

**AMERICAN MEDICAL ASSOCIATION PRIVATE PRACTICE PHYSICIANS SECTION
(J-21)**

Report of the Private Practice Physicians Section Reference Committee

1 Your Reference Committee recommends the following consent calendar for acceptance:
2

3 **RECOMMENDED FOR ADOPTION AS AMENDED**
4

- 5 1. Resolution 1 – Prior Authorization – CPT Codes for Fair Compensation
- 6 2. Resolution 2 – CPT Denials / Service / Preauthorization Denials
- 7 3. Resolution 3 – Enforcement of Administrative Simplification Requirements – CMS
- 8 4. Resolution 4 – Patient Privacy During Public Health Emergencies

RECOMMENDED FOR ADOPTION AS AMENDED

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2
3 (1) RESOLUTION 1 – PRIOR AUTHORIZATION – CPT CODES
4 FOR FAIR COMPENSATION

5
6 **RECOMMENDATION A:**

7
8 **The first Resolve in Resolution 1 be amended by addition**
9 **and deletion:**

10
11 **RESOLVED, That our American Medical Association**
12 **support ~~and create~~ the creation of CPT codes to provide**
13 **adequate compensation for administrative work involved in**
14 **prior authorizations, including pre-certifications and prior**
15 **notifications, that reflects the actual time expended by**
16 **physicians and healthcare practices to advocate on behalf**
17 **of patients and to comply with insurer requirements and**
18 **that compensates physicians fully for the time, effort, and**
19 **legal risks inherent in such work (Directive to Take Action);**
20 **and be it further**

21
22 **RECOMMENDATION B:**

23
24 **The second Resolve in Resolution 1 be amended by**
25 **addition:**

26
27 **RESOLVED, That our AMA support the creation of CPT**
28 **codes ~~developed for prior authorizations~~ that fully reflect**
29 **the aggregated time and effort involved in prior**
30 **authorization, including multiple contracts, wait time on the**
31 **phone, chat, or other platforms preferred by payers or their**
32 **agents, among other costs to physician practice (New HOD**
33 **Policy);**

34
35 **RECOMMENDATION C:**

36
37 **The third Resolve in Resolution 1 be amended by addition**
38 **and deletion:**

39
40 **RESOLVED, That our American Medical Association will**
41 **advocate for ~~include~~ fair compensation based on CPT**
42 **codes for prior authorization in any model legislation and**
43 **as a basis for all advocacy for prior authorization reforms**
44 **(Directive to Take Action).**

45
46 **RECOMMENDATION D:**

47
48 **Resolution 1 be adopted as amended.**
49

1 RESOLVED, That our American Medical Association support and create CPT codes to
2 provide adequate compensation for administrative work involved in prior authorizations,
3 including pre-certifications and prior notifications, that reflects the actual time expended by
4 physicians and healthcare practices to advocate on behalf of patients and to comply with
5 insurer requirements and that compensates physicians fully for the time, effort, and legal
6 risks inherent in such work (Directive to Take Action); and be it further

7
8 RESOLVED, that CPT codes developed for prior authorizations fully reflect the aggregated
9 time and effort involved in prior authorization, including multiple contracts, wait time on the
10 phone, chat, or other platforms preferred by payers or their agents, among other costs to
11 physician practice (New HOD Policy); and be it further

12
13 RESOLVED, That our American Medical Association will include fair compensation based
14 on CPT codes for prior authorization in any model legislation and as a basis for all advocacy
15 for prior authorization reforms (Directive to Take Action).

16
17 Your Reference Committee heard testimony in nearly universal support of the establishment
18 of CPT coding that could better account for the day-to-day workload of physicians, particularly
19 as they relate to the onerous prior authorization process. Committee members agreed that
20 such codes would be beneficial to practice, however members also agreed with testimony that
21 the resolution's existing language could be construed to require that the AMA directly interfere
22 in the CPT creation process. As such, the Committee believed altering that language to show
23 support for the creation of such codes and advocating for them would be more appropriate.

