

**Congress of the United States**  
**Washington, DC 20515**

September 16, 2016

Honorable Sylvia M. Burwell  
Secretary  
Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Mr. Andrew M. Slavitt  
Acting Administrator  
Centers for Medicare & Medicaid Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Burwell and Acting Administrator Slavitt:

We are writing to express our opposition to the provision in the Centers for Medicare and Medicaid Services' (CMS) Physician Fee Schedule (PFS) proposed rule for calendar year (CY) 2017 to collect all data for all 10- and 90-day global services from all practitioners who perform these services, rather than from a "representative sample" of practitioners, which was required by The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Congress was united in opposition to the policy in the CY 2015 PFS final rule that would have transitioned all 10- and 90-day global codes to 0-day global codes beginning in 2017, because of concerns that the change would compromise patient care and significantly increase administrative burdens. Instead, Congress required CMS to collect data, starting January 1, 2017, on the number and level of visits furnished during the global period. Specifically, Section 523 of MACRA explicitly calls for CMS to gather information needed to value surgical services from a "representative sample" of physicians. Beginning in 2019, CMS must use these data to facilitate accurate valuation of surgical services.

We appreciate that CMS is not proposing at this time to implement the 5% withhold for services on which the practitioner is required to report, and we encourage CMS to maintain its proposal to avoid implementing the 5% withhold in the final rule. However, the CY 2017 PFS proposed rule disregards congressional mandate and requires any practitioners who furnish a procedure that is a 10- or 90-day global code report the pre- and post-operative services furnished on a claim using proposed "G-codes." The proposal will impose an undue administrative burden on the surgical community, disproportionately directing provider resources toward compliance and away from patient care. This burden will likely be compounded by other new reporting requirements from MACRA implementation, which is the most significant physician payment change in 25 years. Taken as a whole this has the potential to negatively impact both quality and access for patients.

We ask that CMS not implement this proposal in the final rule but instead include policy that reflects the law as passed to collect data from a "representative sample" that is the least-burdensome, yet adequate sample to yield statically viable results.

