

Financial implications of the proposed 2019 CPT code changes for Evaluation & Management services: A perspective for Interventional Radiology.

PB-093

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Learning Objectives:

To review proposed changes to the 2019 Current Procedural Terminology (CPT) codes for Evaluation & Management (E&M) services, as described by the Center for Medicare & Medicaid Services (CMS). Additionally, we evaluate the potential financial impact of these changes on the field of Interventional Radiology as a whole.

Background:

With recent trends in Interventional Radiology toward establishing outpatient clinics, it is important to remain current on outpatient CMS reimbursement. CMS reimburses outpatient visits through Evaluation & Management (E&M) codes. These codes -- which categorize outpatient encounters as 'New Patient' (CPT 99201-99205) or 'Established Patient' (CPT99211-99215) -- represent a spectrum of patient and care complexity. As the level of an outpatient visit increases (from 1-5), so too does its corresponding Relative Value Unit (RVU).

Teaching Points:

On 7/27/2018, CMS published its proposed revisions to payment policies under the physician fee schedule for calendar year 2019. Among them, CMS proposes to change the RVU structure for outpatient E&M coding by condensing the RVUs for levels 2-5 into a single value. This will effectively average the RVUs for these levels in an attempt to simplify billing and streamline documentation required for reimbursement.

A sequelae of this change is that specialties which tend to bill at lower encounter levels will see an average increase in RVU generation from outpatient visits and, conversely, specialties which bill at higher levels will see a decrease in reimbursement.

	CPT Codes	2017 RVU	2019 Proposed RVU
New Patient	99201	0.48	0.48
	99202	0.93	1.90
	99203	1.42	1.90
	99204	2.43	1.90
	99205	3.17	1.90
Established Patient	99211	0.18	0.18
	99212	0.48	1.22
	99213	0.97	1.22
	99214	1.50	1.22
	99215	2.11	1.22

Table 1: Billable CPT codes for Outpatient E&M visits

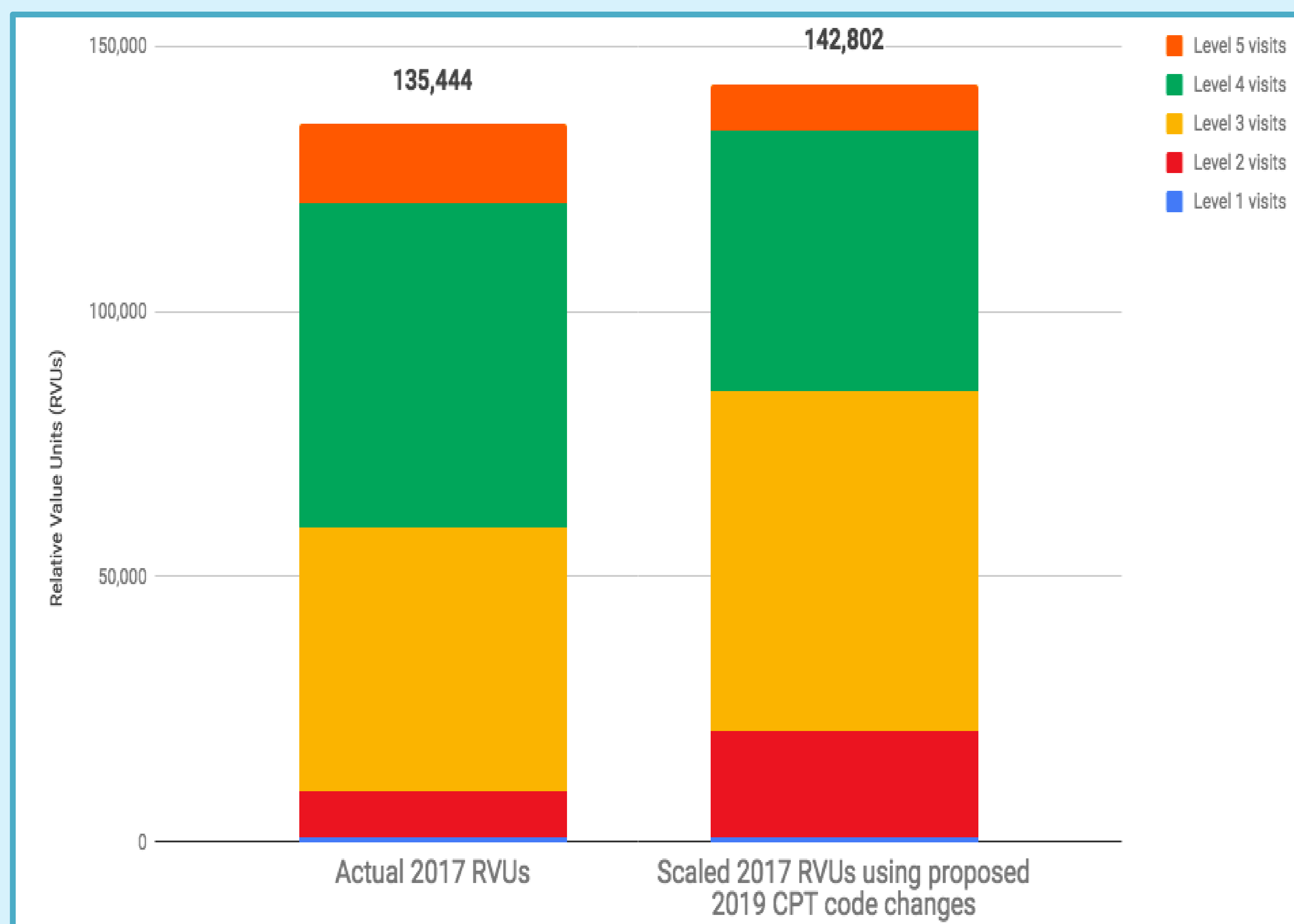


Figure 1: RVUs generated by IRs from outpatient E&M CPT codes.

CMS has provided estimates of specialty impacts under the proposed coding changes, with Interventional Radiology estimated at "minimal change to overall payment".

In order to confirm this estimate, we utilized outpatient E&M billing data available from CMS for calendar year 2017. The RVUs generated by IR for CPT codes 99201-99205 and 99211-99215 were analyzed, which show RVU generation of 135,444 billed to CMS. When scaled to match the proposed RVU changes for 2019, this total increased 142,802 RVUs, representing a 5.2% increase.

Conclusion:

The proposed changes to E&M CPT coding for 2019 should have at least minimal effect on outpatient IR clinic reimbursement and, at best, potential gains of up to 5.2%. These changes --and their financial implications -- should help to legitimize and further establish IR presence in the outpatient setting.

References:

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