24
25 Your Reference Committee also considered Resolution 1 in light of guidance from the AMA
26 Speakers as to the urgency/priority of items of business to be discussed at the June 2021
27 Special Meeting of the House of Delegates. Ultimately, the Committee did not believe an
28 advocacy directive for improving CPT coding met the threshold for priority action before the
29 House during the June meeting. As such, the Committee recommends that Resolution 1 be
30 adopted as amended but not transmitted to the House of Delegates until a future meeting.

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32
33 (2) RESOLUTION 2 – CPT DENIALS / SERVICE /
34 PREAUTHORIZATION DENIALS

35
36 **RECOMMENDATION A:**

37
38 **The first Resolve in Resolution 2 be amended by addition**
39 **and deletion:**
40

1 **RESOLVED, That our American Medical Association**
2 **support and ~~create~~ the creation of CPT codes to provide**
3 **adequate compensation for administrative work involved in**
4 **successfully appealing wrongful denials of services (visits,**
5 **tests, procedures, medications, devices, and claims),**
6 **whether pre- or post-service denials, that reflect the actual**
7 **time expended by physicians and healthcare practices to**
8 **advocate on behalf of patients, appeal wrongful denials,**
9 **and to comply with insurer and legal requirements and that**
10 **compensate physicians fully for the time, effort, and legal**
11 **risks inherent in such work (Directive to Take Action); and**
12 **be it further**

13
14 **RECOMMENDATION B:**

15
16 **The second Resolve in Resolution 2 be amended by**
17 **addition and deletion:**

18
19 **RESOLVED, That our AMA ~~create~~ support the creation of**
20 **CPT codes for primary, secondary, and tertiary appeals to**
21 **independent review organizations (IROs), state and federal**
22 **regulators, and ERISA plan appeals, including codes for**
23 **appeals, reconsiderations, and other forms of appeals of**
24 **adverse determination (Directive to Take Action); and be it**
25 **further**

26
27 **RECOMMENDATION C:**

28
29 **The third Resolve in Resolution 2 be amended by addition**
30 **and deletion:**

31
32 **RESOLVED, That our American Medical Association will**
33 **include advocate for fair compensation based on CPT**
34 **codes for appeal of wrongfully denied services in any**
35 **model legislation and as a basis for all advocacy for prior**
36 **authorization reforms (Directive to Take Action).**

37
38 **RECOMMENDATION D:**

39
40 **Resolution 2 be adopted as amended with title change:**

41
42 **Appeals and Denials – CPT Codes for Fair Compensation**

43
44 **RESOLVED, That our American Medical Association support and create CPT codes to**
45 **provide adequate compensation for administrative work involved in successfully appealing**
46 **wrongful denials of services (visits, tests, procedures, medications, devices, and claims),**
47 **whether pre- or post-service denials, that reflect the actual time expended by physicians**
48 **and healthcare practices to advocate on behalf of patients, appeal wrongful denials, and to**
49 **comply with insurer and legal requirements and that compensate physicians fully for the**
50 **time, effort, and legal risks inherent in such work (Directive to Take Action); and be it further**
51

1 RESOLVED, That our AMA create CPT codes for primary, secondary, and tertiary appeals
2 to independent review organizations (IROs), state and federal regulators, and ERISA plan
3 appeals, including codes for appeals, reconsiderations, and other forms of appeals of
4 adverse determination (Directive to Take Action); and be it further

5
6 RESOLVED, That our American Medical Association will include fair compensation based
7 on CPT codes for appeal of wrongfully denied services in any model legislation and as a
8 basis for all advocacy for prior authorization reforms (Directive to Take Action).

