

# CMS Proposed Rule for 2020

## Summary of Long-term EEG Code Provisions

On July 29, 2019, the Center for Medicare & Medicaid Services (CMS) released the proposed Medicare Physician Fee Schedule (MPFS) for 2020. The proposed rule updates payment policies and payment rates for services furnished under the MPFS, and this year includes major changes to the long-term EEG monitoring CPT Codes

The American Academy of Neurology (AAN), National Association of Epilepsy Centers (NAEC), American Clinical Neurophysiology Society (ACNS), and the American Epilepsy Society (AES) have collaborated in preparing this summary, which exclusively covers the changes to the long-term EEG monitoring services and proposed payment rates. The AAN's summary of the other major provisions of the proposed rule [can be read here](#).

The medical societies will continue to work together to provide its members with more information on the new codes and to seek involvement of our members in an advocacy strategy to improve the values assigned to the new codes. Please direct any immediate questions to [practice@aan.com](mailto:practice@aan.com).

### **New Long-term EEG Monitoring Codes – Executive Summary**

In November 2016, CMS identified CPT Code 95951, long-term EEG monitoring with video, as a high-volume service since Medicare claims for this service exceeded 10,000 and increased by more than 100 percent from 2009 to 2014. CMS seeks a re-evaluation of all “high volume services” and looks to the affected medical specialty societies to survey the existing code to develop new relative value units or to propose coding changes, if needed. The AAN and ACNS (members of the AMA House of Delegates), with input from NAEC and AES, proposed revisions to 95951 and the other long-term EEG codes—95950, 95953, and 95956—to better reflect the current practice of long-term EEG monitoring and minimize the risk of further CMS reductions.

The coding changes that were released in this rule were adopted by the CPT Panel at its May 2018 meeting following significant discussions that occurred during four CPT Panel meetings in 2017 and 2018 involving the Panel, the medical societies, and interested stakeholders. At its October 2018 meeting, the AMA Relative Value Update Committee (RUC) voted on physician work relative values and practice expense inputs to recommend to CMS for implementation in the Medicare Physician Fee Schedule for 2020. Following the RUC meeting, the specialty societies proactively met with CMS to explain the importance of long-term EEG monitoring services and advocate for appropriate valuation of the services.

A full explanation of the new codes and the CMS proposed values follows. In summary, beginning in 2020, the revisions to the coding structure for the long-term EEG codes include:

- Deletion of CPT Codes 95950, 95951, 95953, 95956
- Creation of 10 Professional Component Codes (for physician work only)
- Creation of 13 Technical Component Codes (no physician work included)

Of note to physicians who provide these services, CPT Code 95951 will now be reported as 95X17 for the 24-hour VEEG service. The RUC recommendation for physician work of this code was 3.86 RVUs, which was a significant reduction from the current physician work RVUs of 5.99 for 95951. This level was largely based on the results of a survey of physician members of AAN, ACNS, NAEC, and AES. The survey was distributed to 2239 physician members of the organizations and was completed by 152 physicians who performed VEEG 100 times (median) in the past year.

The survey results for the new code 95X17 (24-hour VEEG) indicated a total time of 75 minutes. In comparison, when reviewed in 2001, CPT Code 95951 was valued based on a total physician time of 150 minutes. This year’s physician survey resulted in a total time for the 24-hour service that is exactly one-half of the total time of 95951. The suggested physician work RVUs from the survey ranged from a low of 1, to a median of 5, to a high of 12. While we argued for higher values, the RUC thought the survey data was representative of physicians providing the service and relied on it heavily in making its recommendation for the RVUs for physician work for all of the new professional component codes.

NAEC, AAN, ACNS, and AES recognized that the reimbursement for VEEG would be reduced significantly if the RUC values for physician work were adopted. Aggravating an already troubling situation is CMS’s decision not to accept the RUC recommended values for 95X17, but rather to reduce the RVUs further to 3.5 RVUs for the 24-hour VEEG service.

