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Physician groups call for CMS to drop E/M proposal

BY GREGORY TWACHTMAN

More than 170 physician groups are calling on the Centers for Medicare & Medicaid Services to withdraw a provision in the proposed 2019 physician fee schedule that would flatten evaluation and management payments.

The controversial proposal would set the payment rate for a level 1 evaluation and management (E/M) office visit for a new patient at $44, down from the $45 using the current methodology. Payment for levels 2-5 would be $135. Currently, payments for level 2 new patient visits are set at $76, level 3 at $110, level 4 at $167, and level 5 at $211.

For E/M office visits with established patients, the proposed rate would be $24 for level 1, up from the current payment of $22. Payment for levels 2-5 would be $93. Under the current methodology, payments for established patient level 2 visits are set at $45, level 3 at $74, level 4 at $109, and level 5 at $148.

In an Aug. 28 letter to the CMS, led by the American College of Rheumatology, physician groups applauded CMS recognition of the problems with the current E/M documentation guidelines and codes, but urged them to reconsider plans to "cut and consolidate evaluation and management services." Doing so would "severely reduce Medicare patients' access to care by cutting payments for complex office visits, adversely affecting the care and treatment of patients with complex conditions, and potentially exacerbate physician workforce shortages."

A separate letter, led by the American Medical Association, made similar assertions that the current proposal has the potential to "hurt physicians and other health care professionals in specialties that treat the sickest patients, as well as those who provide comprehensive primary care, ultimately jeopardizing patients' access to care."

Daniel P. McQuillen, MD, of Lahey Hospital and Medical Center, Burlington, Mass. and member of the Infectious Diseases Society of America, said that IDSA is "worried that the implementation is being pushed ahead too fast without really considering whether it's the right way of doing it and whether there might be some alternative ways of doing it that make more sense."


Dr. Levy

Another concern related to the implementation of this proposal is the financial impact on physicians.

Implementation of the CMS proposal, as currently written, "would be amazingly expensive for private practice [doctors] and really for anyone else because we would have to change our EMRs," Barbara Levy, MD, cochair of the CPT/RUC Work Group at the AMA.

"We would have to reprogram our billing software. All of that comes with a significant cost," said Dr. Levy, who also serves as vice president of health policy at the American College of Obstetricians and Gynecologists.

Part of the selling point of the CMS proposal is the reduction in documentation that accompanies the E/M payment changes. The goal, according to the CMS, is to reduce time spent on paperwork and free up physicians to devote more time to patient care. But some physicians are skeptical it would work out that way.

"I don't think it is going to change my documentation burden very much," Jeffery Ward, MD, chair of the American Society of Clinical Oncology Government Relations Committee, said in an interview. "Their assumption is that I write my notes in order to meet a billing requirement and if I don't have that billing requirement, I won't have to write nearly as detailed notes. My notes are written so that, if someone else needs to take care of my patient when I am not there, they can step in, read my notes, know what's going on, and follow the patient."

Dr. Ward suggested the real purpose of the proposal is to shift more money to primary care, and raised the concern that the CMS is using this proposal "as a vehicle to take money away from specialists who take care of very complicated patients in order to give it to other people, particularly to primary care."

ASCO and the Community Oncology Alliance both anticipate a 7%-8% reduction in payments to cancer specialists if this provision takes effect, Dr. Ward said.

Another element of the proposal that is raising concerns among physician groups is a proposed payment reduction when a visit involves more than one service. For example, when a single office visit includes both an E/M code and a procedure code, the proposal calls for the E/M code to be cut in half.

"From the patients' perspective, the potential threat is that doctors could be incentivized to spend less time with patients or potentially bring patients back for subsequent visits to handle multiple problems," Angus Worthing, MD, chair of the American College of Rheumatology's Committee on Government Affairs, said in an interview.

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