prohibition on same-day E/M visits billed by physicians in the same group or medical specialty
- Physicians may choose method of documentation, among the following options:
 - 1995 or 1997 Evaluation and Management Guidelines for history, physical exam and medical decision making (current framework for documentation)
 - Medical decision making only
 - Physician time spent face-to-face with patients

Medicare E/M Proposal

- CMS would only require documentation to support the medical necessity of the visit and to support a level 2 CPT visit code
- Proposed elimination of re-entry of information regarding chief complaint and history that is already recorded by ancillary staff or the patient. The practitioner must only document that they reviewed and verified the information.
- Proposed to only require documentation of an interval history since the previous visit instead of redocumenting the full history at each visit

Medicare E/M Proposal

Condensing Visit Payment Amounts

CMS called the system of 10 levels for new and established office visits “outdated” and proposed to retain the codes but simplify the payment by applying a single payment rate for level 2 through 5 office visits.

CPT Code New Office Visits	CY 2018 Non-Facility Payment Rate	CY 2019 Proposed Non-Facility Payment Rate
99201	\$45	\$43
99202	\$76	\$134
99203	\$110	
99204	\$167	
99205	\$211	

CPT Code New Office Visits	CY 2018 Non-Facility Payment Rate	CY 2019 Proposed Non-Facility Payment Rate
99211	\$22	\$24
99212	\$45	\$92
99213	\$74	
99214	\$109	
99215	\$148	

Other Related Coding/Payment Proposals

- **E/M Payment Reduction:** Would reduce payment by 50% for the least expensive procedure or visit that the same physician (or a physician in the same group practice) furnishes on the same day as a separately identifiable E/M visit
- **Primary care G-code:** CMS would add \$5 to each office visit performed for primary care purposes (definition to be determined via comment process) via a new code:
 - *GPC1X Visit complexity inherent to evaluation and management associated with primary medical care services*

Other Related Coding/Payment Proposals

- CMS identified several specialties that often report higher level office visits
- CMS proposed offsets to add \$14 to each office visits performed by the specialties listed below via a new code:
 - GCG0X *Visit complexity inherent to evaluation and management associated with:*

Proposed Specialties Affected	
Allergy/Immunology	Neurology
<i>Cardiology</i>	Obstetrics/Gynecology
Endocrinology	Otolaryngology
Hematology/Oncology	Rheumatology
Interventional Pain Management-Centered Care	Urology



Other Related Coding/Payment Proposals

- **New Podiatry-specific G-code:**
 - *GPD0X Podiatry services, medical examination and evaluation with initiation of diagnostic and treatment program, new patient (\$102) and GPD1X Podiatry services, medical examination and evaluation with initiation of diagnostic and treatment program, established patient. (\$67)*
- **Prolonged Services Code (any office visit > 30 minutes beyond typical visit):**
 - *GPRO1 Prolonged evaluation and management or psychotherapy services(s) (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service) will have a payment rate of \$67*

Implementation Plan

- The proposed implementation date was January 1, 2019
- Agency would consider changes to Emergency Department Visits (CPT codes 99281-99285) and other E/M code sets in the future and sought additional comments on these code families.



Comments on CMS Proposal

Joint Comments on E/M Proposal from 170 Organizations

- Physicians are extremely frustrated by “note bloat”
- CMS should finalize proposals to streamline required documentation by:
 - Only requiring documentation of interval history since previous visit
 - Eliminating requirement to re-document information from practice staff or patient
 - Removing need to justify home visits in place of office visits
- CMS should not implement collapsed payment rates and add-on codes
- CMS should not reduce payment for office visits on same day as other services
- CMS should set aside office visit proposal, work with medical community on mutually agreeable policy to achieve shared goal and avoid unintended consequences

A photograph of a person's hands typing on a laptop keyboard. A silver stethoscope is resting on the keyboard in the foreground. The image has a blue tint.

CPT/RUC Workgroup on E/M

Workgroup Overview

- In early August, the Chairs of the CPT Editorial Panel and the AMA/Specialty Society RVS Update Committee (RUC) created the CPT/RUC Workgroup on E/M to:
 - Capitalize on the CMS proposal and solicit suggestions feedback on the best coding structure to foster burden reduction, while ensuring appropriate valuation.
 - Consider a code change application to be submitted to the CPT Editorial Panel for consideration at their February 7-8, 2019 meeting.

