

Summary of Long-term EEG Code Provisions for 2020

On November 1, the Centers for Medicare & Medicaid Services (CMS) issued a final rule updating payment policies and rates for physicians paid under the Medicare Physician Fee Schedule (MPFS) in 2020. The final rule updates payment policies and payment rates for services furnished under the MPFS, and this year includes major changes to the long-term EEG monitoring CPT Codes

This summary exclusively covers the changes to the long-term EEG monitoring services and final payment rates. The AAN's summary of the other major provisions of the final rule [can be read here](#).

New Long-term EEG Monitoring Codes – Executive Summary

In November 2016, CMS identified CPT Code 95951, long-term EEG monitoring with video, as a high-volume service since Medicare claims for this service exceeded 10,000 and increased by more than 100 percent from 2009 to 2014. CMS seeks a re-evaluation of all “high volume services” and looks to the affected medical specialty societies to survey the existing code to develop new relative value units (RVUs) or to propose coding changes, if needed. The AAN and American Clinical Neurophysiology Society (ACNS), members of the AMA House of Delegates, with input from National Association of Epilepsy Centers (NAEC) and the American Epilepsy Society (AES), proposed revisions to 95951 and the other long-term EEG codes—95950, 95953, and 95956—to better reflect the current practice of long-term EEG monitoring and minimize the risk of further CMS reductions.

The coding changes that were released in this rule were adopted by the CPT Panel at its May 2018 meeting following significant discussions that occurred during four CPT Panel meetings in 2017 and 2018 involving the Panel, the medical societies, and interested stakeholders. At its October 2018 meeting, the AMA Relative Value Update Committee (RUC) voted on physician work relative values and practice expense inputs to recommend to CMS for implementation in the Medicare Physician Fee Schedule for 2020. Following the RUC meeting, the specialty societies proactively met with CMS to explain the importance of long-term EEG monitoring services and advocate for appropriate valuation of the services.

A full explanation of the new codes and the CMS proposed values follows. In summary, beginning in 2020, the revisions to the coding structure for the long-term EEG codes include:

- Deletion of CPT Codes 95950, 95951, 95953, 95956
- Creation of 10 Professional Component (PC) Codes (for physician work only)
- Creation of 13 Technical Component (TC) Codes (no physician work included)

Of note to physicians who provide these services, CPT Code 95951 will now be reported as 95720 for the 24-hour VEEG service. The RUC recommendation for physician work of this code was 3.86 RVUs, which was a significant reduction from the current physician work RVUs of 5.99 for 95951. This level was largely based on the results of a survey of physician members of AAN, ACNS, NAEC, and AES. The survey was distributed to 2239 physician members of the organizations and was completed by 152 physicians who performed VEEG 100 times (median) in the past year.

The survey results for the new code 95720 (24-hour VEEG) indicated a total time of 75 minutes. In comparison, when reviewed in 2001, CPT Code 95951 was valued based on a total physician time of 150 minutes. This year's physician survey resulted in a total time for the 24-hour service that is exactly one-half of the total time of 95951. The suggested physician work RVUs from the survey ranged from a low of 1, to a median of 5, to a high of 12. While we argued for higher values, the RUC thought the survey data was representative of physicians providing the service and relied on it heavily in making its recommendation for the RVUs for physician work for all the new professional component codes.

Table 1 shows the RVUs and final payment rates for 95720 in 2020 compared with 95951 in 2019.

