



CY 2021 Medicare Physician Fee Schedule Proposed Rule

Major Provisions Impacting Epilepsy Centers

On August 4th, the Centers for Medicare & Medicaid Services (CMS) released a proposed rule for the 2021 Medicare Physician Fee Schedule (MPFS) <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched>. Comments are due to CMS no later than October 5, 2020. Due to the COVID-19 public health emergency (PHE), CMS is waiving its requirement that the final rule be published 60-days prior to its effective date and replacing it with a 30-day notification timeline. Therefore, we anticipate that the final rule will not be published until December 1, 2020 and will become effective on January 1, 2021.

This document provides NAEC Members with a summary of the major provisions of the MPFS proposed rule impacting epilepsy centers, including charts showing physician work relative value units and national average Medicare payment rates of neurophysiology, epilepsy surgery, and evaluation and management services.

Conversion Factor and Impact on Neurology

CMS is proposing a conversion factor (CF) of \$32.26 in CY 2021, which is a decrease of 10.6% from the CY 2020 CF of \$36.09. The conversion factor is used to convert the physician fee schedule relative value units for physician work, practice expenses, and malpractice expense into Medicare's payment rates. The decrease in the CF for CY 2021 is based on the requirement for a budget neutrality adjustment if changes made by the proposed rule result in an increase in Medicare expenditures that exceed \$20 million. The proposed changes to outpatient/office evaluation and management services relative value units (see explanation below) and other changes being made to other services including immunizations, emergency department, psychiatric, and ESRD services exceed this expenditure threshold causing the 10.6% negative adjustment to the CF.

Due to the reduction in the CF the impact on specialists in neurology is mixed, but in general, according to CMS is a positive increase in payment of 6%. Epileptologists will enjoy the significant increases to the RVUs of the higher-level evaluation and management (E/M) codes for outpatient and office visits for new and existing patients. The new E/M RVUs will likely be picked up by other insurers as well.

Unfortunately, payment for most hospital based procedural services are decreasing, mostly due to the 10.6% reduction in the conversion factor. Office-based procedures are not predicted to incur the same reductions, which is partially due to increases in practice expense values attributed to CY 2021 being the final year of a phase-in of market-based adjustments to practice expense values.

The RVUs for the new long-term EEG/VEEG Codes for professional services (95717-95726) are not changing in 2021. But, due to the reduction in the CF the services provided in hospital outpatient and inpatient settings will result in a reduction in Medicare payments of about 10% if the rule is finalized. CMS is not proposing national RVUs for the technical component codes (95700, 95705-95716) in 2021. This means that local Medicare contractors and private insurers will determine their payment rates for these services.

Table 90 from the MPFS Proposed Rule showing the CY 2021 PFS Estimated Impact on Total Allowed Charged by Specialty is the first attachment to this summary. It is followed by charts detailing the RVUs and Medicare payment rates for neurology, neurosurgery and evaluation and management services prepared by NAEC.

Evaluation and Management

CMS proposes to implement changes to the CPT descriptors, guidelines and payment rates for evaluation and management services effective on January 1, 2021, which will be a significant modification to the coding, documentation, and payment of E/M services for office and outpatient visits. The major changes include:

- History and exam will no longer be used to select the level of code for office/outpatient E/M visits. Instead, the history and exam components will only be performed when, and to the extent, reasonable and necessary, and clinically appropriate.
- Deletion of CPT code 99201.
- For levels 2 through 5 office/outpatient E/M visits, selection of the code level to report will be based on either the level of medical decision making (MDM) (as redefined by the new AMA/CPT [guidance framework](#)) or the total time personally spent by the reporting practitioner on the day of the visit.
- See chart for proposed E/M code relative value units and national average Medicare payment rates.

In this year's proposed rule, CMS is proposing the following additional changes to E/M services:

- To adopt the actual total times rather than the total times recommended by the RUC for CPT codes 99202 – 99215 (See Table 17 below).
- To increase the work RVUs associated with the transitional care management (TCM) codes commensurate with the new valuations for the level 4 (CPT code 99214) and level 5 (CPT code 99215) office/outpatient E/M visits for established patients.
- If time is used to determine the E/M code for office/outpatient E/M level 5 visits, CPT code 99XXX (*Prolonged Office/Outpatient E/M Visits*) could be reported when the maximum time for the level 5 office/outpatient E/M visit is exceeded by at least 15 minutes on the date of service.
- CMS is allowing the use of the new code GPC1X (and seeking comments on the definition), the add-on code that describes the "visit complexity inherent to evaluation

and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex condition." This code was established in the FY 2020 MPFS final rule to recognize the added resources needed for primary and specialty care services for patients with complex chronic conditions.