9
10 Your Reference Committee heard testimony indicating support for this resolution with many
11 noting that it served as an appropriate complement to Resolution 1. Similar to Resolution 1,
12 testimony also reflected concern that the AMA is not in a position to create CPT codes for any
13 purpose and that it should remain removed from the process. As such, your Reference
14 Committee believed the best approach was to, again, clarify the language so that the AMA
15 would be tasked with supporting the creation of new CPT codes as well as take additional
16 advocacy action as appropriate to ensure fair compensation for physicians.

17
18 As with Resolution 1, due to restrictions placed on resolutions for consideration at the June
19 2021, the Committee is not able to recommend that Resolution 2 be forwarded to the House
20 of Delegates at this time and instead recommends the adoption of amended Resolution 2
21 with transmittal to the House of Delegates at a future meeting.

22
23 (3) RESOLUTION 3 – ENFORCEMENT OF ADMINISTRATIVE
24 SIMPLIFICATION REQUIREMENTS - CMS

25
26 **RECOMMENDATION A:**

27
28 **The first Resolve in Resolution 3 be amended by addition**
29 **and deletion:**

30
31 **RESOLVED, That our American Medical Association**
32 **~~strongly disapproves of~~ takes the position that the failure**
33 **by the National Standards Group at the Centers for**
34 **Medicare and Medicaid Services Office of Burden**
35 **Reduction to effectively enforce the HIPAA administrative**
36 **simplification requirements as required by the law and its**
37 **failure to impose financial penalties for non-compliance by**
38 **health plans is clearly unacceptable (New HOD Policy); and**
39 **be it further**

40
41 **RECOMMENDATION B:**

42
43 **The second Resolve in Resolution 3 be amended by**
44 **addition and deletion:**

45
46 **RESOLVED, That our AMA ~~strongly disapproves of~~ takes**
47 **the position that the National Standards Group at the**
48 **Centers for Medicare and Medicaid Services Office of**
49 **Burden Reduction practices of closing complaints without**
50 **further investigation and ignoring overwhelming evidence**

1 **that contradicts health plan assertions is unacceptable**
2 **(New HOD Policy); and be it further**

3
4 **RECOMMENDATION C:**

5
6 **The third Resolve in Resolution 3 be amended by addition**
7 **and deletion:**

8
9 **RESOLVED, That our American Medical Association will**
10 **advocate ~~that there is~~ for parity in the enforcement of the**
11 **HIPAA Privacy Rule and the HIPAA Administrative**
12 **Simplification requirements and that it government**
13 **agencies impose penalties on health plan violations of**
14 **HIPAA ~~with the same zest it does to providers for violations~~**
15 **~~of MIPS~~ (Directive to Take Action).**

16
17 **RECOMMENDATION D:**

18
19 **Resolution 3 be adopted as amended.**

20
21 RESOLVED, That our American Medical Association strongly disapproves of the failure by
22 the National Standards Group at the Centers for Medicare and Medicaid Services Office of
23 Burden Reduction to effectively enforce the HIPAA administrative simplification
24 requirements as required by the law and its failure to impose financial penalties for non-
25 compliance by health plans (New HOD Policy); and be it further

26
27 RESOLVED, That our AMA strongly disapproves of the National Standards Group at the
28 Centers for Medicare and Medicaid Services Office of Burden Reduction practices of closing
29 complaints without further investigation and ignoring overwhelming evidence that contradicts
30 health plan assertions (New HOD Policy); and be it further

31
32 RESOLVED, That our American Medical Association will advocate that there is parity in the
33 enforcement of the HIPAA Privacy Rule and the HIPAA Administrative Simplification
34 requirements and that it imposes penalties on health plan violations of HIPAA with the same
35 zest it does to providers for violations of MIPS (Directive to Take Action).

36
37 Your Reference Committee heard testimony in support of Resolution 3, though with the
38 recognition that the use of “strongly disapproves” in the first and second Resolves should be
39 substituted and added to with language that more specifically frames the issue in terms of
40 new AMA policy.

