Highlights of Medicare Physician Fee Schedule (MPFS) Final Rule for 2021

Medicare Conversion Factor and Impact on Neurology and E/M Services

Congress has passed legislation to mitigate some if not all of the reduction in the conversion factor (CF) described below. The bill provides a 3.75% increase in the 2021 CF and delays implementation of one of the new E/M codes for 3 years, which will also increase the 2021 CF. Once the bill is signed by the President, CMS will have to update the CF by regulation.

- The rule set the Conversion Factor at $32.41 for 2021 – a 10% reduction of 2020 CF, but this will change if the year-end bill is signed into law.
- According to CMS the impact of the rule on neurology payments is an aggregate increase of 6%, largely due to the increases in E/M values and new E/M codes. Unfortunately, most procedural services and hospital-based services will see a decrease in Medicare payments of approximately 10% due to the conversion factor adjustment.
- 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%.
- CMS is not assigning RVUs for the long-term EEG/VEEG 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.

CMS finalized the changes to E/M descriptors, guidelines, and payment rates for 2021 as proposed in the 2020 MPFS Final Rule, including:

- 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.
- CMS is creating a new add-on code G2211 (.33 RVUs) - *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 condition or a complex condition*. CMS is allowing the code to be reported with office/outpatient E/M for new and established patients. There are no restrictions on who can report the code, but CMS assumes that this code will be reported primarily by primary care and medical

specialists. (Implementation of this code is being delayed by three years based on the recently passed Year-End bill.)

- If time is used to determine the E/M code for office/outpatient E/M level 5 visits (99205 or 99215), CMS is establishing G2212 (.61 RVUs) - *Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact.* The code can 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.

Telehealth Service Changes

While CMS is not extending most of the telehealth flexibilities and increased payments allowed during the public health emergency (PHE), it has created a new audio only code G2252 (0.50 Work RVUs) to describe 11-20 minutes of medical discussion to determine the necessity of an in-person visit.

CMS is adding new permanent covered services under Telehealth Category 1 list (similar to telehealth services covered pre-PHE):

- Group Psychotherapy (CPT code 90853)
- Psychological and Neuropsychological Testing (CPT code 96121)
- Domiciliary, Rest Home, or Custodial Care services, Established patients (CPT codes 99334-99335)
- Home Visits, Established Patient (CPT codes 99347-99348)
- Cognitive Assessment and Care Planning Services (CPT code 99483)
- Visit Complexity Inherent to Certain Office/Outpatient Evaluation and Management (E/M) (HCPCS code G2211)
- Prolonged Services (HCPCS code G2212)

CMS is adding new services under Category 3 (services added during the PHE on a temporary basis), which will remain covered through the calendar year in which the PHE ends:

- Home Visits, Established Patient (CPT codes 99349-99350)
- Emergency Department Visits, Levels 1-5 (CPT codes 99281-99285)
- Nursing facilities discharge day management (CPT codes 99315-99316)
- Psychological and Neuropsychological Testing (CPT codes 96130-96133 ; CPT codes 96136-96139)
- Therapy Services, Physical and Occupational Therapy, All levels (CPT codes 97161-97168; CPT codes 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521-92524, 92507)
- Hospital discharge day management (CPT codes 99238-99239)

- Inpatient Neonatal and Pediatric Critical Care, Subsequent (CPT codes 99469, 99472, 99476)
- Continuing Neonatal Intensive Care Services (CPT codes 99478-99480)
- Critical Care Services (CPT codes 99291-99292)
- End-Stage Renal Disease Monthly Capitation Payment codes (CPT codes 90952, 90953, 90956, 90959, 90962)
- Subsequent Observation and Observation Discharge Day Management (CPT codes 99217; CPT codes 99224-99226)

Supervision Requirements

Supervision of Residents in Teaching Settings through Audio/Video Real-Time Communications Technology

- CMS is finalizing a permanent policy to permit teaching physicians to meet the requirements to bill for their services involving residents through virtual presence (telehealth), but only for services furnished in residency training sites that are located outside of an OMB-defined metropolitan statistical area (MSA). The medical record must clearly reflect whether the teaching physician was physically or virtually present at the training site during the key portion of the service. (pg. 311)
- For all other settings, CMS is not permanently finalizing the teaching physician virtual presence policies; however, they will remain in place for the duration of the PHE to provide flexibility for communities that may experience resurgences in COVID-19 infections.