

## CMS Releases the CY 2021 Physician Fee Schedule

On August 3, 2020 the Centers for Medicare and Medicaid Services (CMS) released the CY 2021 Medicare Physician Fee Schedule (PFS) proposed rule. Please see below for a summary of the major provisions impacting ASH members, including charts showing physician work relative value units and national average Medicare payment rates. ASH staff is continuing to analyze the remainder of the rule and is happy to provide further information.

### *Conversion Factor and Impact on Hematology/Oncology*

CMS is proposing a conversion factor (CF) of \$32.26 in CY 2021, which is a decrease of 10.6% from the CY 2020 CF. The conversion factor is used to convert the physician fee schedule relative value units for physician work, practice expenses, and malpractice expenses into Medicare's payment rates. The decrease in the CF for CY 2021 is based on the requirement for a budget neutrality adjustment if changes to the relative value units proposed in the rule result in an increase in Medicare expenditures that exceed \$20 million. The proposed changes to outpatient/office evaluation and management services relative value units (see explanation below) exceed this expenditure threshold causing the 10.6% negative adjustment to the CF.

CMS is proposing both increases and decreases to the Hematology/Oncology services provided in the physician office setting. Some of this is based on the 10.6% reduction in the conversion factor, but other changes can be attributed to the phase in of changes to practice expense values. Most Hem/Onc services provided in the hospital setting (inpatient or outpatient) are being reduced by around 10%, which reflects the impact of the conversion factor decrease. The overall impact of changes made by this rule to Hem/Onc providers is an increase in payment of 14%. This is due to the increases in relative value units for the higher-level evaluation and management services, as explained below.

### *Evaluation and Management*

CMS continues to propose the changes to the values of the outpatient evaluation and management (E/M) services finalized in the CY 2020 rulemaking. A reminder of the changes scheduled to go into effect on January 1, 2021:

- History and exam will no longer be used to select the level of code for office/outpatient E/M visits. Instead, the history and exam components will only be performed when, and to the extent, reasonable and necessary, and clinically appropriate.
- Deletion of CPT code 99201.
- For levels 2 through 5 office/outpatient E/M visits, selection of the code level to report will be based on either the level of medical decision making (MDM) (as redefined by the new AMA/CPT [guidance framework](#)) or the total time personally spent by the reporting practitioner on the day of the visit.
- See chart for proposed E/M code relative value units and national average Medicare payment rates.

In this year's proposed rule, CMS is proposing the following additional changes to E/M services:

- To adopt the actual total times rather than the total times recommended by the RUC for CPT codes 99202 – 99215 (See Table 17 below).
- To increase the work RVUs associated with the transitional care management (TCM) codes commensurate with the new valuations for the level 4 (CPT code 99214) and level 5 (CPT code 99215) office/outpatient E/M visits for established patients.
- If time is used to determine the E/M code for office/outpatient E/M level 5 visits, CPT code 99XXX (*Prolonged Office/Outpatient E/M Visits*) could be reported when the maximum time for the level 5 office/outpatient E/M visit is exceeded by at least 15 minutes on the date of service.

CMS is also soliciting comments on the definition of GPC1X, the add-on code that describes the "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, or complex condition." This code was established in the FY 2020 MPFS final rule to recognize the added resources needed for primary and specialty care services for patients with complex chronic conditions.

**TABLE 17: RUC-Recommended Pre-, Intra-, Post-Service Times, RUC-Recommended Total Times for CPT codes 99202-99215 and Actual Total Time**

HCPCS	Pre-Service Time	Intra-Service Time	Immediate Post-Service Time	Actual Total Time	RUC-recommended Total Time
99202	2	15	3	20	22
99203	5	25	5	35	40
99204	10	40	10	60	60
99205	14	59	15	88	85
99211		5	2	7	7
99212	2	11	3	16	18
99213	5	20	5	30	30
99214	7	30	10	47	49
99215	10	45	15	70	70

### *Telehealth*

During the COVID-19 public health emergency (PHE) CMS has waived the geographic and site of service originating site restrictions for Medicare telehealth services, allowing Medicare beneficiaries across the country to receive care from their homes. These flexibilities remain in effect as the PHE declaration was extended through Oct. 23, 2020. CMS does not propose to permanently waive these restrictions in the PFS because the agency states that it lacks authority to make this adjustment. Without this change in requirements, physicians will not be able to use the office/outpatient E/M codes to provide telehealth services to patients in their homes beyond the PHE.

