CMS proposes to overhaul Medicare E&M visit payment and documentation

The Centers for Medicare & Medicaid Services (CMS) recently released the proposed 2019 Medicare Physician Fee Schedule. This fact sheet outlines the proposed changes to evaluation and management (E&M) visits. If you have any questions, please contact MGMA Government Affairs at 202.293.3450 or govaff@mgma.org.

Proposed changes to E&M visit payment amounts

CMS believes the system of 10 codes for new and established office visits is "outdated" and proposes to retain the codes but simplify the payment by applying a single, blended payment rate for level 2 through 5 office visits.

New patient office visits	CY 2018 Non-facility payment rate	Proposed CY 2019 Non-facility payment rate
99201	$45	$44
99202	$76	$135
99203	$110	
99204	$167	
99205	$211	

Established patient office visits	CY 2018 Non-facility payment rate	Proposed CY 2019 Non-facility payment rate
99211	$22	$24
99212	$45	$93
99213	$74	
99214	$109	
99215	$148	

Other coding and payment proposals related to E/M

CMS proposes to:

- Reduce payment by 50 percent 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.
- Create an add-on payment of about $5 (0.15 RVUs) for primary care office visits via a new code GPC1X, *visit complexity inherent to evaluation and management associated with primary medical care services.*
- Create an add-on payment of about $12 (0.33 RVUs) for office visits performed by certain specialties via a new code GCG0X, *visit complexity inherent to evaluation and*

management associated with: Allergy/Immunology, Cardiology, Endocrinology, Hematology/Oncology, Interventional Pain Management-Centered Care, Neurology, Obstetrics/Gynecology, Otolaryngology, Rheumatology, or Urology.

CMS would also add a new prolonged service code as an add-on to any office visit lasting more than 30 minutes beyond the office visit (i.e., hour-long visits in total). The code 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),* would have a payment rate of approximately $67 (1.85 RVUs).

Proposed documentation changes for office and outpatient E&M visits

Physicians would be allowed to choose one of the following methods of documentation:

1. 1995 or 1997 E&M guidelines for history, physical exam and medical decision making (current framework for documentation);
2. Medical decision making only; or
3. Physician time spent face-to-face with patients.

CMS would only require documentation to support the medical necessity of the visit and to support a level 2 CPT visit code. CMS assumes that physicians may continue to document according to the five levels of codes for clinical, legal, operational and other purposes.

In addition, physicians would no longer be required to re-record elements of history and physical exam when there is evidence that the information has been reviewed and updated. CMS would eliminate re-entry of information regarding chief complaint and history that is already recorded by ancillary staff or the beneficiary. The practitioner would only document that they reviewed and verified the information.

Proposed implementation date

The proposed implementation date is January 1, 2019. CMS is seeking comment on whether the implementation should be delayed to January 1, 2020.

Call to Action: Share your feedback with MGMA

To help MGMA evaluate the impact of these proposed changes and advocate on behalf of medical group practices, please share your feedback on these proposals by filling out this brief comment form. Your input is critical!