Sincerely,



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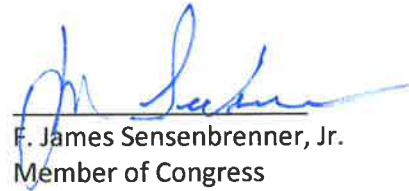
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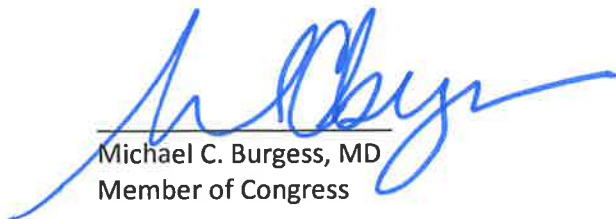
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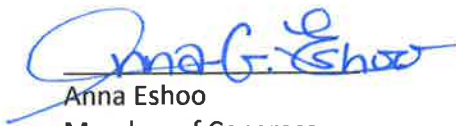
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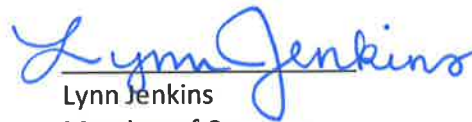
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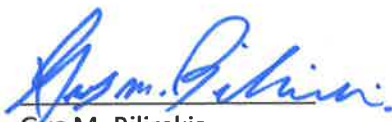
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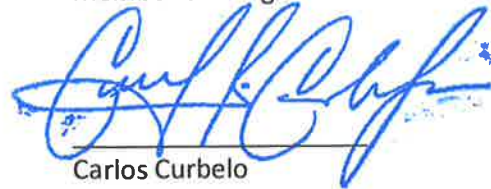
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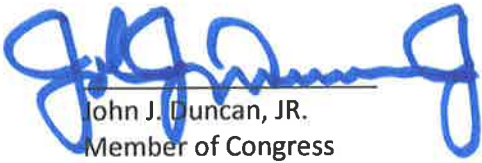
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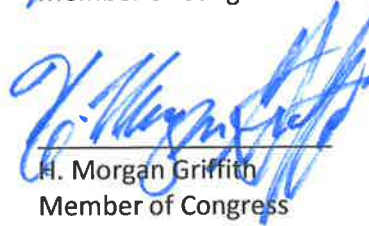
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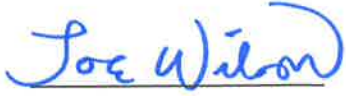
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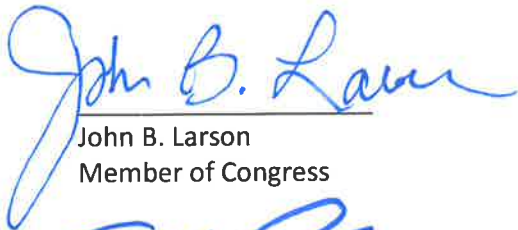
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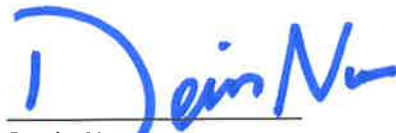
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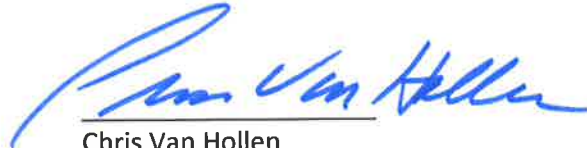
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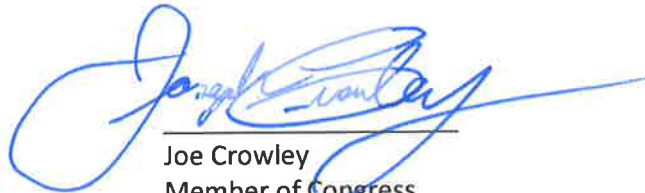
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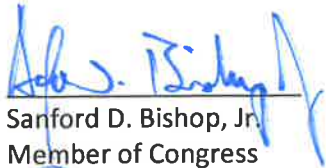
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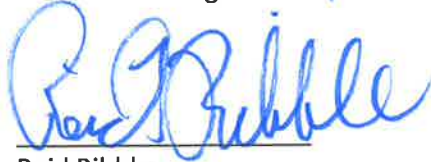
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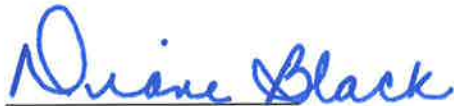
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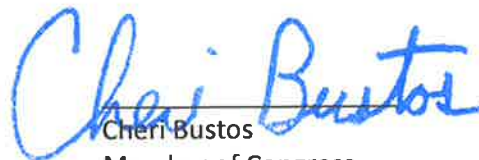
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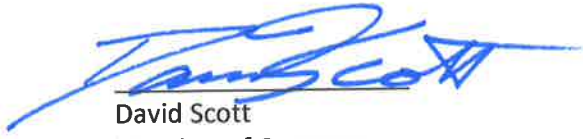




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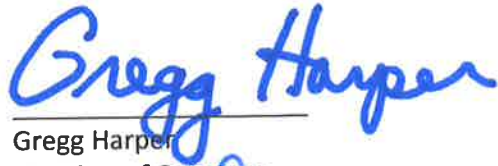
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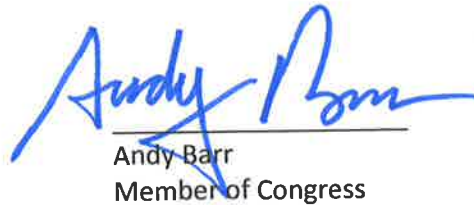
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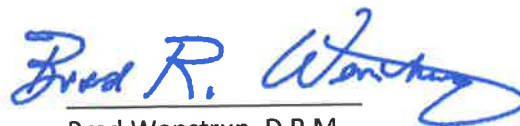
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