TABLE 17: RUC-Recommended Pre-, Intra-, Post-Service Times, RUC-Recommended Total Times for CPT codes 99202-99215 and Actual Total Time

HCPCS	Pre-Service Time	Intra-Service Time	Immediate Post-Service Time	Actual Total Time	RUC-recommended Total Time
99202	2	15	3	20	22
99203	5	25	5	35	40
99204	10	40	10	60	60
99205	14	59	15	88	85
99211		5	2	7	7
99212	2	11	3	16	18
99213	5	20	5	30	30
99214	7	30	10	47	49
99215	10	45	15	70	70

Telehealth

During the COVID-19 public health emergency (PHE) CMS has waived the geographic and site of service originating site restrictions for Medicare telehealth services, allowing Medicare beneficiaries across the country to receive care from their homes. These flexibilities remain in effect as the PHE declaration was extended through Oct. 23, 2020. CMS does not propose to permanently waive these restrictions in the MPFS because the agency states that it lacks authority to make this adjustment. Without this change in requirements, physicians will not be able to use the office/outpatient E/M codes to provide telehealth services to patients in their homes beyond the PHE.

In the rule, CMS refers to three different categories for telehealth codes: Category 1, which represents services that are similar to professional consultation, office visits, and office psychiatry services that are currently on the Medicare telehealth services list and Category 2, which includes services that are not similar to those on the current Medicare telehealth services list. In this rule, CMS proposes a new Category 3 to represent services added to the telehealth list on a temporary basis, where CMS is interested in gathering data and additional information on whether these should be made permanent.

CMS is proposing to add multiple CPT Codes to the Medicare telehealth list permanently. These include:

- *GPC1X, 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 evaluation and management visit)

- *99XXX, Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)*

Teaching Physician and Resident Moonlighting Policies

CMS is proposing to allow a teaching physician to use two-way audio/video communications technology to provide direct supervision to a resident through the later of the end of the COVID-19 PHE or December 31, 2021 or potentially make permanent. This policy allows the teaching physician to satisfy supervision requirements by using audio/video real-time communications technology to direct the care furnished by a resident, and to review the services furnished by the resident during or immediately after a visit, remotely. CMS will pay for the interpretation of diagnostic tests if performed by a resident as long as the teaching physician is present through audio/video real-time communications technology.

Supervision of Diagnostic Tests by Certain Non-Physician Providers

CMS is proposing to allow nurse practitioners (NPs), certified nurse specialists (CNSs), physician assistants (PAs) or certified nurse-midwives (CNMs) to supervise diagnostic tests on a permanent basis as allowed by state law and scope of practice. Prior to the COVID-19 PHE, physicians, NPs, CNSs, PAs, CNMs, clinical psychologists (CPs), and clinical social workers (CSWs) who were treating a Medicare beneficiary for a specific medical problem could order diagnostic tests when they used the results of the tests in the management of the beneficiary's specific medical problem. However, generally only physicians were permitted to supervise diagnostic tests.