Table 1: Comparison of 2020 and Final 2019 RVUs and Payment Rates											
CPT Code	Descriptor	Proposed 2020 RVUs and Payment Rates (CF = \$36.0896)									
		NON-FACILITY (OFFICE)					FACILITY (HOSPITAL)				
		Work RVUs	PE RVUs	Malpractice RVUs	Total RVUs	Payment	Work RVUs	PE RVUs	Malpractice RVUs	Total RVUs	Payment
95720	EEG, MD review ea 12-26-hour, w/video	3.86	1.85	0.28	5.99	\$216.18	3.86	1.76	0.28	5.90	\$212.93

CPT Code	Descriptor	Final 2019 RVUs and Payment Rates (CF = \$36.0391)									
		NON-FACILITY (OFFICE)					FACILITY (HOSPITAL)				
		Work RVUs	PE RVUs	Malpractice RVUs	Total RVUs	Payment	Work RVUs	PE RVUs	Malpractice RVUs	Total RVUs	Payment
95951-26	EEG monitoring/videorecord	5.99	2.82	0.33	9.14	\$329.40	5.99	2.82	0.33	9.14	\$329.40

As part of the Proposed Rule, published in July 2019, CMS further reduced the values proposed by the RUC for four of the new PC codes. The AAN, NAEC, ACNS, and AES recognized the significance of this reduction in payment to physicians that provide these services and pursued all means of objecting directly to CMS and members of Congress, in person and through comment letters, regarding payment reductions to long-term EEG monitoring services. Our advocacy worked: CMS recognized its original proposal devalued the services and have increased the rates for several of the professional component (physician work) codes. While pleased that we were able to slightly offset the cuts, we still are disappointed with the overall decreased reimbursement.

New Long-term EEG Monitoring Codes and Values – Detailed Explanation

New Professional Component (PC) Codes

The new professional component codes are differentiated by three components: 1) duration of EEG monitoring, 2) with video vs. without video, and 3) daily physician reports vs. physician reports written at the end of a multi-day study. The revised PC codes are as follows:

1. Two Codes for Daytime Monitoring – (typically 8 hours) with physician access to data throughout the recording period, report written at end of 2-12-hour period
 - 2-12-hour EEG Monitoring without video (95717)
 - 2-12-hour EEG Monitoring with video (95718)

2. Two Codes for Between 12 and 26 Hours of Monitoring – (typically 24 hours) with physician access to data throughout the recording period, report written each 12-26-hour period.
 - 12-26-hour EEG Monitoring without video, interpretation, and report each 24 hours (95719; formerly, 95956)
 - 12-26-hour EEG Monitoring with video, interpretation, and report each 24 hours (95720; formerly, 95951)

3. Six Codes for Multi-day Testing – typically for patients tested in their homes, physician access to data at conclusion of study when the summary report is written (new codes, formerly 95953)
 - 36-60-hour (2-day) EEG Monitoring without video (95721)
 - 36-60-hour (2-day) EEG Monitoring with video (95722)
 - 60-84 (3-day) hour EEG Monitoring without video (95723)
 - 60-84 (3-day) hour EEG Monitoring with video (95724)
 - ≥ 84-hour (4 or more day) EEG Monitoring without video (95725)
 - ≥ 84-hour (4 or more day) EEG Monitoring with video (95726)

Table 2 shows the new coding structure with the final CMS hospital-based (facility) physician work RVUs and total RVUs for the Professional Component codes.

Table 2: Long-Term EEG Professional Services					
Duration of LTEEG Professional Service	2 to 12 hours recording <i>Typical 8 hours</i>	12 to 26 hours recording <i>Typical 24 hours</i>	36 to 60 hours recording <i>Typical 2 Days</i>	60 to 84 hours recording <i>Typical 3 Days</i>	Greater than 84 hours recording <i>Typical 4 Days</i>
Recording Type	Reports are Generated Daily – Physician access to data throughout recording		Entire Report is Retroactively Generated – Physician access to data at end of recording		
EEG alone	95717 2.00 wRVUs* 2.90 Total RVUs	95719** 3.00 wRVUs 4.50 Total RVUs	95721 3.86 wRVUs 5.92 Total RVUs	95723 4.75 wRVUs 7.33 Total RVUs	95725 5.40 wRVUs 8.34 Total RVUs
EEG w/VIDEO	95718 2.50 wRVUs 3.81 Total RVUs	95720** 3.86 wRVUs 5.90 Total RVUs	95722 4.70 wRVUs 7.20 Total RVUs	95724 6.00 wRVUs 9.18 Total RVUs	95726 7.58 wRVUs 11.60 Total RVUs
<i>Note: "wRVU" refers to the number of RVUs assigned to physician work for the code. "Total" refers to all the RVUs assigned to the code in the facility setting (physician work, practice expense, and malpractice).</i> <i>**95719 and 95720 are reported for each 24-hour recording period. Additional units are reported for each 24-hour period.</i>					

