

SUBJECT TO RESOLUTION COMMITTEE REVIEW

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 104  
(November 2020)

Introduced by: Georgia  
Subject: Reinstatement of Consultation Codes  
Referred to: Reference Committee A

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1 Whereas, In 2010, due to a perception of abuse or misuse of consult codes, Medicare  
2 eliminated consult codes in what they calculated to be a revenue neutral manner, whereby they  
3 increased the value of other evaluation and management (E&M) codes; and  
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5 Whereas, Medicare has proposed re-valuation of E&M codes, effective 2021 if finalized; and  
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7 Whereas, United Health Care (UHC) and Cigna are moving to eliminate consult codes; and  
8  
9 Whereas, The American Medical Association House of Delegates passed Resolution 819 in  
10 2017, which passed without changes but has progressed negatively; and  
11  
12 Whereas, It appears cognitive care is undervalued; therefore be it  
13  
14 RESOLVED, That our American Medical Association proactively engage and advocate with any  
15 commercial insurance company that discontinues payment for consultation codes or that is  
16 proposing to or considering eliminating payment for such codes, requesting that the company  
17 reconsider the policy change. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 09/28/20

## RELEVANT AMA POLICY

### **Medicare's Proposal to Eliminate Payments for Consultation Service Codes D-70.953**

1. Our American Medical Association opposes all public and private payer efforts to eliminate payments for inpatient and outpatient consultation service codes, and supports legislation to overturn recent Center for Medicare & Medicaid Services' (CMS) action to eliminate consultation codes. 2. Our AMA will work with CMS and interested physician groups through the CPT Editorial Panel to address all concerns with billing consultation services either through revision or replacement of the current code sets or by some other means. 3. Our AMA will, at the conclusion of the CPT Editorial Panel's work to address concerns with billing consultation services, work with CMS and interested physician groups to engage in an extensive education campaign regarding appropriate billing for consultation services. 4. Our AMA will: (a) work with the Centers for Medicare & Medicaid Services to consider a two-year moratorium on RAC audit claims based on three-year rule violations for E/M services previously paid for as consultations; and (b) pursue Congressional action through legislation to reinstate payment for consultation codes within the Medicare Program and all other governmental programs. 5. Our AMA will petition the CMS to limit RAC reviews to less than one year from payment of claims.

Citation: Res. 807, I-09; Appended: Sub. Res. 212, I-10; Reaffirmation A-12; Appended: Res. 216, A-12; Modified: CCB/CLRPD Rep. 2, A-14; Reaffirmation: A-17

### **Consultation Codes and Private Payers D-385.955**

1. Our AMA will proactively engage and advocate with any commercial insurance company that discontinues payment for consultation codes or that is proposing to or considering eliminating payment for such codes, requesting that the company reconsider the policy change. 2. Where a reason given by an insurance company for policy change to discontinue payment of consultation codes includes purported coding errors or abuses, our AMA will request the company carry out coding education and outreach to physicians on consultation codes rather than discontinue payment for the codes, and call for release of de-identified data from the company related to purported coding issues in order to help facilitate potential education by physician societies.

Citation: Res. 819, I-17