

## **2019 CMS MEDICARE PHYSICIAN FEE SCHEDULE FINAL RULE**

CMS 2019 Medicare Physician Fee Schedule Final Rule includes changes affecting the way physicians document Evaluation and Management (“E/M”) visits.

### ***Reducing the documentation burden after January 1, 2019.***

When relevant information is already documented in the medical record, practitioners may choose to focus their documentation on what has or has not changed since the last visit. , Providers need not re-record the defined list of required elements if there is evidence that the practitioner reviewed the previous information and updated it as needed.

New and established patient office/outpatient E/M visits do not require the practitioner to re-document the patient’s chief complaint and history that has already been entered by ancillary staff or the beneficiary. The practitioner must document in the medical record that he or she reviewed and verified this information.

### ***Time to update your templates!***

CMS does state this is optional. They realize providers may have not had enough time to make adjustments to workflow and templates.

We are waiting to see what the local MACs publish on their interpretation of this new rule. Be on the lookout for published FAQs.

### ***CMS: Practitioner’s Choice in 2021***

CMS is proposing practitioners have a choice for office/outpatient visit levels 2-5:

- Continue to use either the 1995 or 1997 E/M guidelines
- Code and document by time or
- New reporting methodology of MDM only

Using the new MDM only method, the physician would be required to document a minimum exam and/or history. This will allow practitioners to focus their documentation on what has or has not changed since the last visit.. This applies to levels 2-4 only.

CMS will continue to engage in further conversations with the public over the next two years to further refine policies for 2021.

### ***CMS: Change to Payment Rates in 2021***

In 2021, CMS is expected to finalize a single payment rate for levels 2-4 E/M office/outpatient visits; one rate for new patients and one rate for established patients.

A separate payment rate will be established for level 5 E/M office/outpatient visits accounting for the most complex patient visits. Additional payment rates will be established for visit complexity within Primary Care and non-procedural specialty care as well as extended visits.

Be on the look out for more information in the coming year.

You can find the complete final rule here:

<https://www.govinfo.gov/content/pkg/FR-2018-11-23/pdf/2018-24170.pdf>