

February 10, 2020

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Administrator Verma,

On behalf of the undersigned specialty societies, we write to express our strong support for the policies finalized by CMS to address the historic undervaluation of Evaluation and Management (E/M) codes (office visits) utilized by physicians who deliver care to millions of Medicare patients. We believe these policies will improve patients' access to care by enabling doctors to spend more time with their patients and less time on unnecessary documentation. Additionally, we appreciate the agency's recognition of the need for additional coding options to reflect the inherent accelerated resource costs in furnishing certain types of care by finalizing a new code (GPC1X) for visit complexity. This new code is warranted and will ensure that physicians have the necessary resources to care for their patients. At the same time, we welcome the revisions to the care management guidelines and look forward to working with CMS and the AMA's CPT Editorial Panel to revise this code set to provide additional options for patients and their doctors.

The signatories below agree that these finalized policies are essential to enhancing care delivery. These changes have the potential to enhance patient engagement to improve care outcomes, increase longevity, lower costs, and reduce preventable hospital and emergency room admissions. The historic undervaluation of E/M services and the excessive documentation requirements placed on physicians has severely limited the ability of physicians to provide care and has exponentially increased administrative burden, despite an aging population that will increasingly require these services. Hence, it is critically important that these finalized policies are not weakened or delayed prior to their implementation.

Supported Provisions in the Final Rule

Specifically, the undersigned groups offer our support for, and urge CMS to implement without delay the following finalized policies:

- Higher physician work relative value units (RVUs) for new and established office visit codes that will result in additional resources to enable physicians to provide care for their patients;
- Reduced documentation burden on physicians billing E/M codes to enable physicians to spend more time with patients and less on documentation and paperwork;
- Revised guidelines and appropriate payment for care management services to enable physicians to coordinate care with others on the patient's clinical care team, leading to better health outcomes; and
- The new visit complexity code that recognizes the additional resource costs inherent to furnishing certain types of office visits.

We agree with CMS that these finalized changes are crucial in order to fully realize better outcomes for patients and lower healthcare costs. These changes will provide additional options and will provide physicians with additional flexibility to spend more time with their patients. To that end, the undersigned groups lend our strong support to these policies and encourage CMS to implement them without delay. We look forward to working with you to continue to make improvements to the Medicare program that will improve outcomes, lower costs, and promote value.

If you have any questions or concerns, please do not hesitate to contact Corey Barton at cbarton@acponline.org.

Sincerely,

American Academy of Allergy, Asthma and Immunology
American Academy of Hospice and Palliative Medicine
American Academy of Neurology
American Association of Clinical Endocrinologists
American College of Physicians
American College of Rheumatology
American Geriatrics Society
American Psychiatric Association
American Society of Hematology
American Society for Gastrointestinal Endoscopy
American Society of Clinical Oncology
Infectious Diseases Society of America
Renal Physicians Association
Society of General Internal Medicine
Society for Post-Acute and Long-Term Care Medicine