

# CMS makes major proposal impacting outpatient Evaluation & Management (E&M) services

## Proposal

- Requires physicians to only document up to a Level 2 visit
- Transitions to a single payment rate for all Level 2 through 5 office visits
  - Payment for Level 2 & 3 visits increase
  - Payment for Level 4 & 5 visits decrease

## Timeline

- Proposed implementation date Jan. 1, 2019

## Impact

- Neutral impact to GI according to CMS; practices and physicians that see mainly patients with complex GI diseases may be negatively impacted (some significantly)

# Payments for E&M increase or decrease depending on level of service

CPT	2018 Total RVUs (Physician Office)	2019 Proposed Total RVUs (Physician office)	Percent Change	2018 Total Payment (Physician Office)	2019 Proposed Total Payment (Physician office)	Percent Change
New Patient Office Visit						
99202	2.12	3.73	<b>76%</b>	\$ 76.30	\$ 134.47	<b>76%</b>
99203	3.05	3.73	<b>22%</b>	\$ 109.77	\$ 134.47	<b>22%</b>
99204	4.65	3.73	<b>-20%</b>	\$ 167.35	\$ 134.47	<b>-20%</b>
99205	5.85	3.73	<b>-36%</b>	\$ 210.54	\$ 134.47	<b>-36%</b>
Established Patient Office Visit						
99212	1.24	2.55	<b>106%</b>	\$ 44.63	\$ 91.93	<b>106%</b>
99213	2.06	2.55	<b>24%</b>	\$ 74.14	\$ 91.93	<b>24%</b>
99214	3.04	2.55	<b>-16%</b>	\$ 109.41	\$ 91.93	<b>-16%</b>
99215	4.10	2.55	<b>-38%</b>	\$ 147.56	\$ 91.93	<b>-38%</b>

Impact on specialty is low, but more than half of individual GIs faced reduced Medicare payments

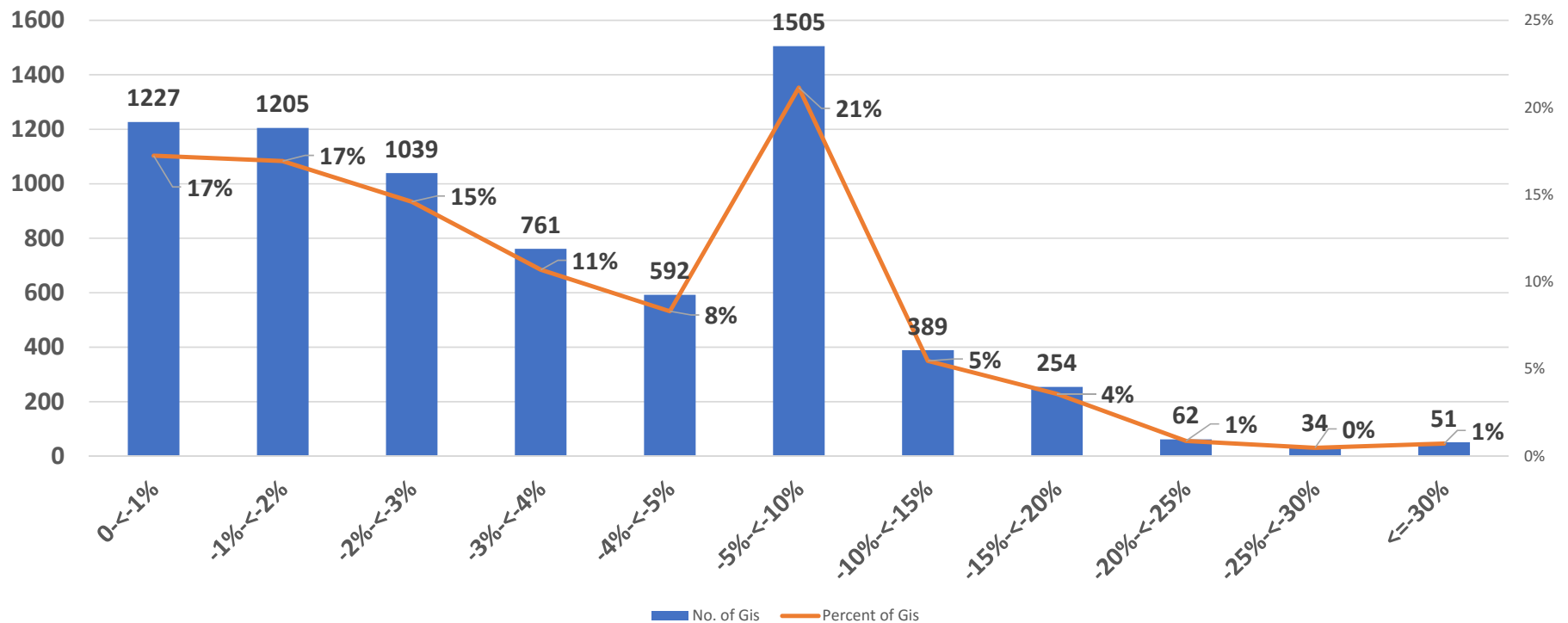
### Impact on Total RVUs (Specialty)

