

CMS Releases Updates to Physician Fees for CY 2021

On August 3, 2020, the Centers for Medicare and Medicaid Services (CMS) released its [Proposed Rule](#) for the calendar year (CY) 2021 Medicare Physician Fee Schedule. Key topics of interest to HRS members include:

- Payments for extended external cardiac monitoring
- Revised valuations for EP study with left atrial arrhythmia induction (CPT 93621) and intracardiac echocardiogram (CPT 93662)
- Revisions to the Evaluation and Management (E/M) Office Visit Codes (CPT 99201-99215)
- A decrease in the 2021 Conversion Factor (CF)

CMS did not announce any changes to HCPCS code G2066 for remote monitoring services by a technician. The code will remain contractor-priced.

HRS will submit comments to CMS on these and other topics in advance of the October 5, 2020 deadline to ensure their full consideration by the Agency.

Work Relative Values for New and Existing Cardiac Monitoring Codes

Existing codes for Holter monitoring and new codes for extended external cardiac monitoring were valued by the AMA/Specialty Society Relative Value Scale Update Committee (RUC) in January 2020. The RUC accepted the HRS and the American College of Cardiology (ACC) recommendations. CMS accepted the recommended work values and is seeking clarification on a few of the inputs for practice expenses (costs associated with providing a service such as staff time, supplies, and equipment). HRS will provide additional data on those inputs.

HRS and ACC also presented new work relative values for CPT codes 93621 and 93662 due to the codes' growth in utilization and the annual rate of usage. CMS did not accept the recommended values, stating that the work values do not correlate with the decrease in time as captured in physician survey data. HRS, ACC, and the RUC will continue to advocate that CMS accept the recommended values.

Revisions to the Evaluation and Management Codes

As finalized as part of the CY 2020 fee schedule, in CY 2021 CMS will implement new relative values for the office and outpatient E/M codes (CPT 99202-99215) and CPT 99201 will be deleted. CMS will implement increased values for CPT 99202-99215 as previously

planned. Spending on these codes alone accounts for approximately 20% of all Medicare Part B expenditures. In addition, CMS will implement HCPCS code GCPX1 for added complexity during an office visit. HRS will provide input on how to improve the code's description and ensure correct usage.

Reduction in the Conversion Factor (CF)

The CF is the dollar value that translates each CPT code's relative values into a payment amount. Due to statutorily-mandated budget neutrality requirements and the increased spending that results from the aforementioned revisions to the office and outpatient E/M codes, CMS proposes a 10.6% cut to the 2021 Medicare conversion factor. The CY 2020 CF is \$36.09 and the proposed CF for FY 2021 is \$32.26. This is a dollar value not seen since the early 1990s and is not feasible for physician practices. HRS and the physician community will continue to urge Congress to prevent the implementation of this cut.