In addition, CMS is proposing to permanently allow NPs, CNS's, PAs or CNMs to the extent that they are authorized to perform these tests under applicable State law and scope of practice, to supervise diagnostic psychological and neuropsychological testing services. CMS is also proposing to permanently eliminate the requirement that a general level of physician supervision is necessary for diagnostic tests performed by a PA, including to allow a PA to perform a diagnostic test (in accordance with their scope of practice and State law) without the required specified level of supervision assigned to individual tests.

Table 90: CY 2021 PFS Estimated Impact on Total Allowed Charged by Specialty

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact
Allergy/Immunology	\$246	5%	4%	0%	9%
Anesthesiology	\$2,011	-7%	-1%	0%	-8%
Audiologist	\$74	-4%	-2%	0%	-7%
Cardiac Surgery	\$264	-6%	-2%	-1%	-9%
Cardiology	\$6,849	1%	0%	0%	1%
Chiropractor	\$759	-7%	-3%	0%	-10%
Clinical Psychologist	\$824	-1%	1%	0%	0%
Clinical Social Worker	\$851	-1%	1%	0%	0%
Colon And Rectal Surgery	\$168	-4%	-1%	0%	-5%
Critical Care	\$376	-6%	-2%	0%	-8%
Dermatology	\$3,758	-1%	-1%	0%	-2%
Diagnostic Testing Facility	\$813	-1%	-5%	0%	-6%
Emergency Medicine	\$3,065	-5%	-1%	0%	-6%
Endocrinology	\$506	11%	6%	1%	17%
Family Practice	\$5,982	9%	4%	1%	13%
Gastroenterology	\$1,749	-3%	-1%	0%	-5%
General Practice	\$405	5%	2%	0%	8%
General Surgery	\$2,041	-4%	-2%	0%	-7%
Geriatrics	\$190	2%	2%	0%	4%
Hand Surgery	\$245	-2%	-1%	0%	-3%
Hematology/Oncology	\$1,702	9%	5%	1%	14%
Independent Laboratory	\$639	-3%	-2%	0%	-5%
Infectious Disease	\$653	-4%	-1%	0%	-4%
Internal Medicine	\$10,654	2%	2%	0%	4%
Interventional Pain Mgmt	\$932	4%	3%	0%	7%
Interventional Radiology	\$497	-3%	-5%	0%	-9%
Multispecialty Clinic/Other Phys	\$152	-3%	-1%	0%	-4%
Nephrology	\$2,213	4%	2%	0%	6%
Neurology	\$1,513	3%	2%	0%	6%
Neurosurgery	\$806	-4%	-2%	-1%	-7%
Nuclear Medicine	\$56	-5%	-3%	0%	-8%
Nurse Anes / Anes Asst	\$1,316	-9%	-1%	0%	-11%
Nurse Practitioner	\$5,069	5%	3%	0%	8%
Obstetrics/Gynecology	\$633	4%	3%	0%	8%
Ophthalmology	\$5,328	-4%	-2%	0%	-6%
Optometry	\$1,349	-2%	-2%	0%	-5%
Oral/Maxillofacial Surgery	\$78	-2%	-3%	0%	-5%
Orthopedic Surgery	\$3,796	-3%	-1%	0%	-5%
Other	\$47	-3%	-2%	0%	-5%
Otolamgology	\$1,264	4%	3%	0%	7%
Pathology	\$1,257	-6%	-4%	0%	-9%
Pediatrics	\$66	4%	2%	0%	6%
Physical Medicine	\$1,157	-3%	0%	0%	-3%
Physical/Occupational Therapy	\$4,946	-5%	-5%	0%	-9%
Physician Assistant	\$2,888	5%	3%	0%	8%
Plastic Surgery	\$378	-4%	-3%	0%	-7%
Podiatry	\$2,111	-1%	0%	0%	-1%
Portable X-Ray Supplier	\$94	-2%	-4%	0%	-6%
Psychiatry	\$1,099	4%	3%	0%	8%
Pulmonary Disease	\$1,647	0%	0%	0%	1%
Radiation Oncology And Radiation Therapy Centers	\$1,803	-3%	-3%	0%	-6%
Radiology	\$5,253	-6%	-5%	0%	-11%
Rheumatology	\$546	10%	6%	1%	16%
Thoracic Surgery	\$350	-5%	-2%	-1%	-8%
Urology	\$1,803	4%	4%	0%	8%
Vascular Surgery	\$1,287	-2%	-5%	0%	-7%
TOTAL	\$96,557	0%	0%	0%	0%

