

Introduced By: **American Academy of Neurology**

**American Association of Electrodiagnostic Medicine**

**American College of Physicians-American Society of Internal Medicine**

**American College of Rheumatology**

**American Academy of Physical Medicine and Rehabilitation**

**American Society of Clinical Oncology**

Subject: **Preservation of Five Levels of Evaluation and Management Services**

Whereas, The 1995 and 1997 Evaluation and Management Documentation Guidelines both include five levels of service for many common types of E/M services;

Whereas, Some private carriers have implemented single blended payment rates for E/M service level 3 through 5, effectively reimbursing at only three levels of service;

Whereas, The most recent attempt to revise the EMDGs through the Aspen Process facilitated movement toward three levels of service by defining three levels each of Medical Decision Making and Physical Exam;

Whereas, The higher levels of service (current levels 4 and 5) correctly reflect the significant added complexity of taking care of patients with severe, often disabling conditions; Whereas, Reducing the E/M levels of service to three would place an undue burden on some specialists caring for patients with severe, disabling conditions, and would create disincentives to provide best quality care;

Resolved, That our AMA actively support the maintenance of the existing five levels of physician E/M services wherever five levels are presently used, in the current E/M system and in any future revisions

Resolved, That our AMA communicate this to the Center for Medicare and Medicaid Services, to CPT Editorial Panel, and to any carrier with a policy to pay levels 3 through 5 at identical rates.

Fiscal Impact: None

Current AMA Policy: H-70.930, H-70.933, H-70.961, H-70-976, H-70.982