

MEDICARE PHYSICIAN FEE SCHEDULE – PROPOSED CHANGES TO OFFICE AND OUTPATIENT E/M

On July 12, 2018 the Centers for Medicare & Medicaid Services published the CY 2019 Medicare Physician Fee Schedule proposed rule. The rule includes several provisions related to office and outpatient evaluation and management (E/M) services, which will impact the entire house of medicine, including physiatry. This brief document summarizes some of the key issues the Academy is collecting member input on for a comment letter which will be submitted to CMS by the September 10, 2018 deadline.

DOCUMENTATION

In place of current documentation requirements for office and outpatient E/M, CMS proposes that providers will be allowed to choose from the following:

- Existing 1995/1997 guidelines
- Medical Decision Making
- Time

Furthermore, when meeting documentation guidelines, a minimum documentation standard is proposed whereby practitioners would only need to meet documentation requirements associated with a level 2 visit unless the practitioner is using time to document.

PAYMENT

CMS proposes to pay a single payment rate for visit levels 2 through 5 by developing a single set of RVUs for new patient levels 2 through 5 and established patients levels 2 through 5.

New Patient				
Code	Current wRVU	Current Payment	Proposed wRVU	Estimated Proposed Payment
99201	0.48	\$45	0.48	\$44
99202	0.93	\$76	1.90	\$135
99203	1.42	\$110		
99204	2.43	\$167		
99205	3.17	\$211		
Established Patient				
Code	Current wRVU	Current Payment	Proposed wRVU	Estimated Proposed Payment
99211	0.18	\$22	0.18	\$24
99212	0.48	\$45	1.22	\$93
99213	0.97	\$74		
99214	1.50	\$109		
99215	2.11	\$148		

PAYMENT REDUCTION WHEN PROCEDURES ARE BILLED WITH E/M

CMS proposes to resolve perceived duplicative payment when E/M visits and procedures are billed together. In such instances when the same patient has an E/M visit and a procedure on the same day by the same provider, payment for the least expensive service will be reduced by 50 percent. This proposed policy is similar to modifier 25 reduction policies proposed by private payers this year.

ADD-ON G CODES

CMS proposes to create new add-on codes to be billed with office and outpatient E/M to recognize additional resources for certain services:

- GPCIX – visit complexity inherent to evaluation and management associated with primary medical care services that serve as the continuing focal point for all needed health care services (add-on code, list separately in addition to an established patient evaluation and management visit)
- GCGOX – visit complexity inherent to evaluation and management associated with endocrinology, rheumatology, hematology/oncology, urology, neurology, obstetrics/gynecology, allergy/immunology, otolaryngology, cardiology, or interventional pain management-centered care (add-on code, list separately in addition to an evaluation and management visit)

TAKE ACTION

We held a Virtual Town Hall on August 8 to gather input on the CY 2019 Medicare Physician Fee Schedule proposed rule and how these policies will impact your practice. **If you weren't able to attend, you can email us your feedback at healthpolicy@aapmr.org.**