

September 10, 2018

**LETTER FROM THE PATIENT-CENTERED EVALUATION AND MANAGEMENT SERVICES COALITION TO MEMBERS OF CONGRESS**

The Honorable Kevin Brady, Chairman  
The Honorable Richard Neal, Ranking Member  
Committee on Ways & Means

The Honorable Greg Walden, Chairman  
The Honorable Frank Pallone, Ranking Member  
Committee on Energy & Commerce

The Honorable Orrin Hatch, Chairman  
The Honorable Ron Wyden, Ranking Member  
Committee on Finance

Chairman Brady, Ranking Member Neal, Chairman Walden, Ranking Member Pallone, Chairman Hatch, and Ranking Member Wyden:

The undersigned members of The Patient-Centered Evaluation and Management Services Coalition (Coalition) write to share our concerns with the new evaluation and management (E/M) coding and payment proposals included in the Medicare Physician Fee Schedule Proposed Rule for Calendar Year 2019 (Rule). While we commend the Centers for Medicare and Medicaid Services' (CMS) efforts to reduce documentation burden, we are very concerned about the payment proposals and request that your committees take action to urge CMS to withdraw the E/M coding and payment proposals included in the Medicare Physician Fee Schedule Proposed Rule for Calendar Year 2019 (Rule).

We have significant concerns that the coding and payment aspects of the Rule, as currently framed, will have unintended consequences that will negatively impact patient access to appropriate care and should not be made final this year. For example, CMS proposes new codes that, while well-intentioned, are vague and could create new documentation burdens for practitioners. Implementation of any new coding structure requires substantial physician and office staff education and changes to our electronic health records systems, as well as changes for Medicare contractors and auditors. The undersigned medical professional societies and other stakeholders ask that any proposals to reform payment, including the proposed modifier 25 reimbursement reduction policy and coding for office visits, be withdrawn so we can work with CMS on a consensus-based coding structure the agency can implement in 2020 or 2021 without disrupting patient care and medical practice in your community.

The Coalition strongly supports the goals of CMS's "Patients Over Paperwork" initiative and appreciates Congress's work to move our healthcare system to one that prioritizes patients and quality of care over volume and burdensome administrative requirements. We commend CMS for starting a serious discussion on simplifying documentation, coding and payment for patient office visits so that clinicians can keep their focus on providing the best possible care for Medicare beneficiaries.

However, the Coalition believes additional modeling is needed to obtain more accurate estimates of the impacts of payment changes on medical practices and implications for patient care. Preliminary analyses

published by CMS and the American Medical Association (AMA), copies of which are attached, significantly differ as to the extent of the Rule's impact. As part of our commitment to a shared solution, the Coalition has engaged an independent consultant to perform additional data analysis of CMS's current proposal and to model alternatives. For this analysis, we will also consider whether retaining the current system or adopting specific reforms may be preferable. In addition, on behalf of our respective provider members and the patient populations they serve, we have begun substantive discussions with CMS about alternative approaches. Concurrently and complementary to the Coalition's work, the AMA has convened a physician workgroup that is considering workable alternatives.

Our goal is to work with CMS to create a consensus coding and payment structure that substantially improves on the current system in time for CMS's Calendar Year 2020 or CY 2021 rulemaking cycle.

We also believe CMS can and should finalize the sensible documentation reforms included in the Rule, while retaining the existing five-level coding structure as our experts work with CMS on payment reforms. We ask that you support prompt implementation of the following common sense proposals, which would be budget neutral:

1. Allow physicians the option to document office visits based solely on the level of medical decision-making or the face-to-face time for the visit as an alternative to the current guidelines.
2. Limit required documentation of an established patient's history to the interval history since the patient's previous visit for physicians who choose to continue using the current guidelines.
3. Eliminate the requirement for physicians to re-document information included by practice staff or the patient in the medical record.
4. Eliminate the prohibition on billing same-day visits by practitioners of the same group and specialty.
5. Eliminate the requirement to document justification for a home visit instead of an office visit.

We are grateful for your support of the Medicare providers in the Coalition and the patients they serve and look forward to working with you on these important issues. Please contact Alanna Goldstein at 212-308-1414 or [agoldstein@americangeriatrics.org](mailto:agoldstein@americangeriatrics.org) if you have any questions.