41
42 The Committee additionally considered the third Resolve’s linking of HIPAA administrative
43 simplification requirements and MIPS to be potentially confusing. Through testimony and
44 debate, the Committee appreciated the intent of the Resolve to push for fair treatment,
45 irrespective of federal regulatory or administrative body, however the Committee believed the
46 intent could be made stronger by distilling the message, that of fair play, to a declarative
47 statement rather than a comparative one. The Committee also believed broadening the
48 statement gives it more authority and applicability.

49
50 After considering the restrictions placed on resolutions to be considered at the June 2021
51 Special Meeting of the House of Delegates, the Committee does not believe that the issue at

1 hand, parity and fair action in assigning penalties, is one that meets the threshold established
2 for urgency/priority. It is the sense of the Committee that the issue, while important and worthy,
3 is unlikely to change substantively in the next six months and thus is unlikely to warrant
4 immediate action. As such, your Reference Committee is not able to recommend Resolution
5 3 be forwarded to the House of Delegates at this time and instead recommends adoption of
6 Resolution 3 as amended, with transmittal to the House of Delegates deferred to a future
7 meeting.

8
9 (4) RESOLUTION 4 – PATIENT PRIVACY DURING PUBLIC
10 HEALTH EMERGENCIES

11
12 **RECOMMENDATION A:**

13
14 **The first Resolve in Resolution 4 be amended by addition**
15 **and deletion:**

16
17 **RESOLVED, That our American Medical Association**
18 **oppose condemns the use of patient/customer information**
19 **collected by retail pharmacies for COVID-19 vaccination**
20 **scheduling and/or the vaccine administration process for**
21 **commercial marketing or future patient recruiting**
22 **purposes, especially any targeting based on medical**
23 **history or conditions (New HOD Policy); and be it further**

24
25 **RECOMMENDATION B:**

26
27 **Resolution 4 be adopted as amended with a title change:**

28
29 **Preventing Inappropriate Use of Patient Protected Medical**
30 **Information in the Vaccination Process**

31
32 **RECOMMENDATION C:**

33
34 **Resolution 4 be transmitted immediately to the House of**
35 **Delegates for consideration at the June 2021 Special**
36 **Meeting.**

37
38 RESOLVED, That our American Medical Association oppose the use of patient/customer
39 information collected by retail pharmacies for vaccination scheduling and/or the vaccine
40 administration process for commercial marketing or future patient recruiting purposes,
41 especially any targeting based on medical history or conditions (New HOD Policy); and be it
42 further

43
44 RESOLVED, That our AMA oppose the sale of medical history data and contact information
45 accumulated through the scheduling or provision of government-funded vaccinations to third
46 parties for use in marketing or advertising (New HOD Policy).

47
48 Your Reference Committee heard testimony strongly supporting this resolution though with
49 some concerns that merely opposing actions of pharmacy chains or other actors was beyond
50 the realm of actions that the AMA could meaningfully take as opposition would be unlikely to
51 address the issue at hand. Your Reference Committee agreed, arguing that framing the issue

1 in terms of new AMA policy would yield better results and thus use of the term “condemn”
2 would make for a stronger statement of policy.

3

4 The Committee also heard requests to strengthen the title to make it more descriptive of the
5 ultimate goal of the resolution, to keep healthcare companies from inappropriately using
6 vaccines against a pandemic as an opportunity to improve marketing and customer targeting,
7 particularly given that during the COVID-19 pandemic it has been far more common for people
8 seeking a vaccination to get it through a retail pharmacy or other institutional setting than
9 through their personal physician. The Committee agreed with testimony that while placing
10 additional barriers to getting vaccines is counterproductive, using vaccines as part of a
11 marketing attempt to lure patients away from their established physicians would be worrying.
12 Finally, your Reference Committee believed that this topic is sufficiently urgent/priority to
13 warrant immediate transmittal of amended Resolution 4 to the House of Delegates for
14 consideration at the June 2021 Special Meeting.