2019 RBRVS Final Rule: What You Need to Know

- 2019 Medicare conversion factor was increased to $36.0391
- Physicians will still have to utilize either the 1995 or 1997 documentation guidelines. However, there has been some degree of ‘relaxation’ as follows:
  - CMS changed the required documentation of the patient’s history to focus only on the new pertinent history since the previous visit
  - CMS eliminated the requirement for physicians to re-document information that has already been documented in the patient’s record by practice staff or by the patient (important change for History of Present Illness (HPI) documentation)
- Office-Based E/M codes themselves will be unchanged for 2019
- Interprofessional consultation codes (99446-99449) are now payable on the Medicare physician fee schedule
- To view the 2019 RVUs for many pediatric procedures, see the RBRVS Brochure

2019 RBRVS Final Rule: In Process

- How Medicaid and private payers will address CMS’ 2019 E/M updates
- How auditors will utilize the relaxed documentation guidelines
- Education of members regarding continued importance of documentation as it pertains to medicolegal issues
- Whether payers will now cover interprofessional consultation codes