

August 27, 2018

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 445-G  
200 Independence Avenue, SW  
Washington, DC 20201

**Re: Medicare Physician Fee Schedule for CY 2019 (CMS-1693-P)**

Dear Administrator Verma:

The undersigned organizations representing physicians and other health professionals welcome and strongly support the Centers for Medicare & Medicaid Services' (CMS) "Patients Over Paperwork" initiative. We appreciate your outreach to our community and are solidly behind your goal of reducing administrative burdens for physicians and other health care professionals so that they can devote more time to patient care. The proposals included in the 2019 Medicare physician payment rule demonstrate that you listened to our members' concerns about the significant administrative burdens due to the documentation requirements associated with Evaluation and Management (E/M) services. We are grateful for your efforts to simplify these requirements and reduce their associated red tape.

Excessive E/M documentation requirements do not just take time away from patient care; they also make it more difficult to locate medical information in patients' records that is necessary to provide high quality care. Physicians and other health care professionals are extremely frustrated by "note bloat," with pages and pages of redundant information that makes it difficult to quickly find important information about the patient's present illness or most recent test results. Several of the documentation policy changes included in the proposed rule would go a long way toward alleviating this problem and the undersigned organizations urge immediate adoption:

1. Changing the required documentation of the patient's history to focus only on the interval history since the previous visit;
2. Eliminating the requirement for physicians to re-document information that has already been documented in the patient's record by practice staff or by the patient; and
3. Removing the need to justify providing a home visit instead of an office visit.

Implementation of these policies will streamline documentation requirements, reduce note bloat, improve workflow, and contribute to a better environment for health care professionals and their Medicare patients.

Regarding the proposal to collapse payment rates for eight office visit services for new and established patients down to two each, the undersigned organizations believe there are a number of unanswered questions and potential unintended consequences that would result from the coding policies in the proposed rule. We oppose the implementation of this proposal because it could hurt physicians and other health care professionals in specialties that treat the sickest patients, as well as those who provide comprehensive primary care, ultimately jeopardizing patients' access to care. We also urge that the new multiple service payment reduction policy in the proposed rule not be adopted as the issue of multiple services on the same day of service was factored into prior valuations of the affected codes. The proposal

also has significant impact on certain services, such as chemotherapy administration, that may be an unintended consequence of altering the current practice expense methodology to accommodate the proposal.

The medical community wants to help CMS work through the complicated issues surrounding the appropriate coding, payment, and documentation requirements for different levels of E/M services. Toward that end, the undersigned organizations strongly support the American Medical Association's creation of a workgroup of physicians and other health professionals with deep expertise in defining and valuing codes, and who also use the office visit codes to describe and bill for services provided to Medicare patients. The charge to this workgroup is to analyze the E/M coding and payment issues in order to arrive at concrete solutions that can be provided to CMS in time for implementation in the 2020 Medicare Physician Fee Schedule. A number of CMS personnel monitored the initial conversations of the workgroup and we look forward to their active participation in this process going forward.

We encourage the administration to adopt in the final rule the documentation changes outlined above. These changes reflect significant progress in your Patients Over Paperwork Initiative. Such policy modifications will significantly reduce the documentation burden so health care professionals can spend more time with patients. We also urge the administration to set aside its office visit and multiple service proposals, fully embrace the assistance of the workgroup and work together with the medical community on a mutually agreeable policy that will achieve our shared goal of simplifying E/M documentation burdens while mitigating any unintended consequences.

Sincerely,

American Medical Association  
Academy of Physicians in Clinical Research  
Advocacy Council of ACAA  
AMDA - The Society for Post-Acute and Long-Term Care Medicine  
American Academy of Allergy, Asthma & Immunology  
American Academy of Child and Adolescent Psychiatry  
American Academy of Dermatology Association  
American Academy of Facial Plastic and Reconstructive Surgery  
American Academy of Family Physicians  
American Academy of Home Care Medicine  
American Academy of Hospice and Palliative Medicine  
American Academy of Neurology  
American Academy of Ophthalmology  
American Academy of Otolaryngic Allergy  
American Academy of Otolaryngology-Head and Neck Surgery  
American Academy of Pain Medicine  
American Academy of PAs  
American Academy of Pediatrics  
American Academy of Physical Medicine and Rehabilitation  
American Academy of Sleep Medicine  
American Association for Thoracic Surgery  
American Association of Blood Banks  
American Association of Clinical Endocrinologists  
American Association of Hip and Knee Surgeons  
American Association of Neurological Surgeons

