Aug. 8, 2019: Advocacy spotlight on Medicare pay should recognize value of surgeons' office visits

Medicare pay should recognize value of surgeons' office visits

Due to budget-neutrality requirements, some surgeons and other physicians may realize overall payment reductions to offset the costs of the Centers for Medicare & Medicaid Services (CMS) recently proposed increases to those who deliver more office visit-based services.

While CMS proposed cutting the administrative burdens many physicians face regarding coding of evaluation and management (E/M) office visit services, some physicians may see their payments reduced in 2021.

Details on these developments are outlined in the proposed 2020 Medicare physician payment schedule, a 1,700-page document that incorporates some of the work done by the AMA-convened Current Procedural Terminology (CPT®) Editorial Panel, which approved revisions to the CPT E/M visit reporting guidelines and code descriptors.

The proposed rule also includes recommendations from the AMA/Specialty Society RVS Update Committee (RUC), which assigns values for the different services physicians provide and the cost of resources needed to furnish those services. Those costs are broken down into relative value units (RVUs).

Impact on surgery follow-ups

CMS generally followed the RUC's recommendations, but there were two notable exceptions.

One is that primary care physicians and other physicians will get an add-on payment for office visits to whom they provide ongoing primary care or who have at least one serious or complex condition. By law, any changes to the payment schedule's RVUs must be budget neutral. The add-on payment will be paid for by redistributing up to $2 billion from the Medicare conversion factor and other physician services.


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The other is that while payment will rise for stand-alone office visits in 2021, the visits bundled into the global surgery package will not be increased. CMS has historically increased these bundled visits to be equivalent to the valuation of stand-alone office visits.

The proposed rule notes the meticulous methodology of the RUC surveys and appeared to agree with the panel's recommendation that E/M visits—regardless of the physician's specialty—address complicated matters.

"The RUC recommendations reflect a rigorous robust survey approach, including surveying over 50 specialty societies, demonstrate that office/outpatient E/M visits are generally more complex, for most clinicians," the proposed rule states.

Specialties whose practices rarely have office visits with patients are set to see cuts in 2021. For 2020, a small pay increase for most physicians is expected as the proposed conversion factor is $36.0896, or 5 cents higher per RVU, than it is for 2019.

Concerns regarding the projected 2021 pay cuts for surgeons and other physicians will be included in the AMA's comments on the proposed payment schedule. Comments are due by Sept. 27. By statute, the final Medicare physician fee schedule must be released on or before Nov. 1.

The AMA is hard at work developing educational materials to describe the revised CPT office visit codes and documentation guidelines, which are designed to reduce administrative burdens. Subscribe now to stay in the loop on the latest updates of the AMA's ongoing CPT work.

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