On Oct. 5, the AMA submitted its comments to the Centers for Medicare & Medicaid Services (CMS) on the 2021 Medicare Physician Fee Schedule (PFS), updates to the Quality Payment Program (QPP) and other important physician issues. This year’s letter on the proposed rule acknowledged the benefits of the revised coding and payment rules for office visits, while highlighting the serious peril to physician practices still dealing with the COVID-19 public health emergency (PHE) while facing a proposed 11% reduction in their payment to achieve budget neutrality. The AMA proposed a number of alternatives to the planned cuts, and strongly urged CMS to use all available authorities to eliminate the impact of the budget neutrality requirement. Key points in the letter include:

1. The proposals related to relative value units (RVUs), office and outpatient evaluation and management (E/M) visits, and the application of budget neutrality together result in a conversion factor that poses a very real threat to the ability of many physicians to deliver health care services to their patients. Instead, the AMA proposed several options to CMS such as waiving budget neutrality under the COVID-19 PHE authority, postponing implementation of the GPC1X E/M add-on code or implementing the code with no budget neutrality offset, applying previous over-estimated spending to lessen the budget neutrality adjustment, or phasing-in the budget neutrality cuts over multiple years.

2. The AMA asked CMS to convene the RUC and other stakeholders to discuss changes to the global surgical codes to reflect increased E/M values as well as add-on code issues before moving forward with the proposed policies scheduled to take effect on Jan. 1.

3. Related to quality, the AMA recommended CMS postpone its transition away from the Group Practice Reporting Option web-interface and associated measures until 2023. The AMA does not support the CMS proposal to transition the Merit-based Incentive Payment System (MIPS) Alternative Payment Models (APM) to the Alternative Payment Model Performance Pathway (APP), as the quality measures should match the focus of the APM.

4. The AMA urged CMS to continue to strengthen telehealth policies: making permanent several telehealth services, removing geographic and site of service barriers, and continuing to cover services through the end of the year following the year in which the PHE ends. The AMA
advocated for continued coverage of audio-only visits through the PHE.

The AMA also offered comments on scope of practice, clinical testing services and payment, electronic prescribing of controlled substances and the Medicare Diabetes Prevention Program. The comments also asked CMS to hold the MIPS performance threshold at 45 points, to postpone MVP implementation until 2022, and to garner stakeholder involvement for MVP development.

The final rule is expected by Dec.1.

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