In the rule, CMS refers to three different categories for telehealth codes: Category 1, which represents services that are similar to professional consultation, office visits, and office psychiatry services that are currently on the Medicare telehealth services list and Category 2, which includes services that are not similar to those on the current Medicare telehealth services list. Category 3 represents services added to the telehealth list on a temporary basis, where CMS is interested in gathering data and additional information on whether or not these should be made permanent.

CMS is proposing to add multiple CPT Codes to the Medicare telehealth list permanently. These include:

- GPC1X, *Visit Complexity inherent to evaluation and management associated with primary medical care services that serve as the continuing focal point for all needed health care services (Add-on code, list separately in addition to an evaluation and management visit)*
- 99XXX, *Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)*

Additionally, in the proposed rule, CMS is:

- Seeking comment on whether the agency should develop coding and payment for a service similar to the virtual check-in but for a longer unit of time and with an accordingly higher value.
- CMS is considering whether to extend, on a temporary basis, or to make permanent the requirement for the presence of a teaching physician during the key portion of a service furnished with the involvement of a resident can be met using audio/video real-time communications technology. (The teaching physician must be present, either in person or virtually through audio/video real-time communications technology, during the key portion of the service.)
- CMS is considering whether to extend, on a temporary basis, or to make permanent, the policy to allow Medicare to make payment under the PFS for teaching physician services when a resident furnishes Medicare telehealth services to beneficiaries if the teaching physician is present using audio/video real-time communications technology.

### *National Coverage Determinations*

CMS is proposing to remove several older National Coverage Determinations (NCDs) related to Hematology/Oncology services. The removal of the NCDs will allow local Medicare Contractors (MACs) to determine their local coverage policies. CMS is seeking comments on the removal of these national policies. The NCDs being proposed for removal are:

- NCD # 20.5 Extracorporeal Immunoabsorption (ECI) using Protein A Columns (01/01/2001) (rationale given – outdated)
- NCD #110.14 Apheresis (Therapeutic Pheresis) (7/30/1992) (rationale given – outdated)
- NCD #190.3 Cytogenetic Studies (7/16/1998) (rationale given – replaced by next generation sequencing policy)