Workgroup Overview

- The Workgroup is made up of 12 experts in both coding and valuation (6 members each from the CPT and RUC processes).
- In addition to the 12 Workgroup members, roughly 300 additional stakeholders from national medical specialty societies, CMS and other health care related organizations have participated. The Workgroup has solicited their opinion through open feedback during each conference call and several direct surveys in between calls.
- Worked to build consensus around modernizing the office and outpatient E/M CPT codes to simplify the documentation requirements and better focus code selection around elements that are at the heart of good patient care.
- The Workgroup is on schedule to submit a code change proposal to the CPT Editorial Panel for consideration at the February 2019 Panel meeting.

Workgroup Members

Name	CPT/RUC	Specialty	Other
Peter Hollmann, MD Co-Chair	RUC, AMA Alternate Representative CPT Editorial Panel, Former Chair	Geriatric Medicine	AMA HoD
Barbara Levy, MD Co-Chair	CPT Editorial Panel Member RUC, Former Chair	Obstetrics & Gynecology	AMA HoD
Margie Andrae, MD	RUC Member	Pediatrics	
Linda Barney, MD	CPT Editorial Panel	General Surgery	
Patrick Cafferty, PA-C	CPT Editorial Panel Member (former) Health Care Professionals Advisory Committee (HCPAC)	Physician Assistant	
Scott Collins, MD	RUC Member	Dermatology	
David Ellington, MD	CPT Editorial Panel Member (former) Chair of Previous CPT E/M Workgroup	Family Medicine	AMA HoD
Chris Jagmin, MD	CPT Editorial Panel Member Medical Director, Aetna	Family Medicine	
Douglas Leahy, MD	RUC Member	Internal Medicine	
Scott Manaker, MD	RUC Member Chair, PE Subcommittee	Pulmonary Medicine	
Robert Piana, MD	CPT Editorial Panel Member	Cardiology	
Robert Zwolak, MD	RUC Member (Former & Present Alternate)	Vascular Surgery	



Guiding Principles

The CPT/RUC Workgroup on E/M is committed to changing the current coding and documentation requirements for office E/M visits to simplify the work of the health care provider and improve the health of the patient.

To achieve these goals, the Workgroup has set forth the following guiding principles related to the group's ongoing work product:

1. To decrease administrative burden of documentation and coding
2. To decrease the need for audits
3. To decrease unnecessary documentation in the medical record that is not needed for patient care
4. To ensure that payment for E/M is resource-based and that there is no direct goal for payment redistribution between specialties.



