

2020 Final Rule Changes

2020 Changes finalized

- The CY 2020 Medicare Physician Fee Schedule (PFS) conversion factor is \$36.09 (CY 2019 conversion factor was \$36.04).
- The conversion factor update of +0.14 percent reflects a budget neutrality adjustment for reductions in relative values for individual services in 2020.

Care Management Services

- Transitional Care Management
 - Payment increase in the work RVUs for this service (99495 to 2.36 and 99496 to 3.10)
 - Also allow separate reimbursement for services that are currently considered overlapping.

Care Management Services

- Chronic Care Management
 - A new add-on code(G2058 / wRVU 0.54) to reflect each additional 20 minutes of CCM services (2020).

- The agency finalized two new codes to report chronic care management services where the patient has just one chronic condition (principal care management) – G2064 / wRVU 1.45 & G2065 / wRVU 0.61(2020)

2020 Changes finalized

- CMS finalized new billing codes for 2020 to allow physicians to bill for opioid use disorder (OUD) treatment services in office-based settings
 - Office-based codes will be billable as telehealth codes, as well
- New codes for opioid treatment programs (OTPs), as well in response to the SUPPORT Act of 2018 (2020)
- The agency will maintain the CY 2019 national payment amount for immunization administration services for CY 2020 following concerns from ACP about patient access

E/M Changes Finalized

Background

- In November 2018, CMS released the 2019 Medicare Physician Payment Schedule Final Rule outlining a new E/M payment structure—including the blended payment rates for office based/outpatient E/M visit levels 2 through 4 and separate payment for level 5 office visits

Previous CMS Proposal:

		Current (2018) Payment Amount	Revised Payment Amount***				
	Complexity Level under CPT	Visit Code Alone*	Visit Code Alone Payment	Visit Code With Either Primary or specialized care add-on code**	Visit Code with New Extended Services Code (Minutes Required to Bill)	Visit with Both Add-on and Extended Services Code Added**	Current Prolonged Code Added (Minutes Required to Bill)*
New Patient	Level 2	\$76					
	Level 3	\$110	\$130	\$143	\$197 (at 38 minutes)	\$210	
	Level 4	\$167					
	Level 5	\$211	\$211				\$344 (at 90 minutes)
Established Patient	Level 2	\$45					
	Level 3	\$74	\$90	\$103	\$157 (at 34 minutes)	\$170	
	Level 4	\$109					
	Level 5	\$148	\$148				\$281 (at 70 minutes)

E/M Changes 2021

- ACP was a leader, along with several other health care societies, in pushing to improve payments for the historically undervalued E/M services.
- Retaining separate payment levels for each of the E/M codes, and revising the code definitions.

Finalized E/M wRVU Changes for 2021

CPT Code	Descriptor	Current Work RVU	New Work RVU	Work RVU Increase	Total Time
99202	New Pt, straightforward medical decision making, 15-29 min day of visit	0.93	0.93	0%	22 minutes
99203	New Pt, low level medical decision making, 30-44 min day of visit	1.42	1.60	13%	40 minutes
99204	New Pt, moderate level medical decision making, 45-59 min day of visit	2.43	2.60	7%	60 minutes
99205	New Pt, high level medical decision making, 60-74 min day of visit	3.17	3.50	10%	85 minutes
99211	Est Pt, Supervision	0.18	0.18	0%	7 minutes
99212	Est Pt, straightforward medical decision making, 10-19 min day of visit	0.48	0.70	46%	18 minutes
99213	Est Pt, low level medical decision making, 20-29 min day of visit	0.97	1.30	34%	30 minutes
99214	Est Pt, moderate level medical decision making, 30-39 min day of visit	1.50	1.92	28%	49 minutes
99215	Est Pt, high level medical decision making, 40-54 min day of visit	2.11	2.80	32.8%	70 minutes
99XXX	Prolonged visit new/est pt, add'l 15 min		0.61	New	15 minutes

Documentation Changes 2021

- History and Exam would no longer be used for code selection; but are performed and documented as medically appropriate.
- **Medical Decision Making (MDM) *or* Total Time on the Date of the Encounter may be used for code selection**
 - (without regard to whether counseling and coordination of care dominate the service).