## Washington Committee Report

By Mary Cloninger, Chair of the Committee

The Centers for Medicare & Medicaid Services (CMS) released the 2021 Medicare Physician Fee Schedule (MPFS) final rule, doubling down on previously announced policies that will result in steep cuts to surgeons and other specialists. These cuts are primarily driven by a host of new payment policies related to evaluation and management (E/M) services. With the budget neutrality adjustment to account for changes in RVUs including significant increases for E/M visit codes, the final CY 2021 MPFS conversion factor is $32.41, a decrease of $3.68 from the CY 2020 MPFS conversion factor of $36.09. This is a decrease of 10.2% and lower than the conversion factor when the MPFS was established in the early 1990s. As a result of all the changes in the final rule, **neurosurgery is expecting an overall 6% Medicare pay cut effective Jan. 1, 2021**.

Neurosurgery responded to final rule through coalition press releases, including one issued by the Surgical Care Coalition and another by a large coalition of physician and non-physician providers. We will continue our efforts to have Congress intervene and override these cuts before the legislative clock runs out in the coming weeks.

While we are still analyzing the 2,165 page document, it appears that CMS ignored most of the recommendations we made in our comments.

***AANS/CNS Recommendation:*** Include the E/M increases in the 10- and 90-day global surgery codes.

***CMS Response***: The agency did not even directly respond to our comments, other than to contrast the E/M services in the global surgery codes as not being "analogous" to the stand-alone office and outpatient E/M services. In addition to the office/outpatient E/M codes, CMS increased the values of eight different categories of E/M services (e.g., maternity codes, End-Stage Renal Disease monthly capitation payment service, and others). In discussing these codes relative to the global surgery codes, CMS noted, for example:

> *Additionally, unlike the 10- and 90-day global surgical services codes (referred to in this section as 10- and 90-day globals), we had never expressed concerns as to the accuracy of the values of the maternity packages, and these services were not part of the policy we adopted to transition all 10- and 90- day globals to 0-day globals (79 FR 67591), though that policy was overridden by statutory amendments before it took effect."*

CMS still appears to be smarting over the fact that we successfully prevented previous cuts to the global surgery codes by an act of Congress, and continues to harbor a bias against surgery.

**However, in a bit of positive news today**, to guarantee that critical surgical services are valued appropriately, Sen. **Rand Paul**, MD, (R-Ky.) introduced the Medicare Reimbursement Equity Act. This legislation would ensure that post-operative E/M visits equal the value of stand-alone E/M services.

***AANS/CNS Recommendation***: Eliminate the proposed GPC1X add-on code for complex services as it is as it is unnecessary in light of the new office and outpatient E/M code structure and values.

***CMS Response***: The agency rejected calls to eliminate or delay this add-on code — now labeled G2211. The code description is finalized as follows:

*Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established).*

This code can be used with every all nine new and established patient visit codes and requires a $3 billion budget neutrality offset. Unfortunately, neurosurgeons will not likely be able to use this code given the strict guardrails CMS has erected. Quoting from p. 279 of the final rule:

*In contrast, there are many visits with new or established patients where HCPCS add-on code G2211 would not be appropriately reported, such as when the care furnished during the office/outpatient E/M visit is provided by a professional whose relationship with the patient is of a discrete, routine, or time-limited nature…and where comorbidities are either not present or not addressed, and/or and when the billing practitioner has not taken responsibility for ongoing medical care for that particular patient with consistency and continuity over time, or does not plan to take responsibility for subsequent, ongoing medical care for that particular patient with consistency and continuity over time. Reporting the add-on code with these types of visits would be inconsistent with the code descriptor, which describes care that is a continuing focal point and/or part of ongoing care.*

***AANS/CNS Recommendation***: Prevent a steep decrease in the 2021 conversion factor by eliminating the GPC1X (now G2211) add-on code, waiving the budget neutrality requirements due to the COVID-19 pandemic, and adjust utilization assumptions used to calculate the conversion factor.

***CMS Response***: CMS did alter its G2211 utilization assumptions. In the proposed rule, it assumed that eligible physicians would use G2211 100% of the time. In the final rule, the agency assumes that these clinicians will use the add-on code 90% of the time. This modest change is likely what reduced neurosurgery's overall cut from 7% to 6% — an $8,110,000 Medicare payment shift in neurosurgery's favor.

The CNS and the AANS commented on several additional payment and quality-related issues, which will be summarized in a forthcoming document once we have had the opportunity to review the entire final rule. In the meantime, the following additional documents related to the final rule are available for your perusal:

- 2021 Medicare Physician Fee Schedule Final Rule
- CMS Fact Sheet
- CMS Press Release
- Quality Payment Program Fact Sheet

The Washington Office will prepare various communications to go out to neurosurgeons over the course of the next few days and weeks, including resources available for neurosurgeons to learn more about the new E/M codes. The AMA has created a series of educational materials related to the new codes at the CPT® Evaluation and Management webpage.