**Table 1** shows the RVUs and proposed payment rates for 95X17 in 2020 compared with 95951 in 2019.

**Table 1: Comparison of Proposed 2020 and Final 2019 RVUs and Payment Rates**

CPT Code	Descriptor	Proposed 2020 RVUs and Payment Rates (CF = \$36.0896)									
		NON-FACILITY (OFFICE)					FACILITY (HOSPITAL)				
		Work RVUs	PE RVUs	Malpractice RVUs	Total RVUs	Payment	Work RVUs	PE RVUs	Malpractice RVUs	Total RVUs	Payment
95X17	Eeg phy/qhp ea incr w/veeg	3.50	1.57	0.26	<b>5.33</b>	<b>\$192.36</b>	3.50	1.48	0.26	<b>5.24</b>	<b>\$189.11</b>

CPT Code	Descriptor	Final 2019 RVUs and Payment Rates (CF = \$36.0391)									
		NON-FACILITY (OFFICE)					FACILITY (HOSPITAL)				
		Work RVUs	PE RVUs	Malpractice RVUs	Total RVUs	Payment	Work RVUs	PE RVUs	Malpractice RVUs	Total RVUs	Payment
95951-26	Eeg monitoring/videorecord	5.99	2.82	0.33	<b>9.14</b>	<b>\$329.40</b>	5.99	2.82	0.33	<b>9.14</b>	<b>\$329.40</b>

The four societies recognize the significance of this reduction in payment to physicians that provide this service and will oppose the CMS proposal through the comment process. The societies will also seek member involvement in advocacy efforts. More information on the advocacy strategy will be distributed shortly.

### **New Long-term EEG Monitoring Codes and Proposed Values – Detailed Explanation**

CMS is proposing relative value units for the 23 new long-term EEG monitoring codes, which will go into effect on January 1, 2020. Since the permanent CPT Code numbers and descriptions with instructions for their use are not available until the CPT® 2020 Professional Edition is published in August 2019, the proposed rule includes placeholder code numbers. The final code numbers will be included in the final Medicare rule.

#### New Professional Component (PC) Codes

The new professional component codes are differentiated by three components: 1) duration of EEG monitoring, 2) with video vs. without video, and 3) daily physician reports vs. physician reports written at the end of a multi-day study. The revised PC codes are as follows:

1. Two Codes for Daytime Monitoring – (typically 8 hours) with physician access to data throughout the recording period, report written at end of 2-12-hour period
  - 2-12 hour EEG Monitoring without video (95X14)
  - 2-12 hour EEG Monitoring with video (95X15)
2. Two Codes for Between 12 and 26 Hours of Monitoring – (typically 24 hours) with physician access to data throughout the recording period, report written each 12-26-hour period.
  - 12-26-hour EEG Monitoring without video, interpretation, and report each 24 hours (95X16; formerly, 95956)
  - 12-26-hour EEG Monitoring with video, interpretation, and report each 24 hours (95X17; formerly, 95951)
3. Six Codes for Multi-day Testing – typically for patients tested in their homes, physician access to data at conclusion of study when the summary report is written (new codes, formerly 95953)
  - 36-60 hour (2-day) EEG Monitoring without video (95X18)
  - 36-60 hour (2-day) EEG Monitoring with video (95X19)
  - 60-84 (3-day) hour EEG Monitoring without video (95X20)
  - 60-84 (3-day) hour EEG Monitoring with video (95X21)
  - ≥ 84 hour (4 or more day) EEG Monitoring without video (95X22)
  - ≥ 84 hour (4 or more day) EEG Monitoring with video (95X23)

**Table 2** shows the new coding structure with the CMS proposed hospital-based (facility) physician work relative value units (RVUs) and total RVUs for the Professional Component codes.

<b>Table 2: Long-Term EEG Professional Services</b>					
<b>Duration of LTEEG Professional Service</b>	2 to 12 hours recording <i>Typical 8 hours</i>	12 to 26 hours recording <i>Typical 24 hours</i>	36 to 60 hours recording <i>Typical 2 Days</i>	60 to 84 hours recording <i>Typical 3 Days</i>	Greater than 84 hours recording <i>Typical 4 Days</i>
<b>Recording Type</b>	Reports are Generated Daily – Physician access to data throughout recording		Entire Report is Retroactively Generated – Physician access to data at end of recording		
<b>EEG alone</b>	<b>95X14</b> wMD: 1.85 RVUs Total: 2.67 RVUs	<b>95X16**</b> wMD: 2.6 RVUs Total: 3.55 RVUs	<b>95X18</b> wMD: 3.86 RVUs Total: 5.81 RVUs	<b>95X20</b> wMD: 4.75 RVUs Total: 7.19 RVUs	<b>95X22</b> wMD: 5.40 RVUs Total: 8.17 RVUs
<b>EEG w/VIDEO</b>	<b>95X15</b> wMD: 2.35 RVUs Total: 3.85 RVUs	<b>95X17**</b> wMD: 3.5 RVUs Total: 5.24 RVUs	<b>95X19</b> wMD: 4.7 RVUs Total: 7.06 RVUs	<b>95X21</b> wMD: 6.0 RVUs Total: 9.01 RVUs	<b>95X23</b> wMD: 7.58 RVUs Total: 11.41 RVUs
<i>Note: "wMD" refers to the number of RVUs assigned to physician work for the code. "Total" refers to all of the RVUs assigned to the code (physician work, practice expense, and malpractice).</i> <i>**95X16 and 95X17 are reported for each 24-hour recording period. Additional units are reported for each 24-hour period.</i>					