Sincerely,

American Geriatrics Society  
AMDA - The Society for Post-Acute and Long-Term Care Medicine  
American Academy of Allergy, Asthma & Immunology  
American Academy of Dermatology Association  
American Academy of Home Care Medicine  
American Academy of Hospice and Palliative Medicine  
American Academy of Neurology  
American Academy of Otolaryngic Allergy  
American Academy of Ophthalmology

American Association for Geriatric Psychiatry  
American Association for the Study of Liver Diseases  
American Association for Thoracic Surgery  
American Association of Clinical Endocrinologists  
American Association of Neurological Surgeons  
American College of Cardiology  
American College of Chest Physicians  
American College of Physicians  
American College of Rheumatology  
American Gastroenterological Association  
American Osteopathic Association  
American Podiatric Medical Association  
American Psychiatric Association  
American Society for Blood and Marrow Transplantation  
American Society for Clinical Pathology  
American Society of Addiction Medicine  
American Society of Hematology  
American Society of Nephrology  
American Society of Pediatric Nephrology  
American Thoracic Society  
American Urological Association  
College of American Pathologists  
Congress of Neurological Surgeons  
Digestive Health Physicians Association  
Heart Rhythm Society  
Infectious Diseases Society of America  
North American Neuromodulation Society  
Renal Physicians Association  
Society of General Internal Medicine  
The Endocrine Society  
The Society of Thoracic Surgeons

Enclosure:

CMS Analysis from MPFS CY 2019  
AMA E/M Impact Analysis

TABLE 22: Specialty Specific Impacts Including Payment Accuracy Adjustments

Specialty	Allowed Charges (in millions)	Estimated Potential Impact of Valuing Levels 2-5 Together, With Additional Adjustments
OBSTETRICS/GYNECOLOGY	\$664	4%
NURSE PRACTITIONER	\$3,586	3%
HAND SURGERY	\$202	Less than 3% estimated increase in overall payment
INTERVENTIONAL PAIN MGMT	\$839	
OPTOMETRY	\$1,276	
PHYSICIAN ASSISTANT	\$2,253	
PSYCHIATRY	\$1,260	
UROLOGY	\$1,772	
ANESTHESIOLOGY	\$1,995	
CARDIAC SURGERY	\$313	
CARDIOLOGY	\$6,723	
CHIROPRACTOR	\$789	
COLON AND RECTAL SURGERY	\$168	
CRITICAL CARE	\$334	
EMERGENCY MEDICINE	\$3,196	
ENDOCRINOLOGY	\$482	
FAMILY PRACTICE	\$6,382	
GASTROENTEROLOGY	\$1,807	
GENERAL PRACTICE	\$461	
GENERAL SURGERY	\$2,182	
GERIATRICS	\$214	
INFECTIOUS DISEASE	\$663	
INTERNAL MEDICINE	\$11,173	
INTERVENTIONAL RADIOLOGY	\$362	
MULTISPECIALTY CLINIC/OTHER PHYS	\$141	
NEPHROLOGY	\$2,285	
NEUROSURGERY	\$812	
NUCLEAR MEDICINE	\$50	
OPHTHALMOLOGY	\$5,542	
ORAL/MAXILLOFACIAL SURGERY	\$57	
ORTHOPEDIC SURGERY	\$3,815	
OTHER	\$30	
PATHOLOGY	\$1,151	
PEDIATRICS	\$64	
PHYSICAL MEDICINE	\$1,120	
PLASTIC SURGERY	\$387	
RADIOLOGY	\$4,898	
THORACIC SURGERY	\$360	
VASCULAR SURGERY	\$1,132	
ALLERGY/IMMUNOLOGY	\$240	Less than 3% estimated decrease in overall payment
AUDIOLOGIST	\$67	
HEMATOLOGY/ONCOLOGY	\$1,813	
NEUROLOGY	\$1,565	
OTOLARNGOLOGY	\$1,220	
PULMONARY DISEASE	\$1,767	
RADIATION ONCOLOGY AND RADIATION THERAPY CENTERS	\$1,776	
RHEUMATOLOGY	\$559	-3%
DERMATOLOGY	\$3,525	-4%
PODIATRY	\$2,022	-4%
<b>TOTAL</b>	<b>\$93,486</b>	<b>0%</b>