In addition, the following impact table demonstrates the redistributive effects of this final rule:

**TABLE 106: CY 2021 PFS Estimated Impact on Total Allowed Charges by Specialty**

| (A) Specialty | (B) Allowed Charges (mil) | (C) Impact of Work RVU Changes | (D) Impact of PE RVU Changes | (E) Impact of MP RVU Changes | (F) Combined Impact |
|---|---|---|---|---|---|
| ALLERGY/IMMUNOLOGY | $247 | 5% | 4% | 0% | 9% |
| ANESTHESIOLOGY | $2,020 | -6% | -1% | 0% | -8% |
| AUDIOLOGIST | $75 | -4% | -2% | 0% | -6% |
| CARDIAC SURGERY | $266 | -5% | -2% | 0% | -8% |
| CARDIOLOGY | $6,871 | 1% | 0% | 0% | 1% |
| CHIROPRACTOR | $765 | -7% | -3% | 0% | -10% |
| CLINICAL PSYCHOLOGIST | $832 | 0% | 0% | 0% | 0% |
| CLINICAL SOCIAL WORKER | $857 | 0% | 1% | 0% | 1% |
| COLON AND RECTAL SURGERY | $168 | -4% | -1% | 0% | -5% |
| CRITICAL CARE | $378 | -6% | -1% | 0% | -7% |
| DERMATOLOGY | $3,767 | -1% | 0% | 0% | -1% |
| DIAGNOSTIC TESTING FACILITY | $748 | -1% | -2% | 0% | -3% |
| EMERGENCY MEDICINE | $3,077 | -5% | -1% | 0% | -6% |
| ENDOCRINOLOGY | $508 | 10% | 5% | 1% | 16% |
| FAMILY PRACTICE | $6,020 | 8% | 4% | 0% | 13% |
| GASTROENTEROLOGY | $1,757 | -3% | -1% | 0% | -4% |
| GENERAL PRACTICE | $412 | 5% | 2% | 0% | 7% |
| GENERAL SURGERY | $2,057 | -4% | -2% | 0% | -6% |
| GERIATRICS | $192 | 1% | 1% | 0% | 3% |
| HAND SURGERY | $246 | -2% | -1% | 0% | -3% |
| HEMATOLOGY/ONCOLOGY | $1,707 | 8% | 5% | 1% | 14% |
| INDEPENDENT LABORATORY | $645 | -3% | -2% | 0% | -5% |
| INFECTIOUS DISEASE | $656 | -4% | -1% | 0% | -4% |
| INTERNAL MEDICINE | $10,730 | 2% | 1% | 0% | 4% |
| INTERVENTIONAL PAIN MGMT | $936 | 3% | 3% | 0% | 7% |
| INTERVENTIONAL RADIOLOGY | $499 | -3% | -5% | 0% | -8% |
| MULTISPECIALTY CLINIC/OTHER PHYS | $153 | -3% | -1% | 0% | -3% |
| NEPHROLOGY | $2,225 | 4% | 2% | 0% | 6% |
| NEUROLOGY | $1,522 | 3% | 2% | 0% | 6% |
| ***NEUROSURGERY*** | ***$811*** | ***-4%*** | ***-2%*** | ***-1%*** | ***-6%*** |
| NUCLEAR MEDICINE | $56 | -5% | -3% | 0% | -8% |
| NURSE ANES / ANES ASST | $1,321 | -9% | -1% | 0% | -10% |
| NURSE PRACTITIONER | $5,100 | 5% | 3% | 0% | 7% |
| OBSTETRICS/GYNECOLOGY | $636 | 4% | 3% | 0% | 7% |
| OPHTHALMOLOGY | $5,343 | -4% | -2% | 0% | -6% |
| OPTOMETRY | $1,359 | -2% | -2% | 0% | -4% |
| ORAL/MAXILLOFACIAL SURGERY | $79 | -2% | -2% | 0% | -4% |
| ORTHOPEDIC SURGERY | $3,812 | -3% | -1% | 0% | -4% |
| OTHER | $48 | -3% | -2% | 0% | -5% |
| OTOLARNGOLOGY | $1,271 | 4% | 3% | 0% | 7% |
| PATHOLOGY | $1,265 | -5% | -4% | 0% | -9% |
| PEDIATRICS | $67 | 4% | 2% | 0% | 6% |

| | | | | | |
|---|---|---|---|---|---|
| PHYSICAL MEDICINE | $1,164 | -3% | 0% | 0% | -3% |
| PHYSICAL/OCCUPATIONAL THERAPY | $4,973 | -4% | -4% | 0% | -9% |
| PHYSICIAN ASSISTANT | $2,901 | 5% | 2% | 0% | 8% |
| PLASTIC SURGERY | $382 | -4% | -3% | 0% | -7% |
| PODIATRY | $2,133 | -1% | 0% | 0% | -1% |
| PORTABLE X-RAY SUPPLIER | $95 | -2% | -4% | 0% | -6% |
| PSYCHIATRY | $1,112 | 4% | 3% | 0% | 7% |
| PULMONARY DISEASE | $1,654 | 0% | 0% | 0% | 1% |
| RADIATION ONCOLOGY AND RADIATION THERAPY CENTERS | $1,809 | -3% | -3% | 0% | -5% |
| RADIOLOGY | $5,275 | -6% | -4% | 0% | -10% |
| RHEUMATOLOGY | $548 | 10% | 5% | 1% | 15% |
| THORACIC SURGERY | $352 | -5% | -2% | 0% | -8% |
| UROLOGY | $1,810 | 4% | 4% | 0% | 8% |
| VASCULAR SURGERY | $1,293 | -2% | -4% | 0% | -6% |
| **TOTAL** | **$97,008** | **0%** | **0%** | **0%** | **0%** |

*Emailed by Katie Orrico