

## Summarized Recommendations for Proposed 2020 Physician Fee Schedule Changes

- **Finalize updated Evaluation and Management (E/M) payment proposals including accepting the E/M codes, CPT guidelines, and RUC recommended values exactly as implemented by the CPT Editorial Panel and submitted by the RUC.**
- **Finalize the proposal to eliminate use of history and/or physical exam for purposes of determining the level of E/M code.** The College greatly appreciates CMS working to address the significant problems with the documentation of E/M visits and proposing to allow the choice of medical decision making (MDM) or time to decide the level of office/outpatient E/M visit, along with updated guidelines for both.
- **Provide additional clarity on what will be accepted for time-based and MDM-based documentation, either in the final rule or through sub-regulatory guidance.** Ensure auditing guidelines and procedures are updated and aligned to focus on both time-based and MDM-based notes, and applied consistently by all auditing organizations.
- **Reverse the decision to decline to accept the desktop computer used in examination rooms as a direct medical expense.** The computer is dedicated to each individual patient throughout the visit to collect history, share and discuss lab and test results, and document the visit. It is an essential tool in conducting today's office visits and should be recognized as a direct medical equipment cost.
- **Expand care management services by leveraging expected future savings to offset the cost of new reimbursable Principal Care Management (PCM) codes.** Work with Congress to devise a plan to return funds saved in Medicare Part A back to Part B in the form of positive updates to the Medicare conversion factor. Non-face-to-face services such as care management services are increasing in use because they are critically important to keeping patients healthy and saving costs down the road by reducing unnecessary hospital admissions, readmissions, and emergency room visits.
- **Requests to increase the valuation of E/M or other services should be subject to additional survey and review, including publishing these in the final 2020 PFS rule.** CMS should not make systematic adjustments to services without allowing for review by specialty societies and collaborating with the CPT Editorial Panel and RUC. Any valuation of codes should first require a review of the coding structure to assure it aligns with modifications to corresponding office visits.
- **Do not automatically revoke or deny a physician or eligible professional's enrollment based on broad sanctions without taking into account the nature of patient harm, possible misconduct, or severity of disciplinary actions imposed.** Seek stakeholder input before finalizing any policy that would revoke or deny Medicare eligibility.