



**Summary of CY 2020 Medicare Rules – Long Term EEG Code Provisions**

**Medicare Physician Fee Schedule Final Rule for CY2020:**

Beginning on January 1, 2020, there will be a new coding structure for the long term EEG codes, which includes the following changes:

- Deletion of CPT Codes 95950, 95951, 95953, 95956
- Creation of 10 Professional Component Codes – 95717 - 95726 (for physician work only)
- Creation of 13 Technical Component Codes – 95700, 95705 – 95716 (no physician work included)

Table 1 provides an overview of the RVUs and national average payment rates for all of the new PC codes. CMS accepted the Medical Societies recommendations to increase the physician work RVUs to the RUC recommended levels for all of the new professional component (PC) codes. CPT Code 95720 was formerly reported as 95951 and 95719 was formerly reported as 95956. All of the other PC codes reflect new ways to report long term EEG services.

With the change in coding structure, the RVUs and payment for the new PC codes are slightly different depending on whether the service is being reported for a hospital inpatient or outpatient (referred to as facility services) or if provided in a physician office or in the patient’s home when billed by an Independent Diagnostic Testing Facility (IDTFs) (referred to as non-facility services).

<b>Table 1: Payment Rates for Medicare Physician Services from 2020 Final Physician Fee Schedule (CMS-1715-F)</b>											
CPT Code	Descriptor	NON-FACILITY (OFFICE)					FACILITY (HOSPITAL)				
		Work RVUs	Non-Facility PE RVUs	Mal-practice RVUs	Total Non-Facility RVUs	Non-Facility Payment CF= \$36.0896	Work RVUs	Facility PE RVUs	Mal-practice RVUs	Total Facility RVUs	Facility Payment CF= \$36.0896
95717	Eeg phys/qhp 2-12 hr w/o vid	2.00	0.82	0.12	2.94	\$106.10	2.00	0.78	0.12	2.90	104.66
95718	Eeg phys/qhp 2-12 hr w/veeg	2.50	1.19	0.18	3.87	\$139.67	2.50	1.13	0.18	3.81	137.50
95719	Eeg phys/qhp ea incr w/o vid	3.00	1.34	0.21	4.55	\$164.21	3.00	1.29	0.21	4.50	162.40
95720	Eeg phy/qhp ea incr w/veeg	3.86	1.85	0.28	5.99	\$216.18	3.86	1.76	0.28	5.90	212.93
95721	Eeg phy/qhp>36<60 hr w/o vid	3.86	1.90	0.28	6.04	\$217.98	3.86	1.78	0.28	5.92	213.65
95722	Eeg phy/qhp>36<60 hr w/veeg	4.70	2.28	0.35	7.33	\$264.54	4.70	2.15	0.35	7.20	259.85
95723	Eeg phy/qhp>60<84 hr w/o vid	4.75	2.37	0.37	7.49	\$270.31	4.75	2.21	0.37	7.33	264.54
95724	Eeg phy/qhp>60<84 hr w/veeg	6.00	2.92	0.44	9.36	\$337.80	6.00	2.74	0.44	9.18	331.30
95725	Eeg phy/qhp>84 hr w/o vid	5.40	2.73	0.42	8.55	\$308.57	5.40	2.52	0.42	8.34	300.99
95726	Eeg phy/qhp>84 hr w/veeg	7.58	3.69	0.56	11.83	\$426.94	7.58	3.46	0.56	11.60	418.64

In the rule, CMS did not finalize its proposed values for the 13 technical component codes and agreed to carrier price all of the TC Codes in 2020. This means that IDTFs and physician offices providing these services will be able to negotiate payment with their local Medicare contractor for the TC Codes only. CMS states that it plans to set national prices in future rule-making and will accept additional data on practice expenses for these services during the coming year.

**Medicare Hospital Outpatient Prospective Payment System Final Rule for CY2020:**

Hospitals are paid bundled payments for the facility fees incurred under Medicare’s inpatient and outpatient payment systems. In the outpatient setting, services that are clinically similar and require similar resources are classified into payment groups called Ambulatory Payment Classifications (APCs), which all have an individual payment rate. The payments made under OPSS cover facility resources including equipment, supplies, and hospital staff, but do not include the services of physicians or non-physician practitioners paid separately under the Medicare Physician Fee Schedule.

In the OPSS proposed rule, CMS had assigned the 13 new long term EEG TC codes to the Level 2 and 3 Diagnostic Tests APCs. NAEC and the other Medical Societies raised concerns that the TC Codes for VEEG services with intermittent and continuous monitoring should be moved to higher paying APCs. CMS partially accepted our recommendation by agreeing to move the 2-12 hour VEEG with continuous monitoring (95713) to APC 5723 Level 3 Diagnostic Tests paying \$485.55 and 12-26 hour VEEG with continuous monitoring (95716) to APC 5724 Level 4 Diagnostic Tests paying \$908.84. Table 2 below shows the APC assignments and payment rates for the new long term EEG TC Codes.

<b>Table 2: Final CY 2020 Hospital Outpatient Prospective Payment System Payment Rates</b>			
<b>HCPCS Code</b>	<b>Short Descriptor</b>	<b>Payment Rate</b>	<b>APC</b>
95700	Eeg cont rec w/vid eeg tech	\$253.07	5722 - Level 2 Diagnostic Tests and Related Services
95705	Eeg w/o vid 2-12 hr unmntr		
95706	Eeg wo vid 2-12hr intmt mntr		
95707	Eeg w/o vid 2-12hr cont mntr		
95711	Veeg 2-12 hr unmonitored		
95712	Veeg 2-12 hr intmt mntr		
95708	Eeg wo vid ea 12-26hr unmntr	\$485.55	5723 - Level 3 Diagnostic Tests and Related Services
95709	Eeg w/o vid ea 12-26hr intmt		
95710	Eeg w/o vid ea 12-26hr cont		
95713	Veeg 2-12 hr cont mntr		
95714	Veeg ea 12-26 hr unmntr		
95715	Veeg ea 12-26hr intmt mntr		
95716	Veeg ea 12-26hr cont mntr	\$908.84	5724 - Level 4 Diagnostic Tests and Related Services

NAEC will prepare more comprehensive summaries of the Medicare Final Rules along with charts showing payment rates for all epilepsy center services. Please contact NAEC at [info@naec-epilepsy.org](mailto:info@naec-epilepsy.org) with any questions.