5 changes CMS should make to 2021 Medicare payment schedule

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Andis Robeznieks
Senior News Writer

The AMA is warning the Centers for Medicare & Medicaid Services (CMS) that rate-cutting provisions in its proposed 2021 Medicare physician payment schedule pose “a very real threat to the ability of many physicians to deliver health care services to their patients.”

CMS has proposed new office-visit policies that should result in a significant reduction in administrative burdens and provide better recognition of the resources utilized in such visits. But, citing budget-neutrality requirements, CMS is proposing to offset these positive changes by cutting payment rates for some physicians by nearly 11%.

The AMA sent detailed comments to CMS on its proposed rule, urging the agency to use its authority to waive the budget-neutrality requirements and avert the cuts that will be deeply problematic for physician practices that have experienced severe reductions in revenue during the COVID-19 pandemic.

“Our comments are intended to ensure physicians can continue providing the highest quality care for Medicare beneficiaries during and after this public health emergency,” said AMA President Susan R. Bailey, MD. “To achieve this, we recommend that CMS prevent the steep budget-neutrality cuts that are pending.”

Dr. Bailey also called on CMS to continue its “forward-looking changes for telehealth patients” that allowed so many to continue receiving care without having to leave their homes.

The AMA’s 93-page letter to CMS Administrator Seema Verma includes many recommendations, warnings and applause—though five issues were specifically highlighted.

Don’t offset positive change with harmful cuts. The AMA strongly supports implementation of proposed improvements related to coding and payment for evaluation and management (E/M) physician office-visit services. But the AMA strongly opposes drastic cuts—in the name of budget

neutrality—to payments for specialists with few office visits such as radiologists, pathologists, general surgeons, critical care physicians and anesthesiologists.

Surveys and claims analysis suggest that physician practice revenue dropped by at least 50% between March and May, AMA Executive Vice President and CEO James L. Madara, MD, told Verma in the AMA comment letter. He added that it is “a reasonable assumption” that practice revenue has been reduced by a minimum of 25% from the norm between June and August.

“These challenges highlight the urgent need for CMS to ensure practices facing severe economic strain and uncertainty can continue meeting the needs of patients during and after the public health emergency,” Dr. Madara wrote.

His recommendations include:

- Waiving the budget-neutrality requirement.
- If cuts won’t be waived, phasing in cuts over multiple years.
- Lessening the impact of budget-neutrality adjustments by factoring in previous overestimates of health care spending.

Treat all physicians fairly. The AMA opposes CMS’ decision not to incorporate the revised office and outpatient E/M values in the global surgical codes, as this treats the same physician work differently based on whether the service is a stand-alone or post-operative visit.

The AMA supports the recommendation by the AMA/Specialty Society RVS Update Committee (RUC) that post-operative visits should be valued equivalent to stand-alone visits. The AMA also advises postponing implementation of the office visit add-on code until it can be better defined by the Current Procedural Terminology (CPT®) Editorial Panel.

Maintain policies that fostered telehealth use. During the COVID-19 pandemic, demand for telehealth services has skyrocketed, and the AMA urges CMS to make permanent several temporary policies that facilitated telehealth growth so physicians can adapt their practices,
protect health information to maintain patient trust, and get paid adequately while maintaining patient access to care.

These include removing geographic and site-of-service restrictions and continuing to cover telehealth services at the same rate as in-person visits at least through the end of the year following the year in which the pandemic ends. This includes audio-only visits.

Implement CPT code covering COVID-19 safety protocols. CMS should implement and pay for new CPT code 99072 that was sparked by the public health response to COVID-19. The additional supplies and clinical staff time needed to perform safety protocols described by code 99072 allow for

the provision of evaluation, treatment or procedural services during a public health emergency in a setting where extra precautions are taken to ensure the safety of patients and health care professionals.

Keep improving Quality Payment Program. CMS has listened to physicians by introducing improvements to the Medicare Quality Payment Program (QPP), and the AMA appreciates proposals to introduce a more clinically relevant, less burdensome approach to the Merit-based Incentive Payment System (MIPS).

The AMA supports flexibilities that CMS implemented for MIPS during the COVID-19 emergency and urges the agency to continue these policies through 2021 as the ongoing pandemic disrupts fair and accurate evaluation of physician performance.

“Physicians have made unique sacrifices during the pandemic,” Dr. Bailey said.

“They have faced personal dangers often without enough personal protective equipment,” she added. “We need to keep these changes in place as COVID is still presenting challenges every day.”

The final payment schedule is expected to be released Dec. 1, which is 30 days later than usual.