# AMA E/M Impact Analysis

## Estimated Impact of CY2019 Evaluation and Management Proposed Policy by Medicare Specialty

\*Includes CPT Codes 99201-99215, GCG0X, GPC1X, GPD0X and GPD1X, but does not include GPRO1 - prolonged service

Analysis uses Estimated CY2017 Medicare Utilization and CY2019 Medicare CF for both "Current Method" and "Proposed Method"; E/M MPPR Estimate based on 2016 Medicare Carrier 5% Standard Analytic File  
Excludes specialties with less than \$1 million in CY2017 allowed charges for 99201-99215 or claims with unknown specialty designation

Medicare Designated Specialty	Total Medicare Payment for Office Visits w/o Policy Changes (Using CY2018 Total RVUs)	Change in Payment Due To Proposed E/M Collapse Policy (includes G codes*)	Additional Change in Payment Due to E/M MPPR Policy	Net Change Due to E/M Collapse and E/M MPPR Policies	Total Medicare Payment for Office Visits Under Proposed Method (E/M Collapse and E/M MPPR) (Using Proposed CY2019 Total RVUs)	Percent Change in Payment for Office Visits (Both E/M Collapse and E/M MPPR Policies)
TOTAL	\$ 23,298,623,446					
HOSPICE AND PALLIATIVE MEDICINE	\$ 6,491,871	\$ (1,278,816)	\$ (21,072)	\$ (1,299,888)	\$ 5,191,983	-20%
HEMATOLOGY	\$ 35,814,877	\$ (5,616,074)	\$ (76,952)	\$ (5,693,026)	\$ 30,121,850	-16%
GYNECOLOGY/ONCOLOGY	\$ 28,857,336	\$ (3,997,258)	\$ (547,163)	\$ (4,544,421)	\$ 24,312,915	-16%
MEDICAL ONCOLOGY	\$ 217,094,796	\$ (31,098,224)	\$ (182,736)	\$ (31,280,960)	\$ 185,813,836	-14%
NEUROPSYCHIATRY	\$ 3,342,298	\$ (410,887)	\$ (23,423)	\$ (434,310)	\$ 2,907,988	-13%
NEPHROLOGY	\$ 366,158,222	\$ (47,203,589)	\$ (302,888)	\$ (47,506,478)	\$ 318,651,744	-13%
NUCLEAR MEDICINE	\$ 3,261,367	\$ (405,925)	\$ (12,208)	\$ (418,133)	\$ 2,843,234	-13%
CARDIAC ELECTROPHYSIOLOGY	\$ 123,640,581	\$ (15,324,933)	\$ (146,856)	\$ (15,471,789)	\$ 108,168,792	-13%
CRITICAL CARE (INTENSIVISTS)	\$ 35,990,339	\$ (4,325,639)	\$ (100,505)	\$ (4,426,144)	\$ 31,564,195	-12%
RADIATION ONCOLOGY	\$ 85,243,662	\$ (9,893,434)	\$ (574,960)	\$ (10,468,394)	\$ 74,775,268	-12%
PODIATRY	\$ 645,600,644	\$ (10,733,858)	\$ (65,687,368)	\$ (76,421,226)	\$ 569,179,418	-12%
INTERVENTIONAL CARDIOLOGY	\$ 230,977,054	\$ (25,262,896)	\$ (255,653)	\$ (25,518,549)	\$ 205,458,505	-11%
PULMONARY DISEASE	\$ 519,566,122	\$ (56,585,347)	\$ (692,200)	\$ (57,277,547)	\$ 462,288,575	-11%
