Independent Emergency Physicians Consortium

IEPC

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APRIL 2026 IEPC NEWSLETTER

PRESIDENT PEARLS

According to the 2026 ACEP Billing Conference updates, the Emergency Medicine reimbursement landscape for the coming year is defined by stable work values offset by shifting practice expense calculations and a positive conversion factor adjustment.

RVU Stability and Procedure Adjustments

For the 2026 performance year, **Work Relative Value Units (wRVUs)** for core Emergency Department levels remain decoupled from change, holding steady at 1.60 for 99283, 2.74 for 99284, and 4.00 for 99285. However, **Procedure RVUs** have seen a downward trend attributed to "Efficiency Adjustments." CMS intends to recalculate these values every three years to reflect perceived "Efficiency Gains," which may result in a specialized decrease of -1.5% to -2.5% for specific ED-based procedures.

Practice Expense and Site Neutrality

Practice Expense (PE) RVUs have declined across the board, largely driven by CMS's continued push toward site-neutral payments. This shift most significantly impacts Hospitalists, Observation units, and facility-based Urgent Care centers. For Evaluation and Management (E/M) codes, this translates to a -2% reduction. Consequently, Total RVUs have decreased slightly; 99284 has moved to 3.54 (a loss of 0.06), and 99285 has adjusted to 5.13 (a loss of 0.09).

Conversion Factor and Net Reimbursement

A notable highlight for 2026 is the **Conversion Factor increase**, which has risen by +3.26% from 32.3465 to 33.4009. This increase effectively mitigates the losses in PE RVUs, resulting in a modest net gain in total payments. Based on the 2026 CMS Published Fee Schedule, the national unadjusted rates are:

- **99283:** $69.47 (+1.8% net gain)
- **99284:** $118.24 (+1.5% net gain)
- **99285:** $171.35 (+1.5% net gain)

Note: These figures remain subject to regional adjustments based on specific Metropolitan Statistical Areas (MSA).

Regulatory Consistency and QPA Updates

Clinical operations remain stable in several key areas, with **no changes reported** for Critical Care, Conscious Sedation, or APP Shared Visit documentation requirements. Finally, regarding the No Surprises Act, the **Qualified Payment Amount (QPA)** Consumer Price Index-U adjustment for 2026 has increased to 28.05% above the median allowed amount as of January 1, 2019.

WRITTEN BY DR. ROBERT CHAVEZ
IEPC PRESIDENT

LEGISLATIVE UPDATE

SB-43 and the Expansion of Grave Disability: What Emergency Physicians Need to Know

California's SB-43, signed into law by Governor Newsom in 2023, significantly expands the definition of "grave disability" under the Lanterman-Petris-Short (LPS) Act. As of January 1, 2026, all California counties are required to have implemented these changes, meaning rhis is now the law of the land statewide.

What Changed

Peviously, grave, disability was defined as a condition in which a person, due to mental health disorder, was unable to provide for their basic needs of food, clothing, or shelter. SB-43 expands this definition in 2 important ways:

- First, it adds substance use disorder (SUD) and co-occurring mental health and substance use disorders as qualifying conditions, not just standalone mental health disorders. This is a significant shift. A patient presenting with severe SUD alone, without a co-occurring psychiatric diagnosis, may now meet the threshold for an involuntary hold under the grave disability criteria.
- Second, it expands the definition of basic needs to include personal safety and necessary medical care, in addition to food, clothing, and shelter. "Necessary medical care" is defined as care determined by a licensed health care practiitioner to be necessary to prevent serious deterioration of an existing physicial medical condition that, if left untreated, is likely to result in serious bodily injury.

The Clinical Threshold for Severe SUD

A severe substance use disorder is defined as meeting six or more of the eleven diagnostic criteria in the current version of the Diagnostic and Statistical Manual (currently DSM-5).

The co-occurring disorder scenario, SUD plus a mental health disorder, is likely the most common presentation ED physicians will encounter under this expanded definition and should be documented clearly when both conditions are present.

LEGISLATIVE UPDATE

What this Means for Emergency Physicians

Emergency physicians are among those authorized to initiate 5150 involuntary holds in California. With the expanded grave disability definition now in effect, the population of patients potentially eligible for involuntary detention has grown. ED physicians should be aware of the following:

- The criteria for initiating a hold now include patients who, due to severe SUD or a co-occurring condition, are unable to provide for there basic needs, including personal safety or necessary medical care. Documentation should clearly reflect the specific basis for the hold under the new definition.
- A new 5150 form, DHCS 1801, has been created and should be used in place of prior forms. Use of the updated form is important both for compliance and for the new reporting requirememnts SB-43 introduces.

New Reporting Requirements

SB – 43 establishes new data reporting obligations for facilities and counties, including tracking the number of detentions, broken down by category: danger to self, danger to others, group disability due to mental health disorder, grave disability due to the severe SUD, and grave disability due to co-occurring conditions. Facilities and counties that failed to report data accurately, or on time may face civil penalties in addition to plans of correction.

Bottom Line for Emergency Physicians

SB – 43 is now fully in effect statewide. For independent ED groups, the practical implications are clear: more patients may meet the criteria for involuntary holds, documentation standards have evolved, and a new form is required. We encourage all members to review updated criteria with their clinical and legal teams, and ensure their documentation practices reflect the new definition.

This summary is for informational purposes only and does not constitute legal advice. ED physicians should consult with their legal counsel or risk management regarding specific clinical situations.

WRITTEN BY KAVITHA WEAVER
EXECUTIVE DIRECTOR IEPC

RESOURCE SPOTLIGHT

Resource Spotlight: The Economics of Emergency Medicine

IEPC would like to share this recent podcast featuring ACEP President Tony Cirillo MD, recorded March 18, 2026. Dr. Cirillo does an excellent job summarizing the reimbursement realities facing emergency physicians today, sharing a message that speaks directly to the challenges independent EM groups navigate every day and one we believe is worth sharing widely.

Join the Conversation: Talk with Tony

If you haven't yet joined ACEP President Dr. Cirillo's monthly "Talk with Tony" series, we encourage you to do so. These conversations are a valuable opportunity to make sure ACEP hears directly from independent EM groups on the frontlines. Visit acep.org to register for the next session.

LISTEN HERE

2026 IEPC SPEAKER SERIES

Future Speakers:

May 18: Dr. Jamie Shoemaker
June 22: Dr. Robert McNamera
July 27: Laura Wooster
August 24: Dr. James Augustine

More information on the 2026 IEPC Speaker Series, including more speaker details and session titles will be available soon. Keep an eye on your email!