CMS Issues Final Rule Related to E/M Services, Includes Several Wins for Neurology

Every year, the Centers for Medicare & Medicaid Services (CMS) publishes regulations that impact the reimbursement of physicians. On November 1, 2018, CMS issued a final rule updating payment policies and rates for physicians paid under the Medicare Physician Fee Schedule (MPFS) in 2019. The final rule illustrates the importance of AAN’s regulatory advocacy efforts on behalf of neurologists and their patients.

CMS announced that they are delaying implementation of their proposal to collapse the evaluation and management (E/M) codes until 2021. CMS modified their proposal and will be collapsing code levels 2-4 and maintaining level 5, rather than implementing their initial proposal to collapse levels 2-5. We are currently analyzing the impact of this change on neurologists, but are pleased that CMS has chosen to allow time for stakeholder input by delaying implementation until 2021. CMS had initially proposed implementing the collapse of the codes on January 1, 2019.

The E/M coding and payment structure will remain unchanged in 2019 and 2020. Neurologists should continue to use either the 1995 or 1997 documentation guidelines to document E/M office visits billed to Medicare.

Starting in 2021, neurologists will also be able to add-on a complexity code to their E/M visits that is reflective of the inherent complexity of certain non-procedural specialty care. This code specifically lists neurology as a complex non-procedural specialty. Neurologists will be able to use a new extended services code to account for longer visits.

The AAN applauds CMS’s decision to immediately implement several proposals to provide physicians with documentation burden relief. Starting in 2019, for established patient office visits, neurologists may choose to focus their documentation on what has changed since the last visit and do not need to re-record the defined list of required elements if there is evidence that the practitioner reviewed the previous information and updated it as needed. Additionally, neurologists will not re-enter in the medical record information on the patient’s chief complaint and history that has already been entered by ancillary staff or the beneficiary. CMS is also removing the requirements for notations in medical records that may have previously been included by residents or other members of the medical team for E/M visits furnished by teaching physicians.

The AAN also appreciates CMS’s decision not to implement their proposal to apply a multiple procedure payment reduction to E/M visits furnished on the same day as a procedure. Payment rates for the cheaper of the two will be maintained, rather than halved, as was initially proposed.

The final rule underscores the importance of the AAN’s regulatory advocacy work. According to CMS, the agency intends to “engage in further discussions with the public over the next several years to potentially further refine our policies, through future notice and comment rulemaking, for 2021.” The AAN will continue analyzing this rule and expects to meet with stakeholders, including officials at CMS, in the future. Expect more information about new payment rates on the AAN’s Medicare Fee-for-Service page.