Noridian IMPACT Meeting
March 3, 2021

Members of the MOASC & ANCO Board of Directors:

I attended the March 3, 2021 IMPACT Meeting. To avoid a 9 page report, I have included only the most salient information to the clinical practice of oncology.

Conversion Factor:

2021 Conversion factor has been **decreased** from $36.09 per RVU to $34.89 per RVU.

Consolidated Appropriation Act 2021 (passed December 27, 2020):

- **Medicare Physician Fee Schedule, MPFS, will be increased 3.75% in 2021**.
- **Suspends 2% sequestration reduction** through March 2021.
- Reinstates 1.0 floor on work Geographic Practice Cost Index, GPCI.
- Delays implementation of complex add-on code G2211 until 2024.

I asked how can the MPFS increase in the face of a decrease in the conversion factor? The answer was that the RVU can be increased or decreased based on numerous factors, such as the GPCI and AMA recommendations. However, the gist was that there is a behind the scenes "magic" at CMS, and the rates based on RVU is just a "suggestion." CMS has been criticized in the past for allowing too many fees to be based on RVUs.

There was a suggestion that G2211 still be used, even though it will NOT be paid. CMS collects data on codes. Use of the G2211 now could demonstrate that certain specialties, i.e. cancer, are more complex and require higher reimbursement.

E&M:

G2212 is a prolonged add-on code.

- Prolonged office or outpatient evaluation or management service beyond the maximum required time of the primary procedure(s), which has been selected using the total time *on the date of the primary service*. Each additional 15 minute intervals by the provider or qualified health professional *with or without direct patient contact.*
- Only submit with 99205 or 99215. It goes without saying that additional time in lower level, e.g. 99214 should be upcoded to 99215 if additional time is used,

- You must document how the time was used, e.g. a complex history obtained from an elderly patient via an interpreter or long discussion on treatment plan.
- Use in Medicare instead of 99217.

Prolonged care non Face-to-Face.

- CPT 99358-99359
- Not on the same date as 99202-99215
- Non face-to-face prolong care included in the total time of office/outpatient visit provided by the same provider
- Not reportable with CHronic Care Management or Transitional Care Management.

E&M 2021 changes to 99202-99215:

- History and physical no longer code selection requirement.
- Physicians will be allowed to choose between time and Medical Decision Making, MDM, when selecting a visit's CPT code, 99202-99215.
    - Definition of time is minimum time, not typical time on the date of service.
    - MDM 2020 vs. 2021
        - MDM 2020:
            - Number of diagnosis or management options.
            - Amount and/or complexity of the data to be reviewed.
            - Risk of complications and/or morbidity or mortality.
        - MDM 2021:
            - Number and complexity of the problems addressed at the encounter that are clinically relevant.
            - Amount and/or complexity of data to be reviewed and analyzed.
                - Any combination of 3 from the following:
                    - Review prior external note(s) from each unique source.
                    - Review of result(s) of each unique test
                    - Ordering each unique test.
                    - Assessment requiring an independent historian.
                - Independent interpretation of test performed by another physician
                - Discussion of management or test interpretation
            - Risk of complications and/or morbidity of patient management.

- **To qualify for a particular level of MDM (CPT99202-99215), two of the three elements for that level must be met or exceeded. For example: Number and**

complexity of problems is high, data is minimal, Risks of complications from treatment is high equals 99215, complex visit.

- **99217** created a shorter prolonged service code that captures physicians or qualified healthcare providers in *15 minute increments*.
- CMS will see a different time and code for prolonged service, G2212.

Telemedicine:

Exemptions for Telemedicine will continue through 2021.

There will be a Contractor Error Rate Testing, CERT, Clinic for your billers on March 24, 2021 at 3-4 PM CST. You must register with Noridian.

Respectfully submitted,

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ANCO & MOASC Noridian Oncology Representative