**2021 Proposed Final Physician Fee Schedule (CMS-1734-P)**

**Payment Rates for Medicare Physician Services - Hematology/Oncology**

CPT Code	Descriptor	2021 Work RVU s	NON-FACILITY (OFFICE)				FACILITY (HOSPITAL)			
			2021		2020	% payme nt change 2020 to 2021	2021		2020	% payme nt change 2020 to 2021
			Total RVU s	Payment CF=\$32.26 05	Payment CF=\$36.08 96		Total RVU s	Payment CF=\$32.26 05	Payment CF=\$36.08 96	
20939	Bone marrow aspir bone grfg	1.16	NA	NA	NA	NA	2.04	\$65.81	\$73.26	-10.2%
36430	Blood transfusion service	0.00	1.16	\$37.42	\$35.73	4.7%	NA	NA	NA	NA
36511	Apheresis wbc	2.00	NA	NA	NA	NA	3.18	\$102.59	\$113.68	-9.8%
36512	Apheresis rbc	2.00	NA	NA	NA	NA	3.14	\$101.30	\$112.60	-10.0%
36513	Apheresis platelets	2.00	NA	NA	NA	NA	3.19	\$102.91	\$113.68	-9.5%
36514	Apheresis plasma	1.81	19.44	\$627.14	\$689.67	-9.1%	2.74	\$88.39	\$99.25	-10.9%
36516	Apheresis, selective	1.56	59.95	\$1,934.02	\$1,839.49	5.1%	2.51	\$80.97	\$88.06	-8.0%
36522	Photopheresis	1.75	52.61	\$1,697.22	\$1,962.55	-13.5%	2.85	\$91.94	\$101.77	-9.7%
38205	Harvest allogenic stem cells	1.50	NA	NA	NA	NA	2.46	\$79.36	\$88.06	-9.9%
38206	Harvest auto stem cells	1.50	NA	NA	NA	NA	2.47	\$79.68	\$87.70	-9.1%
38220	Bone marrow aspiration	1.20	5.13	\$165.50	\$172.51	-4.1%	2.07	\$66.78	\$72.54	-7.9%
38221	Bone marrow biopsy	1.28	4.93	\$159.04	\$160.96	-1.2%	2.06	\$66.46	\$72.18	-7.9%
38222	Dx bone marrow bx & aspir	1.44	5.37	\$173.24	\$177.92	-2.6%	2.26	\$72.91	\$80.84	-9.8%
38230	Bone marrow collection	3.50	NA	NA	NA	NA	5.97	\$192.60	\$213.65	-9.9%
38232	Bone marrow harvest autolog	3.50	NA	NA	NA	NA	5.84	\$188.40	\$207.88	-9.4%
38240	Bone marrow/stem transplant	4.00	NA	NA	NA	NA	7.06	\$227.76	\$244.69	-6.9%
38241	Bone marrow/stem transplant	3.00	NA	NA	NA	NA	5.23	\$168.72	\$181.17	-6.9%
38242	Lymphocyte infuse transplant	2.11	NA	NA	NA	NA	3.75	\$120.98	\$131.01	-7.7%
88184	Flowcytometry/ tc, 1 marker	0.00	2.07	\$66.78	\$67.85	-1.6%	NA	NA	NA	NA
88185	Flowcytometry/ tc, add-on	0.00	0.68	\$21.94	\$22.38	-2.0%	NA	NA	NA	NA
88187	Flowcytometry/read, 2-8	0.74	1.05	\$33.87	\$38.98	-13.1%	1.05	\$33.87	\$39.34	-13.9%
88188	Flowcytometry/read, 9-15	1.20	1.82	\$58.71	\$66.40	-11.6%	1.82	\$58.71	\$66.04	-11.1%
88189	Flowcytometry/read, 16 & <	1.70	2.43	\$78.39	\$88.06	-11.0%	2.43	\$78.39	\$88.78	-11.7%
96360	Hydration iv infusion, init	0.17	1.10	\$35.49	\$34.65	2.4%	NA	NA	NA	NA
96361	Hydrate iv infusion, add- on	0.09	0.42	\$13.55	\$13.71	-1.2%	NA	NA	NA	NA
96365	Ther/ proph/ diag iv inf, init	0.21	2.24	\$72.26	\$71.46	1.1%	NA	NA	NA	NA
96366	Ther/ proph/ dg iv inf, add- on	0.18	0.67	\$21.61	\$22.01	-1.8%	NA	NA	NA	NA
96367	Tx/ proph/ dg addl seq iv inf	0.19	0.98	\$31.62	\$31.40	0.7%	NA	NA	NA	NA
96368	Ther/ diag concurrent inf	0.17	0.64	\$20.65	\$21.29	-3.0%	NA	NA	NA	NA

96372	Ther/ proph/ diag inj, sc/ im	0.17	0.42	\$13.55	\$14.44	-6.1%	NA	NA	NA	NA
96373	Ther/ proph/ diag inj, ia	0.17	0.55	\$17.74	\$18.77	-5.5%	NA	NA	NA	NA
96374	Ther/ proph/ diag inj, iv push	0.18	1.26	\$40.65	\$40.06	1.5%	NA	NA	NA	NA
96375	Ther/ proph/ diag inj add- on	0.10	0.52	\$16.78	\$16.60	1.0%	NA	NA	NA	NA
96377	Applicaton on-body injector	0.17	0.60	\$19.36	\$20.21	-4.2%	NA	NA	NA	NA
96401	Chemotherapy, sc/im	0.21	2.52	\$81.30	\$79.76	1.9%	NA	NA	NA	NA
96402	Chemo hormon antineopl sq/ im	0.19	1.00	\$32.26	\$31.76	1.6%	NA	NA	NA	NA
96405	Intralesional chemo admin	0.52	2.55	\$82.26	\$84.81	-3.0%	0.83	\$26.78	\$30.32	-11.7%
96406	Intralesional chemo admin	0.80	4.01	\$129.36	\$129.56	-0.2%	1.32	\$42.58	\$47.28	-9.9%
96409	Chemo, iv push, sngl drug	0.24	3.49	\$112.59	\$109.35	3.0%	NA	NA	NA	NA
96411	Chemo, iv push, addl drug	0.20	1.89	\$60.97	\$59.19	3.0%	NA	NA	NA	NA
96413	Chemo, iv infusion, 1 hr	0.28	4.53	\$146.14	\$141.47	3.3%	NA	NA	NA	NA
96415	Chemo, iv infusion, addl hr	0.19	0.95	\$30.65	\$30.68	-0.1%	NA	NA	NA	NA
96416	Chemo prolong infuse w/ pump	0.21	4.50	\$145.17	\$141.47	2.6%	NA	NA	NA	NA
96417	Chemo iv infus each addl seq	0.21	2.19	\$70.65	\$68.57	3.0%	NA	NA	NA	NA
96420	Chemotherapy, push technique	0.17	3.57	\$115.17	\$104.66	10.0%	NA	NA	NA	NA
96422	Chemotherapy,infusion method	0.17	5.52	\$178.08	\$172.51	3.2%	NA	NA	NA	NA
96423	Chemo, infuse method add-on	0.17	2.55	\$82.26	\$80.12	2.7%	NA	NA	NA	NA
96425	Chemotherapy,infusion method	0.17	5.90	\$190.34	\$184.42	3.2%	NA	NA	NA	NA
96440	Chemotherapy, intracavitary	2.12	29.07	\$937.81	\$908.74	3.2%	3.63	\$117.11	\$128.84	-9.1%
96446	Chemotx admn prtl cavity	0.37	6.50	\$209.69	\$204.63	2.5%	0.77	\$24.84	\$26.35	-5.7%
96450	Chemotherapy, into CNS	1.53	5.33	\$171.95	\$183.34	-6.2%	2.26	\$72.91	\$81.56	-10.6%
96521	Port pump refill & main	0.21	4.58	\$147.75	\$147.97	-0.1%	NA	NA	NA	NA
96522	Refill/ maint pump/ resvr syst	0.21	3.96	\$127.75	\$123.07	3.8%	NA	NA	NA	NA
96523	Irrig drug delivery device	0.04	0.89	\$28.71	\$27.79	3.3%	NA	NA	NA	NA
96542	Chemotherapy injection	0.75	4.26	\$137.43	\$132.45	3.8%	1.25	\$40.33	\$43.67	-7.7%