* Column F may not equal the sum of columns C, D, and E due to rounding.

2021 Proposed Physician Fee Schedule (CMS-1734-P)
Payment Rates for Medicare Physician Services - Neurology

CPT Code	Mod	Descriptor	2021		2020	% payment change 2020 to 2021	
			Work RVUs	Total RVUs	Payment CF=\$36.0896		
95700		Eeg cont rec w/vid eeg tech	0.00	0.00	\$0.00	\$0.00	NA
95705		Eeg w/o vid 2-12 hr unmntr	0.00	0.00	\$0.00	\$0.00	NA
95706		Eeg wo vid 2-12hr intmt mntr	0.00	0.00	\$0.00	\$0.00	NA
95707		Eeg w/o vid 2-12hr cont mntr	0.00	0.00	\$0.00	\$0.00	NA
95708		Eeg wo vid ea 12-26hr unmntr	0.00	0.00	\$0.00	\$0.00	NA
95709		Eeg w/o vid ea 12-26hr intmt	0.00	0.00	\$0.00	\$0.00	NA
95710		Eeg w/o vid ea 12-26hr cont	0.00	0.00	\$0.00	\$0.00	NA
95711		Veeg 2-12 hr unmonitored	0.00	0.00	\$0.00	\$0.00	NA
95712		Veeg 2-12 hr intmt mntr	0.00	0.00	\$0.00	\$0.00	NA
95713		Veeg 2-12 hr cont mntr	0.00	0.00	\$0.00	\$0.00	NA
95714		Veeg ea 12-26 hr unmntr	0.00	0.00	\$0.00	\$0.00	NA
95715		Veeg ea 12-26hr intmt mntr	0.00	0.00	\$0.00	\$0.00	NA
95716		Veeg ea 12-26hr cont mntr	0.00	0.00	\$0.00	\$0.00	NA
95717	Hospital	Eeg phys/qhp 2-12 hr w/o vid	2.00	2.88	\$92.91	\$104.66	-11.2%
95717	Office	Eeg phys/qhp 2-12 hr w/o vid	2.00	2.91	\$93.88	\$106.10	-11.5%
95718	Hospital	Eeg phys/qhp 2-12 hr w/veeg	2.50	3.89	\$125.49	\$137.50	-8.7%
95718	Office	Eeg phys/qhp 2-12 hr w/veeg	2.50	3.96	\$127.75	\$139.67	-8.5%
95719	Hospital	Eeg phys/qhp ea incr w/o vid	3.00	4.49	\$144.85	\$162.40	-10.8%
95719	Office	Eeg phys/qhp ea incr w/o vid	3.00	4.55	\$146.79	\$164.21	-10.6%
95720	Hospital	Eeg phy/qhp ea incr w/veeg	3.86	5.99	\$193.24	\$212.93	-9.2%
95720	Office	Eeg phy/qhp ea incr w/veeg	3.86	6.09	\$196.47	\$216.18	-9.1%
95721	Hospital	Eeg phy/qhp>36<60 hr w/o vid	3.86	6.02	\$194.21	\$213.65	-9.1%
95721	Office	Eeg phy/qhp>36<60 hr w/o vid	3.86	6.14	\$198.08	\$217.98	-9.1%
95722	Hospital	Eeg phy/qhp>36<60 hr w/veeg	4.70	7.32	\$236.15	\$259.85	-9.1%
95722	Office	Eeg phy/qhp>36<60 hr w/veeg	4.70	7.47	\$240.99	\$264.54	-8.9%
95723	Hospital	Eeg phy/qhp>60<84 hr w/o vid	4.75	7.45	\$240.34	\$264.54	-9.1%
95723	Office	Eeg phy/qhp>60<84 hr w/o vid	4.75	7.62	\$245.83	\$270.31	-9.1%
95724	Hospital	Eeg phy/qhp>60<84 hr w/veeg	6.00	9.32	\$300.67	\$331.30	-9.2%
95724	Office	Eeg phy/qhp>60<84 hr w/veeg	6.00	9.51	\$306.80	\$337.80	-9.2%
95725	Hospital	Eeg phy/qhp>84 hr w/o vid	5.40	8.49	\$273.89	\$300.99	-9.0%
95725	Office	Eeg phy/qhp>84 hr w/o vid	5.40	8.70	\$280.67	\$308.57	-9.0%
95726	Hospital	Eeg phy/qhp>84 hr w/veeg	7.58	11.80	\$380.67	\$418.64	-9.1%
95726	Office	Eeg phy/qhp>84 hr w/veeg	7.58	12.05	\$388.74	\$426.94	-8.9%
95812		Eeg 41-60 minutes	1.08	10.61	\$342.28	\$335.27	2.1%
95812	TC	Eeg 41-60 minutes	0.00	8.94	\$288.41	\$276.09	4.5%
95812	26	Eeg 41-60 minutes	1.08	1.67	\$53.88	\$59.19	-9.0%
95813		Eeg over 1 hour	1.63	13.06	\$421.32	\$416.83	1.1%
95813	TC	Eeg over 1 hour	0.00	10.51	\$339.06	\$326.97	3.7%
95813	26	Eeg over 1 hour	1.63	2.55	\$82.26	\$89.86	-8.5%
95816		Eeg awake and drowsy	1.08	11.62	\$374.87	\$371.72	0.8%
95816	TC	Eeg awake and drowsy	0.00	9.95	\$320.99	\$312.54	2.7%
95816	26	Eeg awake and drowsy	1.08	1.67	\$53.88	\$59.19	-9.0%
95819		Eeg awake and asleep	1.08	13.99	\$451.32	\$441.38	2.3%
95819	TC	Eeg awake and asleep	0.00	12.31	\$397.13	\$381.83	4.0%
95819	26	Eeg awake and asleep	1.08	1.68	\$54.20	\$59.55	-9.0%
95822		Eeg coma or sleep only	1.08	12.74	\$411.00	\$400.23	2.7%
95822	TC	Eeg coma or sleep only	0.00	11.06	\$356.80	\$340.69	4.7%