CMS Decisions in 2019 Final Rule

CMS Adopts AMA Recommended Policies for 2019

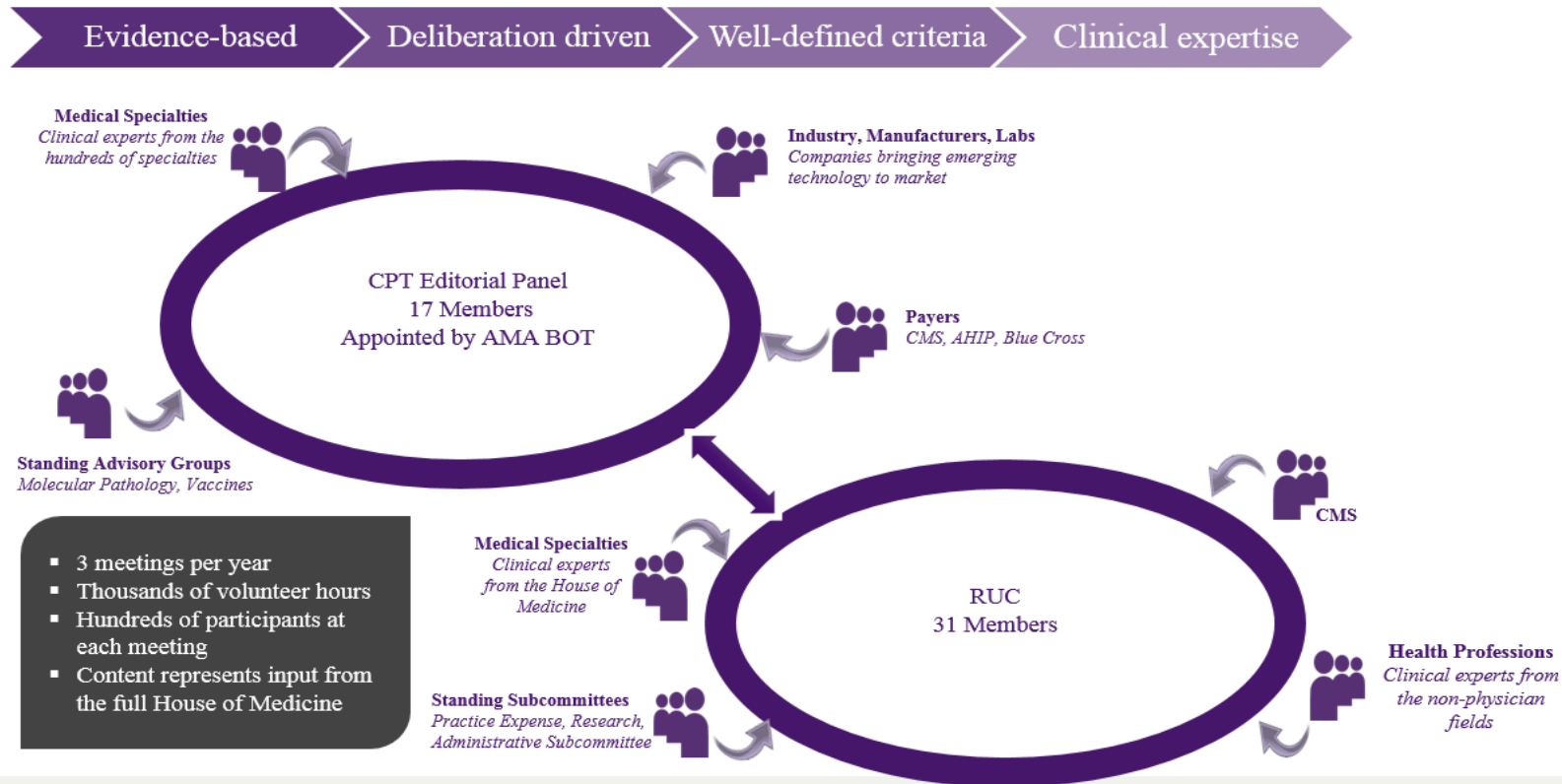
- Finalized policies to streamline documentation requirements:
 - No need to re-record history and exam findings; just update based on current visit
 - No need to re-document information already recorded by staff or the patient
 - No need to justify providing home visit instead of office visit
- CMS will not reduce payment for office visits on same day as other services, collapse payment rates, or implement new add-on codes in 2019
- For 2021, CMS intends to keep separate payments for level 5 office visits but pay the same rates for 99202-99204 and 99212-99214; these codes also will have add-ons for primary care, complex and extended visits
- CMS will consider recommendations from CPT/RUC Workgroup and others in medical community as it crafts future proposal

CMS Commits to Reviewing CPT E/M Changes

“We recognize that many commenters, including the AMA, the RUC, and specialties that participate as members in those committees, have stated intentions of the AMA and the CPT Editorial Panel to revisit coding for E/M office/outpatient services in the immediate future. We note that the 2-year delay in implementation will provide the opportunity for us to respond to the work done by the AMA and the CPT Editorial Panel, as well as other stakeholders. We will consider any changes that are made to CPT coding for E/M services, and recommendations regarding appropriate valuation of new or revised codes.”

2019 Final Rule, p. 584

Next Steps: CPT/RUC Process to Review Workgroup Proposal



A photograph of three medical professionals in white lab coats walking away from the camera down a bright, modern hospital hallway. The woman on the left is looking back over her shoulder towards the man in the middle. The man on the right has a stethoscope around his neck. The hallway has large windows and a clean, minimalist design.

Questions?