### **Impact of Code Changes and Proposed RVUs on Payment for Professional Component Services**

As we have reported, the new code structure resulted from changes made by the AMA CPT Editorial Panel. Once the codes were established by the CPT Editorial Panel, the AMA Relative Value Update Committee (RUC) made recommendations to CMS for the physician work RVUs and practice expense inputs for the new codes. The RUC recommendations for physician work RVUs were largely based on the results of a survey of physicians that provide the long-term EEG monitoring services.

CMS is proposing to accept the RUC recommended RVUs for the multi-day codes (CPT Codes 95X18-95X23) but is proposing reductions to the RUC recommendations for physician work RVUs for the 2-12 hour and 12-26-hour codes (95X14-95X17).

**Table 3** shows the RUC recommended RVUs for physician work compared to the CMS proposed RVUs.

<b>Table 3: RUC Recommendations and CMS Proposed RVUs</b>		
<b>CPT Codes</b>	<b>CMS</b>	<b>RUC</b>
95X14 (2-12 hr, no video)	1.85	2.0
95X15 (2-12 hr, w/video)	2.35	2.5
95X16 (24 hr, no video)	2.6	3.0
95X17 (24 hr, w/video)	3.5	3.86

### New Technical Component (TC) Codes

In addition to the PC codes, 13 TC codes will take effect in 2020. None of these codes have physician work associated with them. There is a single code for set up, take down, and patient education by an EEG Technologist, and 12 monitoring codes differentiated by the length of EEG recording (2-12 hour vs. 12-26 hour) and the level of monitoring:

- Unmonitored or more than 13 patients monitored concurrently
- Intermittent monitoring, between five and 12 patients concurrently
- Continuous monitoring, four or fewer patients concurrently

The technical component codes are reported for services provided in a physician office, Independent Diagnostic Testing Facility (IDTF), or for services provided in a patient's home by a physician office or IDTF. The TC codes are not reported for hospital inpatient or outpatient studies or for home studies ordered by hospital-based physicians and provided by technologists that are employed by the hospital. The facility fees for all hospital-based studies are included in the hospital diagnosis-related group (DRG) payment for inpatients or the hospital ambulatory payment classification (APC) payment for outpatient or home studies ordered by the outpatient clinic or hospital-based physician.

**Table 4** shows the new coding structure and the CMS proposed RVUs for the TC codes.

<b>Table 4: Long-Term EEG Technical Services</b>				
<b>Duration of LTEEG</b>	<b>EEG/VEEG Recording Type</b>	<b>95X01 (1) Set Up Code billed – Set Up Includes Take Down</b> 3.21 RVUs		
		<b>Unmonitored</b> Or 13+ patients monitored	<b>Intermittent</b> Up to 12 patients monitored	<b>Continuous</b> Up to 4 patients monitored
<b>2 to 12 hours recording</b> <i>Typical service is 8 hours</i>	EEG alone	<b>95X02</b> 2.1 RVUs	<b>95X03</b> 4.67 RVUs	<b>95X04</b> 7.22 RVUs
	EEG w/VIDEO	<b>95X08</b> 4.18 RVUs	<b>95X09</b> 6.16 RVUs	<b>95X10</b> 8.61 RVUs
<b>12 to 26 hours recording</b> <i>Typical service is 24 hours</i>	EEG alone	<b>95X05</b> 4.46 RVUs	<b>95X06</b> 9.85 RVUs	<b>95X07</b> 17.17 RVUs
	EEG w/VIDEO	<b>95X11</b> 6.71 RVUs	<b>95X12</b> 10.85 RVUs	<b>95X13</b> 17.10 RVUs

The rule in its entirety and the addenda, including Addendum B, which lists the proposed RVUs for each CPT code, can be found [here](#). The proposed rule is open to comments until September 27, 2019. The final MPFS is typically published in early November with most provisions taking effect January 1, 2020.