2021 Proposed Physician Fee Schedule (CMS-1734-P)
Payment Rates for Medicare Physician Services - Neurology

CPT Code	Mod	Descriptor	2021		2020	% payment change 2020 to 2021	
			Work RVUs	Total RVUs	Payment CF=\$32.2605		
95822	26	Eeg coma or sleep only	1.08	1.68	\$54.20	\$59.55	-9.0%
95824	26	Eeg cerebral death only	0.74	1.15	\$37.10	\$40.42	-8.2%
95829		Surgery electrocorticogram	6.20	59.03	\$1,904.34	\$1,909.86	-0.3%
95829	TC	Surgery electrocorticogram	0.00	49.27	\$1,589.47	\$1,562.32	1.7%
95829	26	Surgery electrocorticogram	6.20	9.76	\$314.86	\$347.54	-9.4%
95830	Hospital	Insert electrodes for EEG	1.70	2.71	\$87.43	\$95.64	-8.6%
95830	Office	Insert electrodes for EEG	1.70	19.96	\$643.92	\$513.56	25.4%
95836		Ecog impltd brn npgt <30 d	1.98	3.10	\$100.01	\$115.13	-13.1%
95954		Eeg monitoring/giving drugs	2.45	12.01	\$387.45	\$398.07	-2.7%
95954	TC	Eeg monitoring/giving drugs	0.00	8.79	\$283.57	\$281.14	0.9%
95954	26	Eeg monitoring/giving drugs	2.45	3.22	\$103.88	\$116.93	-11.2%
95955		Eeg during surgery	1.01	6.63	\$213.89	\$214.37	-0.2%
95955	TC	Eeg during surgery	0.00	5.06	\$163.24	\$158.79	2.8%
95955	26	Eeg during surgery	1.01	1.57	\$50.65	\$55.58	-8.9%
95957		Eeg digital analysis	1.98	7.54	\$243.24	\$261.29	-6.9%
95957	TC	Eeg digital analysis	0.00	4.58	\$147.75	\$155.19	-4.8%
95957	26	Eeg digital analysis	1.98	2.96	\$95.49	\$106.10	-10.0%
95958		Eeg monitoring/function test	4.24	18.18	\$586.50	\$595.12	-1.4%
95958	TC	Eeg monitoring/function test	0.00	11.60	\$374.22	\$360.90	3.7%
95958	26	Eeg monitoring/function test	4.24	6.58	\$212.27	\$234.22	-9.4%
95961		Electrode stimulation brain	2.97	9.53	\$307.44	\$317.23	-3.1%
95961	TC	Electrode stimulation brain	0.00	4.81	\$155.17	\$150.49	3.1%
95961	26	Electrode stimulation brain	2.97	4.72	\$152.27	\$166.73	-8.7%
95962		Electrode stim brain add-on	3.21	7.92	\$255.50	\$268.51	-4.8%
95962	TC	Electrode stim brain add-on	0.00	2.86	\$92.27	\$90.58	1.9%
95962	26	Electrode stim brain add-on	3.21	5.06	\$163.24	\$177.92	-8.3%
95965	26	Meg spontaneous	7.99	12.12	\$391.00	\$433.44	-9.8%
95966	26	Meg evoked single	3.99	6.22	\$200.66	\$219.79	-8.7%
95967	26	Meg evoked each addl	3.49	5.43	\$175.17	\$192.00	-8.8%
95970	Hospital	Alys npgt w/o prgrmg	0.35	0.54	\$17.42	\$19.49	-10.6%
95970	Office	Alys npgt w/o prgrmg	0.35	0.56	\$18.07	\$19.85	-9.0%
95971	Hospital	Alys smpl sp/pn npgt w/prgrm	0.78	1.19	\$38.39	\$42.22	-9.1%
95971	Office	Alys smpl sp/pn npgt w/prgrm	0.78	1.48	\$47.75	\$51.97	-8.1%
95972	Hospital	Alys cplx sp/pn npgt w/prgrm	0.80	1.21	\$39.04	\$42.95	-9.1%
95972	Office	Alys cplx sp/pn npgt w/prgrm	0.80	1.69	\$54.52	\$58.47	-6.7%
95976	Hospital	Alys smpl cn npgt prgrmg	0.73	1.17	\$37.74	\$41.86	-9.8%
95976	Office	Alys smpl cn npgt prgrmg	0.73	1.20	\$38.71	\$42.59	-9.1%
95977	Hospital	Alys cplx cn npgt prgrmg	0.97	1.56	\$50.33	\$54.86	-8.3%
