



Sound Policy. Quality Care.

December 6, 2019

Seema Verma
Administrator
Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-1715-P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: CMS-1715-F – Medicare Program; CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies

Dear Administrator Verma:

On behalf of more than 100,000 specialty physicians from 15 specialty and subspecialty societies, and dedicated to the development of sound federal health care policy that fosters patient access to the highest quality specialty care, the undersigned members of the Alliance of Specialty Medicine (the "Alliance") write in response to recently finalized policies associated with care management services and payment for evaluation and management (E/M) visits in the aforementioned final rule.

Payment for Evaluation and Management (E/M) Visits

We are deeply concerned with CMS-finalized modifications for coding and payments for E/M services. Our concerns center on CMS' failure to apply the newly revised E/M values to the global surgery codes, which was recommended by the American Medical Association (AMA) Relative Value System Update Committee (RUC) and virtually all medical specialties. As we stated in our formal comments to the proposed rule that, while each Alliance specialty is impacted differently (positive and negative) as a result of the overall E/M modifications, we are concerned about the precedent CMS is setting by "de-linking" E/M values from the E/M services delivered as part of the global surgery codes, while maintaining the link between E/M values and other PFS services.

We continue to believe it is grossly inappropriate for the agency to "pick and choose" when to apply established E/M values in the valuation of other services that incorporate E/M visits, or in this case, based on the context in which E/M services are delivered. Part of CMS' rationale for excluding the global codes from the E/M update was its ongoing study of global surgery services that aims to determine the number and level of E/M services delivered in the global period. Nevertheless, and regardless of the number and level of E/M services that are delivered, ***when post-operative E/M services are furnished, they should be valued based on the updated E/M values.***

The Alliance of Specialty Medicine believes that CMS should strive to maintain the integrity of the statutorily mandated resource-based relative value system (RVS) by ensuring that codes that have values derivative of the office and outpatient E/M codes are updated commensurately, including codes

with global periods. ***We, therefore, urge CMS to reverse its decision to exclude the updated E/M values in codes with global periods.***

Principal Care Management Services

CMS finalized separate coding and payment for Principal Care Management (PCM) services, which describe care management services for one serious chronic condition. In the rule, CMS said it anticipated PCM services would be billed when a single condition is of such complexity that it could not be managed as effectively in the primary care setting, and instead *requires management by another, more specialized, practitioner.*

The Alliance greatly appreciates CMS' recognition of the important and necessary role of specialty physicians in the diagnosis, management and treatment of chronic diseases. However, we remain concerned that there may be confusion about when it is appropriate to use the PCM codes, particularly when in conjunction with the new complexity add-on code (GPC1X). We urge CMS to work with the ***Alliance to establish educational materials that clearly describe the differences in and appropriate scenarios for coding and billing PCM services.*** This will ensure specialty physicians apply these codes correctly and avoid unwanted audits.

We appreciate the opportunity to provide comments on the aforementioned issues of importance to the Alliance. Should you have any questions, please contact us at info@specialtydocs.org.

Sincerely,

American Association of Neurological Surgeons
American College of Mohs Surgery
American College of Osteopathic Surgeons
American Society of Cataract and Refractive Surgery
American Society for Dermatologic Surgery Association
American Society of Plastic Surgeons
American Society of Retina Specialists
American Urological Association
Coalition of State Rheumatology Organizations
Congress of Neurological Surgeons
North American Spine Society
Society for Cardiovascular Angiography and Interventions