December 4, 2020

Representative Nancy Pelosi	Representative Kevin McCarthy
Speaker of the House	House Minority Leader
Senator Mitch McConnell	Senator Charles Schumer
Senate Majority Leader	Senate Minority Leader
Senator Charles Grassley	Senator Ron Wyden
Chairman, Finance Committee	Ranking Member, Finance Committee
Representative Richard Neal	Representative Kevin Brady
Chairman, Ways and Means Committee	Ranking Member, Ways and Means Committee
Representative Frank Pallone	Representative Greg Walden
Chairman, Energy and Commerce Committee	Ranking Member, Energy and Commerce Committee

Dear Congressional Leadership:

On behalf of the 20 undersigned organizations representing surgeons across the United States, we write to you today regarding significant concerns with the devastating Medicare physician payment cuts scheduled to be implemented on January 1, 2021. Now that the Centers for Medicare & Medicaid Services (CMS) has published the Calendar Year (CY) 2021 Medicare Physician Fee Schedule (PFS) final rule, physicians and non-physician health care professionals are bracing for harmful payment cuts that will jeopardize patient access to medically necessary services. The reductions are primarily driven by new Medicare payment policies for office and outpatient evaluation and management (E/M) services. Drastic cuts caused by these changes will further strain a health care system that is already stressed by the COVID-19 pandemic.

Immediate congressional intervention is imperative to prevent the cuts from taking place next month. To prevent these steep cuts, the surgical community is urging Congress to take three steps:

- **Hold physicians harmless from additional cuts;**
- **Adjust the E/M portion of the global codes; and**
- **Halt the implementation of the G2211 add-on code.**

Hold Physicians Harmless from Additional Cuts
Taking steps to adjust the post-operative E/M values in the global codes and eliminating the G2211 add-on code will go a long way to mitigate the planned Medicare PFS cuts in 2021. However, for many specialties, additional relief will be necessary to hold physicians harmless from additional cuts. **We urge Congress to incorporate the provisions of H.R. 8702, the Holding Providers Harmless from Medicare Cuts During COVID-19 Act of 2020, into any year-end legislative package.** This bipartisan legislation would provide a payment adjustment to physicians and other health care professionals, ensuring they will not see payment cuts next year, providing specialties facing drastic Medicare payment cuts with a critical lifeline for two years.

Adjust the E/M Portion of the Global Code
Contributing to the negative impact on surgery is CMS' failure to incorporate the E/M increases into the E/M component of the 10- and 90-day global codes. The agency's continued refusal to adjust the value of 10- and 90- day global codes conflicts with the law as mandated by the Omnibus Budget Reconciliation Act (OBRA) of

1989 (P.L. 101-239), which requires relativity across the Medicare Physician Fee Schedule and specifically prohibits CMS from paying physicians differently for the same Medicare service. **We urge Congress to include S. 4932, the Medicare Reimbursement Equity Act of 2020**, in legislation moving forward this year. This provision would uphold current law and ensure that CMS appropriately pays surgeons for the care they provide by mandating that CMS incorporate the revised E/M values in the global codes.

Halt the Implementation of the G2211 (formerly GPC1X) Add-on Code

In 2018, CMS proposed restructuring the coding system for office and outpatient visits by collapsing the E/M codes from five to two levels. Because certain specialties would experience payment cuts under this scheme, CMS proposed add-on codes to provide an additional payment — specifically for primary care and certain specialty visits — to minimize payment cuts associated with these code changes. Ultimately, CMS did not move forward with the single payment proposal. However, CMS is still adopting a new G2211 add-on code (formerly GPC1X), even though the agency's justification for including an add-on code no longer exists. Now, instead of correcting a system that would have resulted in unfair payment reductions, the agency is creating a new coding system that inappropriately discriminates among physician specialties — over-inflating payments to certain specialties and causing steep cuts to others. **Congress should adopt legislation that requires CMS to (a) halt the implementation of the G2211 add-on code and (b) conduct a comprehensive study of the newly revised and valued E/M office and outpatient visit codes to determine whether the add-on code is necessary in light of the structure and values assigned to the revised E/M codes.**

We sincerely appreciate all that you have done to protect access to care during this pandemic. However, without intervention from Congress before the end of the year, these cuts will have devastating impacts on Medicare patients, surgeons, physicians, and other health care professionals who are already struggling to keep their practices afloat.

Thank you for considering our request. We look forward to working together to enact legislation to prevent these payment cuts.

Sincerely,

American College of Surgeons
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Ophthalmology
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Osteopathic Surgeons
American Orthopaedic Foot & Ankle Society
American Society for Metabolic and Bariatric Surgery
American Society for Surgery of the Hand
American Society of Cataract and Refractive Surgery
American Society of Colon and Rectal Surgeons
American Society of Plastic Surgeons
American Society of Retina Specialists
American Urogynecologic Society
Congress of Neurological Surgeons
Society for Vascular Surgery
Society of American Gastrointestinal and Endoscopic Surgeons
Society of Gynecologic Oncology
The American Society of Breast Surgeons
The Society of Thoracic Surgeons