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**Payment Rates for Medicare Physician Services - Evaluation and Management**

CPT Code	Descriptor	2021	NON-FACILITY (OFFICE)				FACILITY (HOSPITAL)				
		Work RVUs	2021		2020	% payment change 2020 to 2021	2021		2020	% payment change 2020 to 2021	
			Total RVUs	Payment CF=\$32.2605	Payment CF=\$36.0896		Total RVUs	Payment CF=\$32.2605	Payment CF=\$36.0896		
99201	Office/outpatient visit new	CODE DELETED			\$46.56	-100.0%	CODE DELETED			\$27.07	-100.0%
99202	Office/outpatient visit new	0.93	2.14	\$69.04	\$77.23	-10.6%	1.43	\$46.13	\$51.61	-10.6%	
99203	Office/outpatient visit new	1.60	3.29	\$106.14	\$109.35	-2.9%	2.42	\$78.07	\$77.23	1.1%	
99204	Office/outpatient visit new	2.60	4.94	\$159.37	\$167.09	-4.6%	3.96	\$127.75	\$132.09	-3.3%	
99205	Office/outpatient visit new	3.50	6.53	\$210.66	\$211.12	-0.2%	5.39	\$173.88	\$172.51	0.8%	
99211	Office/outpatient visit est	0.18	0.69	\$22.26	\$23.46	-5.1%	0.27	\$8.71	\$9.38	-7.2%	
99212	Office/outpatient visit est	0.70	1.68	\$54.20	\$46.19	17.3%	1.06	\$34.20	\$26.35	29.8%	
99213	Office/outpatient visit est	1.30	2.69	\$86.78	\$76.15	14.0%	1.96	\$63.23	\$52.33	20.8%	
99214	Office/outpatient visit est	1.92	3.81	\$122.91	\$110.43	11.3%	2.89	\$93.23	\$80.48	15.8%	
99215	Office/outpatient visit est	2.80	5.34	\$172.27	\$148.33	16.1%	4.27	\$137.75	\$113.68	21.2%	
99221	Initial hospital care	1.92	NA	NA	NA	NA	2.91	\$93.88	\$103.94	-9.7%	
99222	Initial hospital care	2.61	NA	NA	NA	NA	3.92	\$126.46	\$140.39	-9.9%	
99223	Initial hospital care	3.86	NA	NA	NA	NA	5.78	\$186.47	\$206.07	-9.5%	
99231	Subsequent hospital care	0.76	NA	NA	NA	NA	1.13	\$36.45	\$40.06	-9.0%	
99232	Subsequent hospital care	1.39	NA	NA	NA	NA	2.07	\$66.78	\$73.62	-9.3%	
99233	Subsequent hospital care	2.00	NA	NA	NA	NA	2.96	\$95.49	\$106.10	-10.0%	
99291	Critical care first hour	4.50	8.21	\$264.86	\$284.75	-7.0%	6.36	\$205.18	\$226.64	-9.5%	
99292	Critical care addl 30 min	2.25	3.57	\$115.17	\$125.95	-8.6%	3.18	\$102.59	\$114.04	-10.0%	
99421	Office/diagnostic exam 5-10 min	0.25	0.43	\$13.87	\$15.52	-10.6%	0.37	\$11.94	\$13.35	-10.6%	
99422	Office/diagnostic exam 11-20 min	0.50	0.86	\$27.74	\$31.04	-10.6%	0.75	\$24.20	\$27.43	-11.8%	
99423	Office/diagnostic exam 21+ min	0.80	1.40	\$45.16	\$50.16	-10.0%	1.21	\$39.04	\$43.67	-10.6%	
99446	Interprofessional phone/online 5-10	0.35	0.53	\$17.10	\$18.41	-7.1%	0.53	\$17.10	\$18.41	-7.1%	
99447	Interprofessional phone/online 11-20	0.70	1.00	\$32.26	\$37.17	-13.2%	1.00	\$32.26	\$37.17	-13.2%	
99448	Interprofessional phone/online 21-30	1.05	1.55	\$50.00	\$55.58	-10.0%	1.55	\$50.00	\$55.58	-10.0%	