New Technical Component (TC) Codes

In addition to the PC codes, 13 TC codes will take effect in 2020. None of these codes have physician work associated with them. There is a single code for set up, take down, and patient education by an EEG Technologist, and 12 monitoring codes differentiated by the length of EEG recording (2-12 hour vs. 12-26 hour) and the level of monitoring:

- Unmonitored or more than 13 patients monitored concurrently
- Intermittent monitoring, between five and 12 patients concurrently
- Continuous monitoring, four or fewer patients concurrently

The technical component codes are reported for services provided in a physician office, Independent Diagnostic Testing Facility (IDTF), or for services provided in a patient's home by a physician office or IDTF. The TC codes are not reported for hospital inpatient or outpatient studies or for home studies ordered by hospital-based physicians and provided by technologists that are employed by the hospital. The facility fees for all hospital-based studies are included in the hospital diagnosis-related group (DRG) payment for inpatients or the hospital ambulatory payment classification (APC) payment for outpatient or home studies ordered by the outpatient clinic or hospital-based physician.

Contractor Pricing

While CMS included rates for the technical component codes in the Proposed Rule based on recommendations by the RUC, *the agency withdrew those rates in favor of contractor pricing for 2020, meaning those rates will be set by each Medicare Administrative Contractor (MAC) for their geographic jurisdiction.* CMS may establish national values for the technical services in future rulemaking. The AAN recognizes there are different patient populations that require long-term EEG monitoring services, including ambulatory or in-home testing which should also be valued appropriately. As remote services become increasingly more common, we will continue to monitor their use and advocate for reimbursement accordingly.

The AAN has developed resources (available at aan.com/view/medicarenews) to help members understand what contractor pricing means and how to locate payment rates for the TC codes. Each MAC will be responsible for updating their coverage policy and payment rates for the new long-term EEG code set, which are non-negotiable. For private payers, it is recommended that members review their coverage policies with payers to ensure coverage and discuss rate negotiation with their payer representative.

Table 3 shows the new coding structure and the AMA RUC recommended RVUs for the TC codes.

Table 3: Long-Term EEG Technical Services (Technical Component Codes)*				
Recording Type	Duration of LTEEG	95700 (1) Set Up Code billed – Set Up Includes Take Down 3.21 RVUs		
		Unmonitored Or 13+ patients monitored	Intermittent Or 5 to 12 patients monitored	Continuous Or up to 4 patients monitored
EEG Alone	2 to 12 hours recording <i>Typical service is 8 hours</i>	95705 2.10 RVUs	95706 4.67 RVUs	95707 7.22 RVUs
	12 to 26 hours recording <i>Typical service is 24 hours</i>	95708 4.18 RVUs	95709 6.16 RVUs	95710 8.61 RVUs
EEG w/video	2 to 12 hours recording <i>Typical service is 8 hours</i>	95711 4.46 RVUs	95712 9.85 RVUs	95713 17.17 RVUs
	12 to 26 hours recording <i>Typical service is 24 hours</i>	95714 6.71 RVUs	95715 10.85 RVUs	95716 17.10 RVUs

* **PLEASE NOTE:** Medicare has assigned contractor pricing for 95700, 95705 – 95716 for 2020. Rates will be set by each MAC for their geographic jurisdiction. MACs and private payers may refer to the proposed RVUs when developing their coverage policy. These RVUs are informational only, and not reflective of final rates that will be set by each payer.

The final rule in its entirety and the addenda, including Addendum B, which lists the final RVUs for each CPT code, can be found [here](#). Additional AAN resources are available at aan.com/view/cpt. Please direct any questions on the new code structure or payment rates to practice@aan.com