2018 RVUs	2019 RVUs	Change	% Change
48,491,759	48,318,424	(173,335)	-0.4%

### Impact on Gastroenterologists

	Total RVUs Decrease	Total RVUs Increase
No. of GIs	7,119	5,837
Percent of GIs	55%	45%

# More than 10 percent of GIs will lose 10 percent or more



# CMS makes other proposals to try to mitigate impact of primary proposal

## New prolonged service code (GPRO1)

- Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; 30 minutes (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)
- Total additional RVUs, 1.85; \$67

## New complex visit add-on code (GCG0X)

- Visit complexity inherent to evaluation and management associated with endocrinology, rheumatology, hematology/oncology, urology, neurology, obstetrics/gynecology, allergy/immunology, otolaryngology, or interventional pain management-centered care (Add-on code, list separately in addition to an evaluation and management visit)
- Total additional RVUs, 0.38; \$14
- Gastroenterology services do not appear eligible

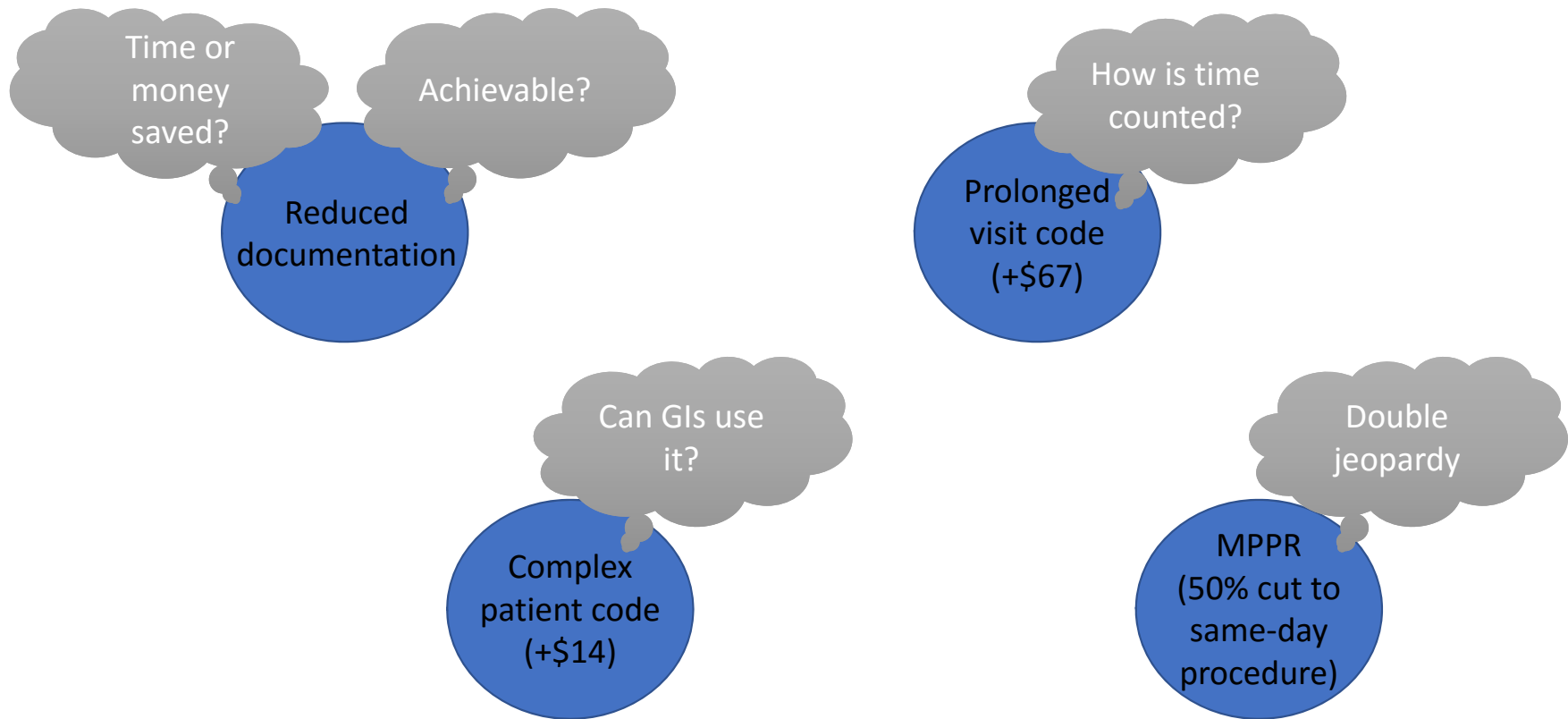
# New codes help offset payment reductions for Level 4 and 5 office visits

