

June 30, 2020

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

Dear Administrator Verma:

On behalf of the undersigned organizations, who represent hundreds of thousands of physicians and medical students across the country, we write to urge the Centers for Medicare & Medicaid Services (CMS) to move forward with the CMS finalized documentation guidelines and increased relative value units (RVUs) for office and outpatient evaluation and management (E/M) services as part of the 2021 Medicare Physician Fee Schedule (MPFS). Doing so will preserve access to high quality, affordable care especially at a time when access to care is so important.

Implement Documentation Relief and Increased RVUs for E/M Services in 2021

In the final rule on the 2020 MPFS, CMS finalized its intent to use the Current Procedural Terminology (CPT) Editorial Panel coding framework and American Medical Association/Specialty Society Relative Value Scale Update Committee (RUC) recommended values for office and outpatient E/M services starting January 1, 2021. These finalized policies are essential to improving care delivery. They will 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. Therefore, it is critical the increases in E/M office visit RVUs and improved documentation guidelines for physicians move forward in 2021 as scheduled. In addition, CMS finalized the implementation of a Healthcare Common Procedure Coding System (HCPCS) code for visit complexity that will be applicable to most E/M office visits. This add-on code will result in additional, necessary resources that enable physicians to provide better care for their patients. As a whole, CMS' new policies will lead to significant reduction in administrative burden and better describe and recognize the resources involved in office visits as they are performed today.

Budget Neutrality Should Not Delay E/M RVU Increases or Visit Complexity Code

Our organizations are in support of waiving the budget neutrality (BN) requirements in 2021 as

a measure to mitigate financial instability as a result the Public Health Emergency (PHE). However, waiving BN must not in any way be accompanied by other policy changes that would delay or reduce the E/M RVU increases, or the HCPCS code for visit complexity, as finalized in the 2020 MPFS Final Rule. These changes are urgently needed to help sustain primary care at a time when many practices are at risk of closing their doors because of continued revenue losses resulting from the COVID-19 pandemic, particularly when access to primary care is critical to caring for the tens of millions of patients who need, and may have delayed, getting preventive care and treatment for their acute and chronic illnesses from their primary care physician. We continue to support CMS' planned actions in this regard and look forward to their implementation as part of the 2021 MPFS.

Thank you for your consideration of these requests. If you have any questions, please contact Stephanie Quinn, the AAFP's Senior Vice President for Advocacy, Practice Advancement, and Policy at squinn@aaafp.org or Shari Erickson, ACP's Vice President, Governmental Affairs and Medical Practice at serickson@acponline.org.

Sincerely,

American Academy of Family Physicians
American College of Physicians
American Academy of Allergy, Asthma and Immunology
American Academy of Hospice and Palliative Medicine
American Academy of Neurology
American Association to Clinical Endocrinologists
American College of Allergy, Asthma and Immunology
American College of Chest Physicians
American College of Gastroenterology
American College of Rheumatology
American Gastroenterological Association
American Medical Society for Sports Medicine
American Society of Clinical Oncologists
American Society for Gastrointestinal Endoscopy
American Society of Hematology
American Society of Nephrology
American Thoracic Society
Endocrine Society
Infectious Disease Society of America
Society of Critical Care Medicine
Society of General Internal Medicine
The Society for Post-Acute and Long Term Care Medicine