

CMS LAYS OUT WINNERS AND LOSERS OF PLANNED E/M PAYMENT BUMP

Some specialties could see payment increases bumps as high as 17% next year, while others could see payment cuts as large as 11% under CMS' 2021 Medicare Physician Fee Schedule (MPFS) proposed rule.

The redistribution of payment under the MPFS is a result of the budget neutrality requirements linked to the 2020 rule's increase in payment for office-based evaluation and management (E/M) visits starting in 2021. CMS says in a press release the higher payment rates take into account "the changes in the practice of medicine, recognizing that additional resources are required of clinicians to take care of the Medicare patients, of which two-thirds have multiple chronic conditions."

Endocrinologists are projected to see their payment rise by 17% under the 2021 proposed rule, rheumatologists would see payment bumps of 16%, family practice doctors would see a 13% increase, and those working in hematology/oncology would realize a 14% increase.

But other specialties would see big cuts, in large part due to what CMS calls the "redistributive effects" of its E/M policy. Radiology cuts are projected to be 11% under the proposed rule, as are those for nurse anesthetists. Pathology and cardiac surgery would see 9% cuts, as would physical and occupational therapy. Radiation Oncology will realize a 6% reduction in overall 2021 payments.

CMS also proposes to increase payment for certain code sets that rely on or are analogous to E/M visits, including codes for: end-stage renal disease monthly capitation payment services; transitional care management services; maternity services; cognitive impairment assessment and care planning; initial preventive physical examination and initial and subsequent annual wellness visits; emergency department visits; therapy evaluations; and psychiatric diagnostic evaluations and psychotherapy services.

Stakeholders have reached out to Congress asking lawmakers to waive the budget neutrality requirements associated with the E/M code proposal slated for implementation next year. The groups said they support a "purposeful approach to restructuring and revaluing the office-based E/M codes" and increases in primary care payments, but the cuts tied to those changes aren't feasible. The AMA strongly urges Congress to waive Medicare's budget neutrality requirement for the office visit and other payment increases. "Physicians are already experiencing substantial economic hardships due to COVID-19, so these payment cuts could not come at a worse time."

In order to maintain budget neutrality with the E/M valuation increases, the proposed 2021 conversion factor is \$32.26, a 10.6% decrease from the current conversion factor of \$36.09.

The proposed rule continues the new medical supply and equipment pricing that began in 2019. CMS phased in the use of the new pricing over a 4-year period from 2019-2022. An analysis indicates that for radiation oncology, the fluctuations in relative value units (RVUs) are significant, especially for SBRT and HDR brachytherapy services. 2021 is the year-3 of the transition period.

A complete summary of the MPFS proposed rule and impact tables is on the AAPM website and can be found [here](#).