95977	Office	Alys cplx cn npgt prgrmg	0.97	1.59	\$51.29	\$55.58	-7.7%
95983	Hospital	Alys brn npgt prgrmg 15 min	0.91	1.47	\$47.42	\$51.97	-8.7%
95983	Office	Alys brn npgt prgrmg 15 min	0.91	1.50	\$48.39	\$52.69	-8.2%
95984	Hospital	Alys brn npgt prgrmg addl 15	0.80	1.30	\$41.94	\$45.83	-8.5%
95984	Office	Alys brn npgt prgrmg addl 15	0.80	1.31	\$42.26	\$46.56	-9.2%

2021 Proposed Physician Fee Schedule (CMS-1734-P)

Payment Rates for Medicare Physician Services - Epilepsy Surgery

CPT Code	Mod	Descriptor	2021			2020	% payment change 2020 to 2021
			Work RVUs	Total RVUs	Payment CF=\$32.2605	Payment CF=\$36.0391	
61531		Implant brain electrodes	16.41	36.38	\$1,173.64	\$1,271.08	-7.7%
61534		Removal of brain lesion	23.01	48.96	\$1,579.47	\$1,715.34	-7.9%
61536		Removal of brain lesion	37.72	76.34	\$2,462.77	\$2,692.28	-8.5%
61537		Removal of brain tissue	36.45	72.85	\$2,350.18	\$2,574.27	-8.7%
61538		Removal of brain tissue	39.45	78.76	\$2,540.84	\$2,783.59	-8.7%
61539		Removal of brain tissue	34.28	69.94	\$2,256.30	\$2,463.12	-8.4%
61540		Removal of brain tissue	31.43	64.55	\$2,082.42	\$2,272.56	-8.4%
61541		Incision of brain tissue	30.94	63.73	\$2,055.96	\$2,241.16	-8.3%
61543		Removal of brain tissue	31.31	64.43	\$2,078.54	\$2,266.07	-8.3%
61566		Removal of brain tissue	32.45	66.47	\$2,144.36	\$2,340.77	-8.4%
61567		Incision of brain tissue	37.00	75.69	\$2,441.80	\$2,668.47	-8.5%
61720		Incise skull/brain surgery	17.62	37.75	\$1,217.83	\$1,322.68	-7.9%
61735		Incise skull/brain surgery	22.35	47.34	\$1,527.21	\$1,658.32	-7.9%
61750		Incise skull/brain biopsy	19.83	41.77	\$1,347.52	\$1,466.68	-8.1%
61751		Brain biopsy w/ct/mr guide	18.79	41.14	\$1,327.20	\$1,435.28	-7.5%
61760		Implant brain electrodes	22.39	46.98	\$1,515.60	\$1,646.05	-7.9%
61770		Incise skull for treatment	23.19	48.11	\$1,552.05	\$1,690.44	-8.2%
61790		Treat trigeminal nerve	11.60	26.24	\$846.52	\$913.43	-7.3%
61791		Treat trigeminal tract	15.41	33.47	\$1,079.76	\$1,171.11	-7.8%
61796		Srs, cranial lesion simple	13.93	30.19	\$973.94	\$1,055.26	-7.7%
61797		Srs, cran les simple, addl	3.48	6.47	\$208.73	\$229.17	-8.9%
61798		Srs, cranial lesion complex	19.85	40.93	\$1,320.42	\$1,436.37	-8.1%
61799		Srs, cran les complex, addl	4.81	8.91	\$287.44	\$316.87	-9.3%
61800		Apply srs headframe add-on	2.25	4.51	\$145.49	\$158.79	-8.4%
61867		Implant neuroelectrode	33.03	67.58	\$2,180.16	\$2,378.67	-8.3%
61868		Implant neuroelectrde, add'l	7.91	14.68	\$473.58	\$521.49	-9.2%
61880		Revise/remove neuroelectrode	6.95	17.31	\$558.43	\$599.81	-6.9%
61885		Insrt/redo neurostim 1 array	6.05	15.67	\$505.52	\$538.82	-6.2%
61886		Implant neurostim arrays	9.93	25.90	\$835.55	\$891.05	-6.2%
61888		Revise/remove neuroreceiver	5.23	11.83	\$381.64	\$411.06	-7.2%
63620		Srs, spinal lesion	15.60	33.31	\$1,074.60	\$1,165.33	-7.8%
63621		Srs, spinal lesion, addl	4.00	7.42	\$239.37	\$263.45	-9.1%