CARDIAC SURGERY	\$ 23,265,687	\$ (2,414,967)	\$ (60,075)	\$ (2,475,041)	\$ 20,790,646	-11%
THORACIC SURGERY	\$ 34,448,176	\$ (3,351,307)	\$ (95,221)	\$ (3,446,528)	\$ 31,001,648	-10%
SLEEP MEDICINE	\$ 18,791,073	\$ (1,820,388)	\$ (3,618)	\$ (1,824,006)	\$ 16,967,067	-10%
INFECTIOUS DISEASE	\$ 87,007,974	\$ (7,183,264)	\$ (765,556)	\$ (7,948,821)	\$ 79,059,153	-9%
GERIATRIC MEDICINE	\$ 62,649,142	\$ (5,263,125)	\$ (425,824)	\$ (5,688,949)	\$ 56,960,193	-9%
COLORECTAL SURGERY	\$ 32,609,046	\$ 2,177,018	\$ (4,743,104)	\$ (2,566,086)	\$ 30,042,961	-8%
SURGICAL ONCOLOGY	\$ 18,788,106	\$ (1,078,188)	\$ (285,170)	\$ (1,363,357)	\$ 17,424,749	-7%
PHYSICAL MEDICINE AND REHABILITATION	\$ 296,738,502	\$ (4,498,950)	\$ (11,065,012)	\$ (15,563,961)	\$ 281,174,540	-5%
DERMATOLOGY	\$ 883,036,919	\$ 209,244,544	\$ (251,123,409)	\$ (41,878,865)	\$ 841,158,054	-5%
NEUROLOGY	\$ 670,721,588	\$ (24,948,472)	\$ (5,341,041)	\$ (30,289,513)	\$ 640,432,075	-5%
PERIPHERAL VASCULAR DISEASE	\$ 3,031,756	\$ (80,774)	\$ (35,394)	\$ (116,168)	\$ 2,915,588	-4%
OPHTHALMOLOGY	\$ 515,715,805	\$ 3,971,043	\$ (23,714,332)	\$ (19,743,289)	\$ 495,972,516	-4%
ANESTHESIOLOGY	\$ 169,519,002	\$ (204,291)	\$ (5,065,536)	\$ (5,269,827)	\$ 164,249,175	-3%
SPORTS MEDICINE	\$ 42,181,673	\$ 3,583,247	\$ (4,861,167)	\$ (1,277,920)	\$ 40,903,753	-3%
GERIATRIC PSYCHIATRY	\$ 5,170,221	\$ (156,210)	\$ -	\$ (156,210)	\$ 5,014,011	-3%
CERTIFIED CLINICAL NURSE SPECIALIST	\$ 29,322,926	\$ (747,025)	\$ (17,505)	\$ (764,530)	\$ 28,558,397	-3%
EMERGENCY MEDICINE	\$ 164,829,846	\$ (37,175)	\$ (3,767,129)	\$ (3,804,304)	\$ 161,025,541	-2%
GASTROENTEROLOGY	\$ 494,407,166	\$ (9,707,187)	\$ (1,359,395)	\$ (11,066,582)	\$ 483,340,584	-2%
PREVENTIVE MEDICINE	\$ 6,380,418	\$ 107,663	\$ (244,648)	\$ (136,985)	\$ 6,243,434	-2%
CERTIFIED REGISTERED NURSE ANESTHETIST	\$ 1,206,868	\$ (17,505)	\$ (6,755)	\$ (24,260)	\$ 1,182,608	-2%
ADDICTION MEDICINE	\$ 4,621,434	\$ (63,406)	\$ (6,164)	\$ (69,570)	\$ 4,551,864	-2%
PATHOLOGY	\$ 2,881,831	\$ 331,366	\$ (373,663)	\$ (42,297)	\$ 2,839,534	-1%
RHEUMATOLOGY	\$ 375,417,278	\$ 13,205,481	\$ (17,540,236)	\$ (4,334,755)	\$ 371,082,523	-1%
PEDIATRIC MEDICINE	\$ 25,857,819	\$ 269,554	\$ (484,578)	\$ (215,024)	\$ 25,642,796	-1%
ENDOCRINOLOGY	\$ 374,423,628	\$ (1,129,450)	\$ (186,831)	\$ (1,316,281)	\$ 373,107,347	0%
INTERNAL MEDICINE	\$ 3,871,679,750	\$ 31,325,279	\$ (24,729,341)	\$ 6,595,938	\$ 3,878,275,688	0%
