Whereas, According to the Office of Cancer Survivorship at the National Cancer Institute, in 2016 there were an estimated 15.5 million cancer survivors in the United States, projected to increase to 20.3 million by 2026 and 26.1 million by 2040; and

Whereas, In 2006 the Institute of Medicine (IOM) issued a report recommending every cancer patient receive an individualized survivorship care plan (SCP) that includes guidelines for monitoring and maintaining their health, yet a recent Commission on Cancer (CoC) survey of accredited programs found that just 21% indicated that a survivorship care plan process had been developed; and

Whereas, Major barriers to SCP implementation include (1) lack of diagnostic codes [i.e. the ICD-10 code for ‘cancer survivorship’ is Z85, an aftercare code indicating ‘personal history of malignant neoplasm’ that is not directly billable]; (2) no care protocols compatible with electronic health record (EHR) templates; and (3) absence of specific evaluation and management (E&M) codes despite the high complexity of care and medical-decision making [MDM] associated with SCPs; and

Whereas, Codifying survivorship as a distinct clinical category that belongs on problem lists with payment-linked (fee, value based, or capitated) care services benefits healthcare delivery across specialties, and moreover meets the needs of a growing cadre of patients; therefore be it

RESOLVED, That our American Medical Association study challenges in billing and coding for cancer survivorship care and invite collaboration from Internal Medicine and Specialty Societies for guideline development and implementation (Directive to Take Action); and be it further

RESOLVED, That our AMA prioritize assignation of distinct ICD-10 and E&M codes associated with cancer survivorship care, and collaborate with the Centers for Medicare and Medicaid Services implementation in order to provide standards of care and reimbursement for survivorship care plans. (Directive to Take Action)

Fiscal Note: Not yet determined

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