2021 Proposed Final Physician Fee Schedule (CMS-1734-P)											
Payment Rates for Medicare Physician Services - Evaluation and Management											
CPT Code	Descriptor	2021 Work RVUs	NON-FACILITY (OFFICE)				% payment change 2020 to 2021	FACILITY (HOSPITAL)			
			2021		2020	Total RVUs		2021		2020	% payment change 2020 to 2021
			Total RVUs	Payment CF=\$32.2605	Payment CF=\$36.0896			Payment CF=\$32.2605	Payment CF=\$36.0896		
99201	Office/outpatient visit new		CODE DELETED		\$46.56	-100.0%	CODE DELETED		\$27.07	-100.0%	
99202	Office/outpatient visit new	0.93	2.14	\$69.04	\$77.23	-10.6%	1.43	\$46.13	\$51.61	-10.6%	
99203	Office/outpatient visit new	1.60	3.29	\$106.14	\$109.35	-2.9%	2.42	\$78.07	\$77.23	1.1%	
99204	Office/outpatient visit new	2.60	4.94	\$159.37	\$167.09	-4.6%	3.96	\$127.75	\$132.09	-3.3%	
99205	Office/outpatient visit new	3.50	6.53	\$210.66	\$211.12	-0.2%	5.39	\$173.88	\$172.51	0.8%	
99211	Office/outpatient visit est	0.18	0.69	\$22.26	\$23.46	-5.1%	0.27	\$8.71	\$9.38	-7.2%	
99212	Office/outpatient visit est	0.70	1.68	\$54.20	\$46.19	17.3%	1.06	\$34.20	\$26.35	29.8%	
99213	Office/outpatient visit est	1.30	2.69	\$86.78	\$76.15	14.0%	1.96	\$63.23	\$52.33	20.8%	
99214	Office/outpatient visit est	1.92	3.81	\$122.91	\$110.43	11.3%	2.89	\$93.23	\$80.48	15.8%	
99215	Office/outpatient visit est	2.80	5.34	\$172.27	\$148.33	16.1%	4.27	\$137.75	\$113.68	21.2%	
99221	Initial hospital care	1.92	NA	NA	NA	NA	2.91	\$93.88	\$103.94	-9.7%	
99222	Initial hospital care	2.61	NA	NA	NA	NA	3.92	\$126.46	\$140.39	-9.9%	
99223	Initial hospital care	3.86	NA	NA	NA	NA	5.78	\$186.47	\$206.07	-9.5%	
99231	Subsequent hospital care	0.76	NA	NA	NA	NA	1.13	\$36.45	\$40.06	-9.0%	
99232	Subsequent hospital care	1.39	NA	NA	NA	NA	2.07	\$66.78	\$73.62	-9.3%	
99233	Subsequent hospital care	2.00	NA	NA	NA	NA	2.96	\$95.49	\$106.10	-10.0%	
99291	Critical care first hour	4.50	8.21	\$264.86	\$284.75	-7.0%	6.36	\$205.18	\$226.64	-9.5%	
99292	Critical care addl 30 min	2.25	3.57	\$115.17	\$125.95	-8.6%	3.18	\$102.59	\$114.04	-10.0%	
99421	Ol dig e/m svc 5-10 min	0.25	0.43	\$13.87	\$15.52	-10.6%	0.37	\$11.94	\$13.35	-10.6%	
99422	Ol dig e/m svc 11-20 min	0.50	0.86	\$27.74	\$31.04	-10.6%	0.75	\$24.20	\$27.43	-11.8%	
99423	Ol dig e/m svc 21+ min	0.80	1.40	\$45.16	\$50.16	-10.0%	1.21	\$39.04	\$43.67	-10.6%	
99446	Interprof phone/online 5-10	0.35	0.53	\$17.10	\$18.41	-7.1%	0.53	\$17.10	\$18.41	-7.1%	
99447	Interprof phone/online 11-20	0.70	1.00	\$32.26	\$37.17	-13.2%	1.00	\$32.26	\$37.17	-13.2%	
99448	Interprof phone/online 21-30	1.05	1.55	\$50.00	\$55.58	-10.0%	1.55	\$50.00	\$55.58	-10.0%	
99449	Interprof phone/online 31/>	1.40	2.12	\$68.39	\$73.98	-7.6%	2.12	\$68.39	\$73.98	-7.6%	
99451	Ntrprof ph1/ntrnet/ehr 5/>	0.70	1.05	\$33.87	\$37.53	-9.8%	1.05	\$33.87	\$37.53	-9.8%	
99452	Ntrprof ph1/ntrnet/ehr rfri	0.70	1.05	\$33.87	\$37.53	-9.8%	1.05	\$33.87	\$37.53	-9.8%	
99453	Rem mntr physiol param setup	0.00	0.58	\$18.71	\$18.77	-0.3%	NA	NA	NA	NA	
99454	Rem mntr physiol param dev	0.00	1.92	\$61.94	\$62.44	-0.8%	NA	NA	NA	NA	
99457	Rem physiol mntr 20 min mo	0.61	1.50	\$48.39	\$51.61	-6.2%	0.92	\$29.68	\$32.84	-9.6%	
99458	Rem physiol mntr ea addl 20	0.61	1.20	\$38.71	\$42.22	-8.3%	0.92	\$29.68	\$32.84	-9.6%	
99471	Ped critical care initial	15.98	NA	NA	NA	NA	22.93	\$739.73	\$811.66	-8.9%	
99472	Ped critical care subsq	7.99	NA	NA	NA	NA	11.66	\$376.16	\$410.34	-8.3%	
99487	Cmplx chron care w/o pt vsit	1.00	2.74	\$88.39	\$92.39	-4.3%	1.52	\$49.04	\$53.41	-8.2%	
99489	Cmplx chron care addl 30 min	0.50	1.28	\$41.29	\$44.75	-7.7%	0.74	\$23.87	\$26.35	-9.4%	
99490	Chron care mgmt svc 20 min	0.61	1.21	\$39.04	\$42.22	-7.6%	0.92	\$29.68	\$32.84	-9.6%	
99491	Chrcn care mgmt svc 30 min	1.45	2.41	\$77.75	\$84.09	-7.5%	2.41	\$77.75	\$84.09	-7.5%	
99495	Trans care mgmt 14 day disch	2.78	6.12	\$197.43	\$187.67	5.2%	4.21	\$135.82	\$125.59	8.1%	
99496	Trans care mgmt 7 day disch	3.79	8.28	\$267.12	\$247.94	7.7%	5.73	\$184.85	\$165.65	11.6%	
G0396	Alcohol/subs interv 15-30mn	0.65	1.05	\$33.87	\$36.81	-8.0%	0.96	\$30.97	\$33.92	-8.7%	
G0397	Alcohol/subs interv >30 min	1.30	1.97	\$63.55	\$68.93	-7.8%	1.88	\$60.65	\$66.04	-8.2%	
G0506	Comp asses care plan ccm svc	0.87	1.83	\$59.04	\$63.52	-7.1%	1.32	\$42.58	\$46.56	-8.5%	
G2064	Md mang high risk dx 30	1.45	2.64	\$85.17	\$92.03	-7.5%	2.22	\$71.62	\$78.68	-9.0%	
G2065	Clin mang h risk dx 30	0.61	1.13	\$36.45	\$39.70	-8.2%	1.13	\$36.45	\$39.70	-8.2%	

