

November 20, 2020

The Honorable Frank Pallone
Chairman
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

The Honorable Greg Walden
Ranking Member
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

The Honorable Richard Neal
Chairman
Committee on Ways and Means
United States House of Representatives
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
Committee on Ways and Means
United States House of Representatives
Washington, DC 20515

The Honorable Charles Grassley
Chairman
Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
Washington, DC 20510

Dear Chairman Pallone, Ranking Member Walden, Chairman Neal, Ranking Member Brady, Chairman Grassley and Ranking Member Wyden:

The undersigned organizations write to ask you to take action in the remaining days of the 116th Congress to ensure that essential changes in Medicare payments for office visits and other related evaluation and management (E/M) services, including the GPC1X code for complex visits, are fully implemented as planned and scheduled on January 1, 2021. We also support a temporary, time-limited policy to ensure that no physician services receive reduced payments due to application of budget neutrality (BN) by the Centers for Medicare and Medicaid Services (CMS) to the Medicare Physician Fee Schedule (MPFS) Final Rule, consistent with the recommendations below to ensure fairness and accuracy in payments.

Our organizations represent hundreds of thousands of physicians who are serving on the frontlines of a worsening public health crisis due to the COVID-19 pandemic. Our members provide primary, comprehensive, preventive and complex care to millions of Medicare patients, including patients who are at high-risk or are currently suffering from severe COVID-19 disease. They also provide preventive health services and treat the many millions of Medicare patients with other health conditions, including patients with multiple chronic illnesses.

We urge you to ensure that any such legislation furthers the following priorities:

1. **The previously finalized increases in relative values and payment rates for outpatient E/M codes, as finalized in the MPFS, must be allowed by Congress to go fully into effect on January 1, 2021 without any delay, phase-in, or transition.** These long overdue payment increases are essential to recognizing the value of primary and comprehensive care, have been many years in the making, were developed with the input and support of all physician specialties, and are

imperative to support our members and their patients, especially during these difficult times. These increases were based on a robust survey across all physician specialties and are a result of a large body of evidence indicating that outpatient E/M services have been undervalued and underpaid by Medicare. This imbalance has contributed to ongoing physician shortages and negatively impacted patients' access to primary and comprehensive care. A delay or transition would cause great harm to physicians who provide primary and comprehensive care, many of whom are struggling to keep their practices open, and to patients who are relying on them for their care.

2. **The G code for complex office visits, GPC1X, as previously finalized in the MPFS, also must be allowed by Congress to go fully into effect on January 1, 2021.** Code GPC1X for visit complexity reflects the inherent complexity and additional resource costs of furnishing primary and comprehensive care. CMS created and finalized the GPC1X add-on code with the express purpose of securing access to continuous care for Medicare beneficiaries by ensuring that physicians are appropriately paid for providing continuous and complex care that is personalized to the patient. The value of E/M visit codes alone does not account for the resources inherent in providing holistic, patient centered care that integrates the treatment of illness or injury, management of acute and chronic health conditions, patient education, shared decision-making and coordination of specialty care in a collaborative relationship with the clinical care team.

Further the GPC1X code is needed as a start to fill the gap in resources that are not accounted for in the valuation of existing E/M codes, such as:

- Actions at assisted living/nursing homes that require a physician response;
- Time spent by care/referral/medical record coordinators that help manage the ongoing flow of information;
- Physician time that is unique to ongoing management and thus inadequately addressed in the outpatient E/M codes even as finalized by CMS in the 2021 MFPS. This includes oversight of medication refills, evaluating appropriateness of current and new medications, including those initially prescribed by other clinicians (e.g., ER, specialists, hospitalists) and conduct medication-related monitoring and safety activities when these activities are not part of a visit;
- Forms and review of consultant reports, lab and imaging reports that fall outside of the timeframe of an E/M visit as defined by CMS but do not necessitate a new visit;
- Assume responsibility for relevant electronic medical record systems to track preventive services; reminders to patients, scheduling, monitoring, tracking results of these services;
- Assume responsibility for chronic disease management tracking – individual patient and populations; and
- Physician and/or staff responsibility for time spent coordinating care.

As patients are presenting with much more complex problems from COVID-19 itself and/or from delaying care for other conditions, the GPC1X code is more important than ever to support the specific functions and the level of complexity involved, resulting in better outcomes.

3. **Legislation to alleviate the impact of budget neutrality requirements as physicians respond to the COVID-19 pandemic should provide equitable relief across services and specialties.** Since all services in the MPFS are negatively impacted by the budget neutrality adjustment, a flat increase in payment rates across services would ensure that all physicians receive equal relief.

4. We have previously expressed our support for H.R. 8505, a bill to amend title XVIII of the Social Security Act to provide for a one-year waiver of budget neutrality (BN) adjustments under the Medicare physician fee schedule. We have also communicated our concerns that H.R. 8702, the Holding Providers Harmless From Medicare Cuts During COVID-19 Act of 2020, would exacerbate historical payment imbalances by excluding most of the office visits provided by our members from “hold harmless” COVID-19 relief payment increases, even as they continue to serve on the frontlines of the pandemic. We also strongly believe that the duration of H.R. 8702’s “hold harmless” provisions to prevent BN cuts should only apply to CY 2021 so as to not extend unnecessary payment imbalances to outpatient E/M code services that do not receive this protection. Limiting “hold harmless” to CY 2021 would give the new 117th Congress the time needed to decide on a policy that ensures that all services are treated equitably in 2022, including E/M services in physician offices, hospitals, nursing home, and long-term care facilities.

Our members and their patients are counting on you to ensure that the MPFS increases for E/M office visit codes, and the GPC1X code for more complex visits, are allowed to fully go into effect on January 1, 2021, as finalized in the MPFS, while finding a solution to BN that is equitable, time-limited and minimizes extended imbalances in payment. We look forward to assisting you in developing such a legislative solution.

Sincerely,

American Academy of Family Physicians
American Academy of Allergy, Asthma & Immunology
American Academy of Home Care Medicine
American Academy of Neurology
American College of Physicians
American College of Rheumatology
American Medical Society for Sports Medicine
American Thoracic Society
Endocrine Society
North American Neuro-Ophthalmology Society
Society of General Internal Medicine

CC:

The Honorable Nancy Pelosi
The Honorable Kevin McCarthy
The Honorable Mitch McConnell
The Honorable Charles Schumer