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We, the undersigned organizations representing cognitive specialty and primary care physicians release the following statement regarding the Centers for Medicare and Medicaid Services (CMS) 2021 Medicare Physician Fee Schedule final rule ([CMS-1734-F](#)) which was released last week.

*“As organizations collectively representing hundreds of thousands of physicians currently on the frontlines treating patients during the COVID-19 pandemic, **we applaud CMS for moving forward with implementing the AMA-RUC recommended increases to the values for traditionally undervalued outpatient Evaluation and Management services on January 1.** Our members provide comprehensive primary and specialty care, mental health and/or preventive care to millions of Medicare beneficiaries, and these long-overdue payment changes are critical for preserving patients’ access to these critical services. We are pleased to see that in finalizing the 2021 Medicare Physician Fee Schedule the agency decided to move forward without delay given how important these increases are, especially during a global pandemic.*”

“We would like to specifically note the importance of the G2211 add-on code for complex office visits. This new ‘G code’ is an essential part of the anticipated pay increases for primary and cognitive care. While the final E/M increases are an important first step, the new values still do not fully account for the inherent complexity and additional resources associated with many office visits. The add-on G code will improve care by allowing and paying for physicians to spend more time with their patients and on critical activities like chronic disease management tracking, review of consult and lab reports and medication monitoring that occur outside the office visit.”

*“The final rule abides by MPFS budget neutrality requirements, which means that the conversion factor was reduced 10% compared to 2020 to offset the E/M changes. As a result, some physicians and mid-level providers will receive reductions in reimbursement. Our organizations support legislation to temporarily waive budget neutrality or provide other equitable relief to alleviate the negative impact of the 2021 MPFS during this global pandemic, but Congress must not disrupt, delay, phase-in or attempt to create a ‘transition’ period for the E/M increases and G2211. **These long overdue payment increases for primary and cognitive care are essential to recognizing the value of and increasing access to primary, mental health and cognitive care, and have been in the making with support from all physician specialties for years.** We look forward to working with Congress to ensure that Medicare beneficiaries have access to the high-quality primary, preventive and complex care that they need.”*

American Academy of Allergy, Asthma & Immunology

American Academy of Family Physicians

American Academy of Neurology

American Association of Clinical Endocrinology

American College of Physicians

American College of Rheumatology

American Medical Society for Sports Medicine

American Psychiatric Association

American Thoracic Society

Endocrine Society

North American Neuro-Ophthalmology Society

Society of General Internal Medicine