**ATTENTION AUGS MEMBERS**

**IMMEDIATE ACTION NEEDED – SUBMIT COMMENTS TO CMS ON MEDICARE PAYMENTS FOR   
OFFICE VISIT CODES – DUE SEPTEMBER 10, 2018!**

**Background**

The recent  [2019 Medicare Physician Fee Schedule Rule](https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-07-12-2.html) released on July 12, 2018, contains a proposed revamping of the E/M visit coding with the intent of decreasing documentation requirements and adding efficiency to the providers work flow in the clinic/office. Though physicians universally applaud the desire for simplification, there are concerns regarding the unintended consequences of the restructured reimbursement system as proposed and some of the proposals regarding documentation are still confusing. It is also unclear how any of these would be implemented by private insurance plans.

The current proposal would not change the actual CPT codes reported by the physician however, the reimbursement for levels 2-5 would be paid at the same amount. CPT codes 99202-99205 would reimburse $134 and CPT codes 99212-99215 would reimburse $92. CMS is proposing two G-codes for physicians that treat certain conditions, gynecology being one, to also bill that would pay an additional $14.

CMS is also proposing that any other procedure performed concomitantly on the same day of service would undergo a 50% reduction of the lesser service fee. These additional procedures would typically be reported with the 25-modifier for the separate and identifiable service.

Superficial evaluation of the proposal notes an improvement in reimbursement for providers typically coding lower levels of service and not performing any other procedures on the same day. Alternatively, the more complex patients who require higher levels of care would see a decrease in reimbursement and still incur the 50% multi-procedure reduction.

**AUGS has prepared a sample comment letter for you to personalize with instructions below on how to submit your letter to CMS.**

**Please Submit Comments to CMS on this Issue by September 10, 2018 at 5:00 pm EDT and Send a Copy of Your Letter After it is Submitted to** [**Colleen@augs.org**](mailto:Colleen@augs.org)**.**

The next page contains a sample letter for you to customize, put on your own practice or personal letterhead, sign, and then submit as a comment to CMS per the instructions below.

**How to submit Comments to CMS on the Proposed 2019 Medicare Physician Fee Schedule**

Go to <http://www.regulations.gov>

Search for: CMS-1693-P and the information below should appear at the top of the page:

[Medicare Program: Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; etc.](https://www.regulations.gov/document?D=CMS-2018-0076-0621)

- Document Contents : ...Services 42 CFR Parts 405, 410, 411, 414, 415, and 495 [CMS-1693-P] RIN 0938-AT31 Medicare Program; Revisions to Payment Policies Under the...

**Proposed Rule** by **CMS** on **07/27/2018** **ID:** CMS-2018-0076-0621

**Next, click on “Comment Now”**

Upload your comments, fill in the rest of the information requested in the boxes and hit continue to see a draft and **then push the, “send” button.**

**If you have any questions, please contact Jill Rathbun at** [**Jill\_Rathbun@galileogrp.com**](mailto:Jill_Rathbun@galileogrp.com) **or 703-217-7224.**

**AUGS Member Sample Letter for Comments on E&M Code Proposed Changes**

**(***Please personalize your letter by filling in the yellow highlighted sections below and making any other changes to the letter that helps convey your story about how these changes will impact your practice. Please take of the yellow highlighting before you send in your letter. Please place the letter on your practice or personal letterhead)*

[INSERT DATE]

The Honorable Seema Verma

Administrator

Centers for Medicare & Medicaid Services

U.S. Department of Health and Human Services

7500 Security Boulevard

Baltimore, MD 21244

RE: CMS-1693-P

Dear Administrator Verma:

I am a urogynecologist from \_\_\_\_\_\_\_\_\_\_\_\_\_ and I am writing to share my views with the Centers for Medicare and Medicaid Services (CMS) on the proposed changes to the documentation requirements and payment rates for Evaluation and Management (E&M) codes contained in the 2019 Medicare Physician Fee Schedule Proposed Rule, CMS-1693-P.

[*Please add a sentence or two about your practice, the percentage of Medicare patients you treat and the complexity of your patients and how complicated it is to treat women with pelvic floor disorders.]*

I appreciate your efforts to reduce the administrative burdens associated with the current E&M documentation requirements. While I support the proposals to change the required documentation of the patient’s history to focus only on the interval history since the previous visit and the one that eliminates 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, I have concerns about the proposed changes in the payments for E&M services in 2019.

I am concerned about the proposed blended payment rate and consolidation of E&M services and the impact on my patients that have multiple conditions and are more complex. [Please add a sentence of what that patient impact could be, e.g. increased wait times for appts, multiple visits, less office staff for telephone follow-up, etc.] The proposed payment cuts for office visits for the sickest, most complicated patients, penalizes physicians who treat these patients, especially if they are a new patient or a patient that needs a procedure on the same day as them having another healthcare condition that needs to be addressed.

If the proposed new payment rates are implemented, it will adversely impact my practice. (*Please state in a few sentences the actions you may have to take if the payments are implemented, for example:*

* *Reduce time for each patient visit and bring patients back repeatedly for visits to address separate issues*
* *Prolong patient wait times for appointments*
* *Stop taking any new Medicare patients*
* *Curtail investments in new office activities and systems to transition to value-based payment models*
* *Accelerate retirement plans*

While I urge you to move forward in a thoughtful manner with the implementation of the proposed changes to the documentation requirements for E&M codes, I also urge you to reconsider and not implement the current payment E&M payment proposal in 2019. Instead, CMS needs to work together with the medical specialty societies and organizations representing health care professionals to develop proposals that do not jeopardize access to care for the nation’s sickest and most vulnerable elderly patients.

Sincerely,