

May 17, 2018: National Advocacy Update

House committee approves bills to address opioid abuse

On May 9, the House Energy and Commerce Committee held the first of two markups to address the opioid crisis. The committee favorably reported 25 bills by voice vote. The AMA submitted a letter (PDF) to the Committee highlighting our positions on the considered bills; a second mark-up is scheduled for May 17.

House Majority Leader Kevin McCarthy, R-Calif., indicated that he intends to bring dozens of opioid-abuse bills from various committees with jurisdiction over the issue to the House floor in June. The AMA remains actively engaged in promoting policies that ensure patients access to opioid-use disorder (OUD) treatment as well as appropriate treatment for pain.

House committee passes VA Choice reform bill

The House of Representatives passed H.R. 5674, the "Department of Veterans Affairs Maintaining Internal Systems and Strengthening Integrated Outside Networks (VA MISSION) Act," by a bipartisan vote of 347-70 on May 16.

This bill would streamline the VA's various community care programs into a single, cohesive program. The bill also includes funding for the VA Choice Program. Acting VA Secretary Robert Wilkie informed Congress that Choice Program funding could run-out as early as May 31, 2018. The Senate is expected to act swiftly on the bill.

VA issues final rule on delivery of telehealth services

The Department of Veterans Affairs (VA) issued a final rule on May 11 that allows its employed physicians to deliver telehealth services across state lines as long as they have a single valid medical license. The AMA strongly supports the VA's decision to only exempt employed physicians from multistate licensure requirements.

Contracted physicians or providers who are not directly controlled and supervised by the VA—and would not necessarily have the same training, staff support, shared access to a beneficiary's EHR and infrastructure capabilities—must continue to be licensed in the state where the patient is being treated.

Urge patients to confirm mailing address for new Medicare card

As described in previous Advocacy Update articles, the Centers for Medicare & Medicaid Services (CMS) is in the process of mailing new Medicare cards to beneficiaries. The cards are being sent in phases by geographic location, but some mailings may be slightly delayed so that CMS can ensure all cards are sent to the correct address.

Practices should continue to remind their patients about the new Medicare card and encourage them to ensure that their address is up to date with Medicare by contacting the Social Security Administration. These tear-off sheets, available in English (PDF) and Spanish (PDF), can be used to remind them to check their addresses. More information is available on the AMA's New Medicare Card page and the CMS New Medicare Card website.

AMA engages on modifier 25 payment reduction policies

At its 2017 Interim Meeting, the AMA House of Delegates established new policy to advocate against payment reductions for evaluation and management (E&M) codes appropriately reported with a Current Procedural Terminology (CPT) modifier 25.

In accordance with this policy, the AMA sent a letter (PDF) to Anthem, met twice with the company's leadership, and was ultimately successful in convincing the insurer to not implement payment reductions for E&M services reported with modifier 25 on the same day as a minor surgical procedure code.

As part of its continued advocacy on this issue, the AMA recently sent letters to America's Health Insurance Plans (AHIP) (PDF) and Blue Cross Blue Shield Association (BCBSA) (PDF) urging the insurer organizations to encourage their member plans to halt CPT modifier 25 payment reductions. In the letters, the AMA addressed several arguments that plans have presented when implementing reductions for E&M codes reported with modifier 25, including overlap in payment between E&M and procedure codes, overuse/abuse of modifier 25, and the movement toward value-based payment

models.

The AMA requested that AHIP and BCBSA share the letters with their member health plans and offered to further discuss modifier 25 policies with any interested individual insurers. The AMA will be having follow-up conversations with AHIP and BCBSA to further discuss this issue.

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