

October 12, 2018

Barbara L. McAneny, MD
President
American Medical Association

James Madara, MD
Chief Executive Officer & Executive Vice President
American Medical Association

Dear Dr. McAneny and Dr. Madara,

We are writing regarding the on-going work at the American Medical Association RVS Update Committee (RUC) and CPT Editorial Panel on outpatient office Evaluation and Management (E&M) codes (99201-99215). The workgroup was formed in response to the Centers for Medicare & Medicaid Services (CMS) proposal in the 2019 Medicare Physician Fee Schedule proposed rule (CMS-1693-P). We agree with the AMA's assessment of flaws in the CMS outpatient proposal and applaud the AMA for their fast response in assembling and beginning the work on consensus-led changes to E&M codes. While we acknowledge the AMA is currently reacting to the CMS proposal, we believe focusing exclusively on outpatient office E&M codes without considering E&M codes for other settings will establish a precedent that does not account for the unique challenges and burdens faced in those settings, which includes the hospital inpatient and skilled nursing facility sites of service.

As providers who regularly use facility-based E&M codes, we joined with colleagues across the health care system to advocate for changes to E&M documentation as part of the Administration's regulatory relief efforts. There is ample interest across the health care provider community for changes to the E&M codes that better fit modern medical workflows and meet patient needs. We also believe changes to E&M payment rates must be made to more appropriately compensate the dynamic and complex nature of cognitive care.

While we understand the time-sensitive nature of the current work on outpatient office E&M codes, we encourage the AMA to concurrently review the full range of E&M codes during this first iteration of work. As stated in the proposed rule, CMS intends to propose changes to E&M codes that are used in other care settings. An effort concurrent with the outpatient office E&M work group would ensure consideration of perspectives from all stakeholders that may use E&M codes in other sites of care, including inpatient and skilled nursing facility. If we begin this work now, we can proactively advocate for our recommended changes to the E&M codes and be prepared to uniformly respond to any future proposals from CMS.

We stand ready to work with you on this important project. Thank you for your work and attention to this matter.

Sincerely,

Society of Hospital Medicine
AMDA - The Society for Post-Acute and Long-Term Care Medicine
Infectious Diseases Society of America

CC: Barbara Levy, MD and Peter Holman, MD
Co-Chairs of CPT/RUC Workgroup