

Draft August 21, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445–G
200 Independence Avenue, SW
Washington, DC 20201

Re: Medicare Physician Fee Schedule for CY 2019 (CMS-1693-P)

Dear Administrator Verma:

The undersigned organizations representing physicians and other health professionals welcome and strongly support the Centers for Medicare & Medicaid Services' (CMS) "Patients Over Paperwork" initiative. We appreciate your outreach to our community and are solidly behind your goal of reducing administrative burdens for physicians and other health care professionals so that they can devote more time to patient care. The proposals included in the 2019 Medicare physician payment rule demonstrate that you listened to our members' concerns about the significant administrative burdens due to the documentation requirements associated with Evaluation and Management (E/M) services. We are grateful for your efforts to simplify these requirements and reduce their associated red tape.

Excessive E/M documentation requirements do not just take time away from patient care; they also make it more difficult to locate medical information in patients' records that is necessary to provide high quality care. Physicians and other health care professionals are extremely frustrated by "note bloat," with pages and pages of redundant information that makes it difficult to quickly find important information about the patient's present illness or most recent test results. Several of the documentation policy changes included in the proposed rule would go a long way toward alleviating this problem and the undersigned organizations urge immediate adoption:

1. Changing the required documentation of the patient's history to focus only on the interval history since the previous visit;
2. Eliminating 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; and
3. Removing the need to justify providing a home visit instead of an office visit.

Implementation of these policies will streamline documentation requirements, reduce note bloat, improve workflow, and contribute to a better environment for health care professionals and their Medicare patients.

Regarding the proposal to collapse payment rates for eight office visit services for new and established patients down to two each, the undersigned organizations believe there are a number of unanswered questions and potential unintended consequences that would result from the coding policies in the proposed rule. We oppose the implementation of this proposal because it could hurt physicians and other health care professionals in specialties that treat the sickest patients, as well as those who provide

comprehensive primary care, ultimately jeopardizing patients' access to care. We also urge that the new multiple service payment reduction policy in the proposed rule not be adopted as the issue of multiple services on the same day of service was factored into prior valuations of the affected codes. The proposal also has significant impact on certain services, such as chemotherapy administration, that may be an unintended consequence of altering the current practice expense methodology to accommodate the proposal.

The medical community wants to help CMS work through the complicated issues surrounding the appropriate coding, payment, and documentation requirements for different levels of E/M services. Toward that end, the undersigned organizations strongly support the American Medical Association's creation of a workgroup of physicians and other health professionals with deep expertise in defining and valuing codes, and who also use the office visit codes to describe and bill for services provided to Medicare patients. The charge to this workgroup is to analyze the E/M coding and payment issues in order to arrive at concrete solutions that can be provided to CMS in time for implementation in the 2020 Medicare Physician Fee Schedule. A number of CMS personnel monitored the initial conversations of the workgroup and we look forward to their active participation in this process going forward.

We encourage the administration to adopt in the final rule the documentation changes outlined above. These changes reflect significant progress in your Patients Over Paperwork Initiative. Such policy modifications will significantly reduce the documentation burden so health care professionals can spend more time with patients. We also urge the administration to set aside its office visit and multiple service proposals, fully embrace the assistance of the workgroup and work together with the medical community on a mutually agreeable policy that will achieve our shared goal of simplifying E/M documentation burdens while mitigating any unintended consequences.

Sincerely,

American Medical Association
Academy of Physicians in Clinical Research
Advocacy Council of ACAAI
AMDA - The Society for Post-Acute and Long-Term Care Medicine
American Academy of Allergy, Asthma & Immunology
American Academy of Child and Adolescent Psychiatry
American Academy of Family Physicians
American Academy of Home Care Medicine
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Pain Medicine
American Academy of PAs
American Academy of Physical Medicine and Rehabilitation
American Association for Orthopaedic Surgeons
American Association of Hip and Knee Surgeon
American Association of Neurological Surgeons
American Association of Neuromuscular & Electrodiagnostic Medicine
American Association of Oral and Maxillofacial Surgeons
American Chiropractic Association
American Clinical Neurophysiology Society
American College of Allergy, Asthma and Immunology
American College of Emergency Physicians

American College of Gastroenterology
American College of Hyperbaric Medicine
American College of Medical Genetics and Genomics
American College of Medical Toxicology
American College of Phlebology
American College of Physicians
American College of Radiation Oncology
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Congress of Obstetricians & Gynecologists
American Epilepsy Society
American Gastroenterological Association
American Geriatrics Society
American Institute of Ultrasound in Medicine
American Medical Women's Association
American Orthopaedic Foot & Ankle Society
American Osteopathic Association
American Podiatric Medical Association
American Psychiatric Association
American Society for Clinical Pathology
American Society for Dermatologic Surgery Association
American Society for Gastrointestinal Endoscopy
American Society for Surgery of the Hand
American Society of Anesthesiologists
American Society of Cataract & Refractive Surgery
American Society of Clinical Oncology
American Society of General Surgeons
American Society of Hematology
American Society of Neuroradiology
American Society of Nuclear Cardiology
American Society of Retina Specialists
American Thoracic Society
American Urological Association
Association of American Medical Colleges
College of American Pathologists
Congress of Neurological Surgeons
Endocrine Society
Heart Rhythm Society
Infectious Diseases Society of America
International Academy of Independent Medical Evaluators
Medical Group Management Association
National Association of Medical Examiners
North American Neuromodulation Society
North American Neuro-Ophthalmology Society
Obesity Medicine Association
Renal Physician Association
Society for Cardiovascular Angiography and Interventions

Society for Vascular Surgery
Society of Cardiovascular Computed Tomography
Society of Critical Care Medicine
Society of Gynecologic Oncology
Society of Hospital Medicine
Society of Interventional Radiology
Society of Nuclear Medicine and Molecular Imaging
Society of Thoracic Surgeons
Spine Intervention Society
The American College of Medical Genetics and Genomics
The American College of Osteopathic Surgeons
The American Society of Dermatopathology
Undersea and Hyperbaric Medicine