CPT	2018 Total Payment (Physician Office)	2019 Proposed Total Payment (Physician office)	Percent Change	2019 Proposed + GCG0X	Percent Change	2019 Proposed + GPR01	Percent Change	2019 Proposed + GCG0X + GPR01	Percent Change
New Patient Office Visit									
99202	\$ 76.30	\$ 134.47	<b>76%</b>	\$148.17	<b>94%</b>	\$ 201.16	<b>164%</b>	\$ 214.86	<b>182%</b>
99203	\$ 109.77	\$ 134.47	<b>22%</b>	\$148.17	<b>35%</b>	\$ 201.16	<b>83%</b>	\$ 214.86	<b>96%</b>
99204	\$ 167.35	\$ 134.47	<b>-20%</b>	\$148.17	<b>-11%</b>	\$ 201.16	<b>20%</b>	\$ 214.86	<b>28%</b>
99205	\$ 210.54	\$ 134.47	<b>-36%</b>	\$148.17	<b>-30%</b>	\$ 201.16	<b>-4%</b>	\$ 214.86	<b>2%</b>
Established Patient Office Visit									
99212	\$ 44.63	\$ 91.93	<b>106%</b>	\$105.63	<b>137%</b>	\$ 158.62	<b>255%</b>	\$ 172.32	<b>286%</b>
99213	\$ 74.14	\$ 91.93	<b>24%</b>	\$105.63	<b>42%</b>	\$ 158.62	<b>114%</b>	\$ 172.32	<b>132%</b>
99214	\$ 109.41	\$ 91.93	<b>-16%</b>	\$105.63	<b>-3%</b>	\$ 158.62	<b>45%</b>	\$ 172.32	<b>58%</b>
99215	\$ 147.56	\$ 91.93	<b>-38%</b>	\$105.63	<b>-28%</b>	\$ 158.62	<b>7%</b>	\$ 172.32	<b>17%</b>

## CMS also proposes a multiple procedure payment reduction (MPPR)

- MPPR would reduce payment 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 an E/M visit
  - 50 percent payment reduction

Although basics are known, many details remain unknown and questions remain unanswered





# Pros & Cons

Proposal	Pros	Cons
Changes to E/M documentation requirements	<ul style="list-style-type: none"> <li>If implemented across all payers, could alleviate some burdensome aspects of E/M documentation</li> </ul>	<ul style="list-style-type: none"> <li>Unclear whether/when other payers might adopt</li> <li>Unclear whether proposal will have impact that CMS indicates as other factors (e.g., malpractice, ensuring continuity of patient care) influence documentation needs</li> <li>Does not address core documentation burdens (e.g., prior authorization, step therapy appeals)</li> </ul>
Changes to E/M reimbursement	<ul style="list-style-type: none"> <li>Increases reimbursement for Level 2 and 3 outpatient office visits</li> <li>Decreases coinsurance for complex patients</li> </ul>	<ul style="list-style-type: none"> <li>Decreases reimbursement for Level 4 and 5 visits, negatively impacting physicians who treat complex patients</li> <li>May negatively impact physicians whose compensation packages are tied to RVUs (this can likely be addressed but not by Jan. 1, 2019)</li> <li>Increases cost-sharing for non-complex patients (Level 2 and 3)</li> </ul>

## Pros & Cons (cont'd)

Proposal	Pros	Cons
New complex patient billing code and payment	<ul style="list-style-type: none"> <li>Recognizes that certain patients are inherently more complex and resource intensive than other patients</li> </ul>	<ul style="list-style-type: none"> <li>GIs do not appear to be eligible to use this code</li> <li>Payment is insufficient to reflect the extra resources and time required by complex patients</li> </ul>
New prolonged services billing code and payment	<ul style="list-style-type: none"> <li>Allows physicians to bill for time spent with patients beyond the typical service time</li> <li>Proposed payment rate is generous</li> </ul>	<ul style="list-style-type: none"> <li>Unclear what the typical service time will be set at, so cannot accurately evaluate the impact of the proposed new code</li> <li>Unclear how use of code will impact documentation requirements (e.g., does it erode any reductions associated with baseline proposal)</li> </ul>
Multiple procedure payment reduction	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Payment rates for GI procedures do not include amounts related to office visits, so proposal inappropriately penalizes GIs</li> </ul>