Whereas, The COVID-19 pandemic and restrictions brought unprecedented financial strain upon physicians, with the most recent Physician Foundation survey showing 12 percent of physicians either closing or planning to close their practice within the next year (75 percent of those physicians are in private practice), and nearly 75 percent of physicians reported lost income; and

Whereas, During this time, physicians also had to implement the new Current Procedural Terminology® (CPT®) Evaluation and Management (E/M) code revisions, which became effective January 1, 2021; and

Whereas, This was the first major change to the codes and guidelines for office and other outpatient evaluation and management (E/M) services in 24 years; and

Whereas, Although the Centers for Medicare and Medicaid Services (CMS) signaled its intent to update E/M coding and documentation guidelines when it requested stakeholder feedback in the proposed 2017 Medicare Physician Fee Schedule rules and continued to propose updates in future rules, some stakeholders were hopeful for a delay as physicians were still reeling from the pandemic; and

Whereas, Given that each patient encounter and experience is unique, medical coding system to accurately reflect the care given within hundreds of specialties and thousands of patient visits may be difficult or have a disparate impact on physicians in different specialties; and

Whereas, The AMA reported that when the revisions became effective, the AMA received feedback on areas causing confusion, in response to which the CPT Editorial Panel issued technical corrections to add clarity and answer questions concerning the E/M code revisions; and

Whereas, The intent of these E/M coding changes - to modernize billing and documentation, reduce administrative burdens on physicians, and recognize time spent evaluating and managing patients’ care - is commendable; however, actual experiences and consequences should be studied and modified as necessary to further simplify E/M documentation and ease administrative burdens and to fairly and accurately reflect the evaluation and management services provided by private and employed physicians, reflective of the complexity of care within all specialties, and respectful of uncompensated care by our specialist colleagues; therefore be it
RESOLVED, That our American Medical Association survey physicians about and study the impact of the 2021 CPT® Evaluation and Management coding reform on physicians, among all specialties, in private and employed practices and report the findings and any recommendations at the June 2022 meeting of the House of Delegates. (Directive to Take Action)

Fiscal Note: Modest - between $1,000 - $5,000

Received: 10/13/21

AUTHOR’S STATEMENT OF PRIORITY

The 2021 American Medical Association (AMA) Current Procedural Terminology® (CPT®) Evaluation and Management code set went live on January 1, 2021. It is currently affecting physician reimbursement. Failure to address any potential harm in a timely manner will result in more practice closures and worsen patient access to physicians. This resolution asks the AMA to study an issue that is very pertinent to practicing physicians right now.

Source:

RELEVANT AMA POLICY

AMA CPT Editorial Panel and Process H-70.973
The AMA will continue (1) to work to improve the CPT process by encouraging specialty societies to participate fully in the CPT process; (2) to enhance communications with specialty societies concerning the CPT process and subsequent appeals process; and (3) to assist specialty societies, as requested, in the education of their members concerning CPT coding issues.
Citation: Sub. Res. 806, A-92; Reaffirmed: CMS Rep. 10, A-03; Reaffirmation A-07; Reaffirmed: CMS Rep. 01, A-17; Reaffirmation: I-17

Preservation of Evaluation/Management CPT Codes H-70.985
It is the policy of the AMA to (1) oppose the bundling of procedure and laboratory services within the current CPT Evaluation/Management (E/M) services; (2) oppose the compression of E/M codes and support efforts to better define and delineate such services and their codes; (3) seek feedback from its members on insurance practices that advocate bundling of procedures and laboratory services with or the compression of codes in the CPT E/M codes, and express its views to such companies on behalf of its members; (4) continue to work with the PPRC and all other appropriate organizations to insure that any modifications of CPT E/M codes are appropriate, clinically meaningful, and reflective of the considered views of organized medicine; and (5) work to ensure that physicians have the continued opportunity to use CPT as a coding system that is maintained by the medical profession.
Citation: Sub. Res. 98, A-90; Reaffirmed by Res. 850, A-98; Reaffirmed: Res. 814, A-00; Reaffirmation I-00; Reaffirmed: CMS Rep. 6, A-10; Reaffirmed: CMS Rep. 01, A-20

Use of CPT Editorial Panel Process H-70.919
Our AMA reinforces that the CPT Editorial Panel is the proper forum for addressing CPT code set maintenance issues and all interested stakeholders should avail themselves of the well-established and documented CPT Editorial Panel process for the development of new and revised CPT codes, descriptors, guidelines, parenththetic statements and modifiers.
CPT Coding System H-70.974
1. The AMA supports the use of CPT by all third party payers and urges them to implement yearly changes to CPT on a timely basis.
2. Our AMA will work to ensure recognition of and payment for all CPT codes approved by the Centers for Medicare & Medicaid Services (CMS) retroactive to the date of their CMS approval, when the service is covered by a patient's insurance.

The AMA (1) continues to seek ways to increase its efforts to communicate with specialty societies and state medical associations concerning the actions and deliberations of the CPT Maintenance process; (2) urges the national medical specialty societies to ensure that their representatives to the CPT process are fully informed as to their association's policies and coding preferences; and (3) urges those specialty societies that have not nominated individuals to serve on the CPT Advisory Committee to do so.