

October 05, 2020

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

Dear Administrator Verma,

On behalf of the undersigned specialty societies, we write to express our strong support for the policies proposed by CMS to address the historic undervaluation of Evaluation and Management (E/M) codes (office visits) utilized by physicians who deliver care to millions of Medicare patients. We believe these policies will improve patients' access to care by enabling doctors to spend more time with their patients and less time on unnecessary documentation. At the same time, the signatories below agree that expanded telehealth authorities that have enable physicians to meet patients where they are while adhering to social distancing guidelines and keeping patients safe should continue. Without these flexibilities, patients face a mounting crisis of inadequate access to care.

To that end, the undersigned specialties strongly support CMS' decision to move forward with changes finalized last year to ensure that Medicare payments to physicians better recognize the value of cognitive services in providing quality care to patients. These changes have the potential to 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. Hence, it is critically important that these policies are not weakened or delayed prior to their implementation.

These changes also come as the ongoing COVID-19 pandemic has presented unique challenges for physicians. Many practices are under severe financial duress and many have already closed their doors. While many physicians and specialties providing primarily undervalued E/M services will see major improvements in overall payments even with the budget neutrality adjustment, some will see reductions. **We strongly recommend that CMS use its administrative authority to waive budget neutrality for the 2021 Medicare Fee Schedule RVU increases, provided that this would not result in a delay or in any way undermine CMS's decision to fully implement the E/M increases and other improvements on Jan. 1, 2021.**

At the same time, we reiterate the need for continued flexibility via telehealth to meet the unprecedented challenges presented by the COVID-19 pandemic. CMS has provided a number of telehealth flexibilities during the COVID-19 pandemic that have helped address the many barriers to patient access and physician adoption and use of telehealth prior to the COVID-19 pandemic. Taken together, many of these temporary changes to telehealth services have also worked to prevent subsequent closures of physician practices and as a result, a loss of patient access to care. Without these continued flexibilities, we are concerned that the ongoing pandemic, the uncertain timeline of an

effective vaccine, and significant changes in physician practice workflows will significantly undermine access to care. As a result, the undersigned specialty societies specifically recommend that CMS:

- **Permanently extend the policy to waive geographical and originating-site restrictions after the conclusion of the PHE;**
- **Continue to provide flexibility for physicians to reduce/waive cost-sharing requirements for telehealth services. We also encourage CMS to make up the difference between these waived copays and the Medicare allowed amount of the service;**
- **Maintain pay parity between telephone E/M claims and in-person E/M visits and between all telehealth and in-person visits even after the PHE is lifted;**
- **Expand coding options for telephone E/M services through the use of G-codes or by working with the CPT Editorial Panel;**
- **Establish clear guidelines around billing for telephone E/M claims; and**
- **Extend the flexibility to continue to provide direct supervision via interactive audio/video technology through the end of 2021 or after based on the experience of patients and physicians.**

As physicians and their patients adapt to this new practice environment, it is critical that CMS provide them with the tools they will need to be successful. We increasingly believe that telehealth is a central component of this new practice environment. We urge CMS to act without delay to extend these critical flexibilities. We look forward to working with you to continue to make improvements to the Medicare program that will improve outcomes, lower costs, and promote value.

If you have any questions or concerns, please do not hesitate to contact Corey Barton at cbarton@acponline.org.

Sincerely,

American Academy of Neurology
American Association for the Study of Liver Diseases
American Academy of Hospice and Palliative Medicine
American College of Allergy, Asthma and Immunology
American College of Physicians
American College of Rheumatology
Endocrine Society
Society for Post-Acute and Long Term Care Medicine
Society of General Internal Medicine