99449	Interprof phone/online 31/>	1.40	2.12	\$68.39	\$73.98	-7.6%	2.12	\$68.39	\$73.98	-7.6%
99451	Ntrprof ph1/ntrnet/chr 5/>	0.70	1.05	\$33.87	\$37.53	-9.8%	1.05	\$33.87	\$37.53	-9.8%
99452	Ntrprof ph1/ntrnet/chr rfrl	0.70	1.05	\$33.87	\$37.53	-9.8%	1.05	\$33.87	\$37.53	-9.8%
99453	Rem mntr physiol param setup	0.00	0.58	\$18.71	\$18.77	-0.3%	NA	NA	NA	NA
99454	Rem mntr physiol param dev	0.00	1.92	\$61.94	\$62.44	-0.8%	NA	NA	NA	NA
99457	Rem physiol mntr 20 min mo	0.61	1.50	\$48.39	\$51.61	-6.2%	0.92	\$29.68	\$32.84	-9.6%
99458	Rem physiol mntr ea addl 20	0.61	1.20	\$38.71	\$42.22	-8.3%	0.92	\$29.68	\$32.84	-9.6%
99471	Ped critical care initial	15.98	NA	NA	NA	NA	22.93	\$739.73	\$811.66	-8.9%
99472	Ped critical care subsqs	7.99	NA	NA	NA	NA	11.66	\$376.16	\$410.34	-8.3%
99487	Cmplx chron care w/o pt vsit	1.00	2.74	\$88.39	\$92.39	-4.3%	1.52	\$49.04	\$53.41	-8.2%
99489	Cmplx chron care addl 30 min	0.50	1.28	\$41.29	\$44.75	-7.7%	0.74	\$23.87	\$26.35	-9.4%
99490	Chron care mgmt srvc 20 min	0.61	1.21	\$39.04	\$42.22	-7.6%	0.92	\$29.68	\$32.84	-9.6%
99491	Chrc care mgmt svc 30 min	1.45	2.41	\$77.75	\$84.09	-7.5%	2.41	\$77.75	\$84.09	-7.5%
99495	Trans care mgmt 14 day disch	2.78	6.12	\$197.43	\$187.67	5.2%	4.21	\$135.82	\$125.59	8.1%
99496	Trans care mgmt 7 day disch	3.79	8.28	\$267.12	\$247.94	7.7%	5.73	\$184.85	\$165.65	11.6%
G0396	Alcohol/subs interv 15-30mn	0.65	1.05	\$33.87	\$36.81	-8.0%	0.96	\$30.97	\$33.92	-8.7%
G0397	Alcohol/subs interv >30 min	1.30	1.97	\$63.55	\$68.93	-7.8%	1.88	\$60.65	\$66.04	-8.2%
G0506	Comp asses care plan ccm svc	0.87	1.83	\$59.04	\$63.52	-7.1%	1.32	\$42.58	\$46.56	-8.5%
G2064	Md mang high risk dx 30	1.45	2.64	\$85.17	\$92.03	-7.5%	2.22	\$71.62	\$78.68	-9.0%
G2065	Clin mang h risk dx 30	0.61	1.13	\$36.45	\$39.70	-8.2%	1.13	\$36.45	\$39.70	-8.2%