INTERVENTIONAL RADIOLOGY	\$ 9,484,370	\$ 469,734	\$ (413,873)	\$ 55,861	\$ 9,540,231	1%
NEUROSURGERY	\$ 116,272,265	\$ 1,791,395	\$ (323,774)	\$ 1,467,620	\$ 117,739,886	1%
HEMATOLOGY/ONCOLOGY	\$ 697,545,442	\$ 10,699,495	\$ (986,631)	\$ 9,712,865	\$ 707,258,306	1%
FAMILY MEDICINE	\$ 3,606,747,571	\$ 113,138,550	\$ (56,711,076)	\$ 56,427,473	\$ 3,663,175,044	2%
OSTEOPATHIC MANIPULATIVE MEDICINE	\$ 20,490,031	\$ 761,315	\$ (365,507)	\$ 395,808	\$ 20,885,840	2%
ORTHOPEDIC SURGERY	\$ 947,571,929	\$ 121,325,332	\$ (94,947,028)	\$ 26,378,304	\$ 973,950,233	3%
CARDIOLOGY	\$ 1,673,787,386	\$ 50,259,515	\$ (1,261,621)	\$ 48,997,894	\$ 1,722,785,281	3%
PSYCHIATRY	\$ 428,733,813	\$ 13,881,946	\$ (31,113)	\$ 13,850,833	\$ 442,584,645	3%
GENERAL SURGERY	\$ 331,303,718	\$ 24,316,111	\$ (9,332,412)	\$ 14,983,698	\$ 346,287,416	5%
NURSE PRACTITIONERS	\$ 1,441,181,453	\$ 93,149,384	\$ (25,035,363)	\$ 68,114,021	\$ 1,509,295,474	5%
HAND SURGERY	\$ 61,951,012	\$ 10,538,938	\$ (7,241,524)	\$ 3,297,414	\$ 65,248,426	5%
DIAGNOSTIC RADIOLOGY	\$ 12,237,942	\$ 907,940	\$ (232,960)	\$ 674,980	\$ 12,912,923	6%
PHYSICIANS ASSISTANT	\$ 880,931,609	\$ 100,911,145	\$ (51,442,398)	\$ 49,468,747	\$ 930,400,356	6%
OTOLARYNGOLOGY	\$ 483,766,537	\$ 120,847,876	\$ (92,891,766)	\$ 27,956,110	\$ 511,722,647	6%
ORAL SURGERY	\$ 8,519,498	\$ 808,496	\$ (304,336)	\$ 504,160	\$ 9,023,658	6%
GENERAL PRACTICE	\$ 181,231,116	\$ 13,894,726	\$ (3,084,777)	\$ 10,809,949	\$ 192,041,065	6%
VASCULAR SURGERY	\$ 115,959,089	\$ 9,653,737	\$ (1,658,179)	\$ 7,995,558	\$ 123,954,646	7%
PAIN MANAGEMENT	\$ 166,806,512	\$ 21,764,031	\$ (6,627,973)	\$ 15,136,058	\$ 181,942,570	9%
OPTOMETRY	\$ 273,100,554	\$ 26,752,277	\$ (1,697,949)	\$ 25,054,327	\$ 298,154,881	9%
INTERVENTIONAL PAIN MANAGEMENT	\$ 168,203,323	\$ 22,545,559	\$ (6,788,185)	\$ 15,757,374	\$ 183,960,697	9%
PLASTIC AND RECONSTRUCTIVE SURGERY	\$ 55,565,227	\$ 10,280,479	\$ (4,526,105)	\$ 5,754,374	\$ 61,319,601	10%
UROLOGY	\$ 752,497,473	\$ 126,343,272	\$ (41,574,022)	\$ 84,769,250	\$ 837,266,723	11%
ALLERGY/IMMUNOLOGY	\$ 95,801,235	\$ 13,194,385	\$ (603,585)	\$ 12,590,800	\$ 108,392,035	13%
CERTIFIED NURSE MIDWIFE	\$ 2,144,561	\$ 312,479	\$ (20,735)	\$ 291,744	\$ 2,436,305	14%
OBSTETRICS/GYNECOLOGY	\$ 225,275,520	\$ 47,309,295	\$ (9,018,841)	\$ 38,290,454	\$ 263,565,974	17%
MAXILLOFACIAL SURGERY	\$ 4,558,435	\$ 978,386	\$ (146,599)	\$ 831,787	\$ 5,390,222	18%