American Association of Neuromuscular & Electrodiagnostic Medicine  
American Association of Oral and Maxillofacial Surgeons  
American Association of Orthopaedic Surgeons  
American Chiropractic Association  
American Clinical Neurophysiology Society  
American College of Allergy, Asthma and Immunology  
American College of Cardiology  
American College of Chest Physicians  
American College of Emergency Physicians  
American College of Gastroenterology  
American College of Hyperbaric Medicine  
American College of Medical Genetics and Genomics  
American College of Medical Toxicology  
American College of Obstetricians & Gynecologists  
American College of Occupational and Environmental Medicine  
American College of Osteopathic Internists  
American College of Osteopathic Surgeons  
American College of Phlebology  
American College of Physicians  
American College of Radiation Oncology  
American College of Radiology  
American College of Rheumatology  
American College of Surgeons  
American Epilepsy Society  
American Gastroenterological Association  
American Geriatrics Society  
American Institute of Ultrasound in Medicine  
American Medical Women's Association  
American Nurses Association  
American Optometric Association  
American Orthopaedic Foot & Ankle Society  
American Osteopathic Association  
American Pediatric Surgical Association  
American Physical Therapy Association  
American Podiatric Medical Association  
American Psychiatric Association  
American Rhinologic Society  
American Society for Blood and Marrow Transplantation  
American Society for Clinical Pathology  
American Society for Dermatologic Surgery Association  
American Society for Gastrointestinal Endoscopy  
American Society for Metabolic and Bariatric Surgery  
American Society for Radiation Oncology  
American Society for Surgery of the Hand  
American Society of Addiction Medicine  
American Society of Anesthesiologists  
American Society of Breast Surgeons  
American Society of Cataract & Refractive Surgery

American Society of Clinical Oncology  
American Society of Colon and Rectal Surgeons  
American Society of Echocardiography  
American Society of General Surgeons  
American Society of Hematology  
American Society of Interventional Pain Physicians  
American Society of Neuroimaging  
American Society of Neuroradiology  
American Society of Nuclear Cardiology  
American Society of Plastic Surgeons  
American Society of Regional Anesthesia and Pain Medicine  
American Society of Retina Specialists  
American Society of Transplant Surgeons  
American Thoracic Society  
American Urogynecologic Society  
American Urological Association  
American Venous Forum  
Association of American Medical Colleges  
College of American Pathologists  
Congress of Neurological Surgeons  
Endocrine Society  
Heart Rhythm Society  
Infectious Diseases Society of America  
International Academy of Independent Medical Evaluators  
International Society for Advancement of Spine Surgery  
Medical Group Management Association  
National Association of Medical Examiners  
North American Neuromodulation Society  
North American Neuro-Ophthalmology Society  
Obesity Medicine Association  
Renal Physician Association  
Society for Cardiovascular Angiography and Interventions  
Society for Vascular Surgery  
Society of American Gastrointestinal and Endoscopic Surgeons  
Society of Cardiovascular Computed Tomography  
Society of Critical Care Medicine  
Society of Gynecologic Oncology  
Society of Hospital Medicine  
Society of Interventional Radiology  
Society of Nuclear Medicine and Molecular Imaging  
Spine Intervention Society  
The American College of Medical Genetics and Genomics  
The American College of Osteopathic Surgeons  
The American Society of Dermatopathology  
The Obesity Society  
The Society of Thoracic Surgeons  
Undersea and Hyperbaric Medicine

Medical Association of the State of Alabama  
Arizona Medical Association  
Arkansas Medical Society  
California Medical Association  
Colorado Medical Society  
Connecticut State Medical Society  
Medical Society of Delaware  
Medical Society of the District of Columbia  
Florida Medical Association Inc  
Medical Association of Georgia  
Hawaii Medical Association  
Idaho Medical Association  
Illinois State Medical Society  
Indiana State Medical Association  
Iowa Medical Society  
Kansas Medical Society  
Kentucky Medical Association  
Louisiana State Medical Society  
Maine Medical Association  
MedChi, The Maryland State Medical Society  
Massachusetts Medical Society  
Michigan State Medical Society  
Minnesota Medical Association  
Mississippi State Medical Association  
Missouri State Medical Association  
Montana Medical Association  
Nebraska Medical Association  
Nevada State Medical Association  
New Hampshire Medical Society  
Medical Society of New Jersey  
New Mexico Medical Society  
Medical Society of the State of New York  
North Carolina Medical Society  
North Dakota Medical Association  
Ohio State Medical Association  
Oklahoma State Medical Association  
Oregon Medical Association  
Pennsylvania Medical Society  
Rhode Island Medical Society  
South Carolina Medical Association  
South Dakota State Medical Association  
Tennessee Medical Association  
Texas Medical Association

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Utah Medical Association  
Vermont Medical Society  
Medical Society of Virginia  
Washington State Medical Association  
West Virginia State Medical Association  
Wisconsin Medical Society  
Wyoming Medical Society