CMS withdraws proposal to cut EEG payments

Neurologists receive some welcome news about 2014 Medicare payments. The Centers for Medicare & Medicaid Services (CMS) withdrew its proposal to cap practice expense payments for services performed in a physician’s office to the hospital outpatient payment. This means that EEGs performed in a physician’s office will not be reduced by 50 percent. CMS announced its decision in the 2014 Medicare Physician Fee Schedule (MPFS) final rule on November 27. When this proposal was announced in July, the AAN launched an extensive campaign to prevent these cuts that included partnering with other societies, obtaining congressional support, and working with state neurological societies.

2014 values for NCS/EMG

The Academy aggressively pursued increases to EMG and NCS services throughout 2013, meeting with CMS and involving patient advocacy groups. In response, CMS agreed to re-evaluate the reimbursement cuts at an August 2013 refinement panel. CMS considered the recommendations of the refinement panel and published higher values for two EMG services (95886, 95887) in the final rule. Code 95885 did not go through the refinement process. Unfortunately, CMS did not agree with the refinement panel recommendations to increase the NCS values, and has maintained the 2013 work values.

Intraoperative Neurophysiology Monitoring (IONM)

In other news, CMS agreed with an AAN recommendation to increase the work value of code G0453 for intraoperative neurophysiologic monitoring outside of the operating room (remote or nearby) to equal the work value for the CPT code describing intraoperative monitoring performed from inside the operating room (95940).

The AAN had requested the increase along with the creation of additional G-codes to account for concurrent monitoring.

Read the 2014 MPFS final rule FAQs for more information about coding and payment changes affecting neurology.

Physician Quality Reporting System (PQRS)

2014 is the last year physicians will be eligible for a bonus in the PQRS as it will transition to a -1.5-percent penalty in 2015. Physicians who meet the criteria for the 2014 PQRS incentive will automatically avoid the penalty in 2016.

Neurologists’ participation in PQRS remains increasingly important which only underscores the need for neurology-specific measures. Fortunately, CMS agrees and will keep these measures in PQRS for next year:

- Sleep apnea
- Dementia
- Parkinson’s disease
- Epilepsy
- Stroke and stroke rehabilitation
CMS also implemented some changes to the PQRS program that you should be aware of:

- The number of measures that must be reported via claims and registry based reporting increased from three to nine
- The threshold for reporting individual measures via registry changed to 50 percent of the physician’s applicable patients rather than 80 percent
- The option to report on claims-based measures groups is eliminated

**Value-based Payment Modifier (Value-based Modifier)**
CMS continues to phase in the value-based modifier to ensure it applies to all physicians by 2017. Currently, neurologists in group practices of 100 or more eligible professionals (EPs) will be subject to the value-based modifier in 2015 based on 2013 PQRS performance data. For the 2016 value-based modifier based on 2014 PQRS performance data, CMS will:

- Lower the group size threshold to groups of physicians with 10 or more EPs
- Make quality tiering mandatory for groups of physicians with 10 or more EPs
- Increase the penalty from one percent to two percent
- Refine the cost measure benchmarking methodology to account for a physician’s specialty

The value-based modifier penalizes or rewards physicians based on quality and cost metrics. [Learn more about the value-based modifier.](#)

CMS projects that total payments in 2014 will be approximately $87.5 billion and estimates that allowed charges for neurologists will decrease by one percent. Unless Congress acts when it returns in December, physicians are slated to see a 20-percent reduction in Medicare payments from the Sustainable Growth Rate.

The AAN is carefully reviewing the final rule and will submit comments by the January 27, 2014, deadline. Continue to visit the [Medicare](#) section of the AAN website for regulatory updates.