2021 Proposed Physician Fee Schedule (CMS-1734-P)

Payment Rates for Medicare Physician Services - Neurology

CPT Code	Modifier	Descriptor	NON-FACILITY (OFFICE)					FACILITY (HOSPITAL)				
			Work RVUs	Non-Facility PE RVUs	Malpractice RVUs	Total Non-Facility RVUs	Non-Facility Payment CF=\$32,2605	Work RVUs	Facility PE RVUs	Malpractice RVUs	Total Facility RVUs	Facility Payment CF=\$32,2605
			95700		Eeg cont rec w/vid eeg tech	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00
95705		Eeg w/o vid 2-12 hr unmntr	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	0.00
95706		Eeg wo vid 2-12hr intmt mntr	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	0.00
95707		Eeg w/o vid 2-12hr cont mntr	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	0.00
95708		Eeg wo vid ea 12-26hr unmntr	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	0.00
95709		Eeg w/o vid ea 12-26hr intmt	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	0.00
95710		Eeg w/o vid ea 12-26hr cont	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	0.00
95711		Veeg 2-12 hr unmonitored	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	0.00
95712		Veeg 2-12 hr intmt mntr	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	0.00
95713		Veeg 2-12 hr cont mntr	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	0.00
95714		Veeg ea 12-26 hr unmntr	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	0.00
95715		Veeg ea 12-26hr intmt mntr	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	0.00
95716		Veeg ea 12-26hr cont mntr	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	0.00
95717		Eeg phys/ghp 2-12 hr w/o vid	2.00	0.78	0.13	2.91	\$93.88	2.00	0.75	0.13	2.88	\$92.91
95718		Eeg phys/ghp 2-12 hr w/veeg	2.50	1.26	0.20	3.96	\$127.75	2.50	1.19	0.20	3.89	\$125.49
95719		Eeg phys/ghp ea incr w/o vid	3.00	1.34	0.21	4.55	\$146.79	3.00	1.28	0.21	4.49	\$144.85
95720		Eeg phy/ghp ea incr w/veeg	3.86	1.93	0.30	6.09	\$196.47	3.86	1.83	0.30	5.99	\$193.24
95721		Eeg phy/ghp>36<60 hr w/o vid	3.86	1.97	0.31	6.14	\$198.08	3.86	1.85	0.31	6.02	\$194.21
95722		Eeg phy/ghp>36<60 hr w/veeg	4.70	2.39	0.38	7.47	\$240.99	4.70	2.24	0.38	7.32	\$236.15
95723		Eeg phy/ghp>60<84 hr w/o vid	4.75	2.48	0.39	7.62	\$245.83	4.75	2.31	0.39	7.45	\$240.34
95724		Eeg phy/ghp>60<84 hr w/veeg	6.00	3.05	0.46	9.51	\$306.80	6.00	2.86	0.46	9.32	\$300.67
95725		Eeg phy/ghp>84 hr w/o vid	5.40	2.86	0.44	8.70	\$280.67	5.40	2.65	0.44	8.49	\$273.89
95726		Eeg phy/ghp>84 hr w/veeg	7.58	3.87	0.60	12.05	\$388.74	7.58	3.62	0.60	11.80	\$380.67

2020 Final Physician Fee Schedule (CMS-1715-F)

Payment Rates for Medicare Physician Services - Neurology

CPT Code	Modifier	Descriptor	NON-FACILITY (OFFICE)					FACILITY (HOSPITAL)				
			Work RVUs	Non-Facility PE RVUs	Malpractice RVUs	Total Non-Facility RVUs	Non-Facility Payment CF=\$36,0896	Work RVUs	Facility PE RVUs	Malpractice RVUs	Total Facility RVUs	Facility Payment CF=\$36,0896
			95700		Eeg cont rec w/vid eeg tech	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00
95705		Eeg w/o vid 2-12 hr unmntr	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	
95706		Eeg wo vid 2-12hr intmt mntr	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	
95707		Eeg w/o vid 2-12hr cont mntr	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	
95708		Eeg wo vid ea 12-26hr unmntr	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	
95709		Eeg w/o vid ea 12-26hr intmt	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	
95710		Eeg w/o vid ea 12-26hr cont	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	
95711		Veeg 2-12 hr unmonitored	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	
95712		Veeg 2-12 hr intmt mntr	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	
95713		Veeg 2-12 hr cont mntr	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	
95714		Veeg ea 12-26 hr unmntr	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	
95715		Veeg ea 12-26hr intmt mntr	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	
95716		Veeg ea 12-26hr cont mntr	0.00	0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00	
95717		Eeg phys/ghp 2-12 hr w/o vid	2.00	0.82	0.12	2.94	\$106.10	2.00	0.78	0.12	2.90	\$104.66
95718		Eeg phys/ghp 2-12 hr w/veeg	2.50	1.19	0.18	3.87	\$139.67	2.50	1.13	0.18	3.81	\$137.50
95719		Eeg phys/ghp ea incr w/o vid	3.00	1.34	0.21	4.55	\$164.21	3.00	1.29	0.21	4.50	\$162.40
95720		Eeg phy/ghp ea incr w/veeg	3.86	1.85	0.28	5.99	\$216.18	3.86	1.76	0.28	5.90	\$212.93
95721		Eeg phy/ghp>36<60 hr w/o vid	3.86	1.90	0.28	6.04	\$217.98	3.86	1.78	0.28	5.92	\$213.65
95722		Eeg phy/ghp>36<60 hr w/veeg	4.70	2.28	0.35	7.33	\$264.54	4.70	2.15	0.35	7.20	\$259.85
95723		Eeg phy/ghp>60<84 hr w/o vid	4.75	2.37	0.37	7.49	\$270.31	4.75	2.21	0.37	7.33	\$264.54
95724		Eeg phy/ghp>60<84 hr w/veeg	6.00	2.92	0.44	9.36	\$337.80	6.00	2.74	0.44	9.18	\$331.30
95725		Eeg phy/ghp>84 hr w/o vid	5.40	2.73	0.42	8.55	\$308.57	5.40	2.52	0.42	8.34	\$300.99
95726		Eeg phy/ghp>84 hr w/veeg	7.58	3.69	0.56	11.83	\$426.94	7.58	3.46	0.56	11.60	\$418.64