

Why Pennsylvania Physicians Should Weigh in on the 2019 Medicare Physician Fee Schedule Proposal

There has been much discussion among physicians about the 2019 Medicare Physician Fee Schedule (PFS) proposed rule ever since the Centers for Medicare and Medicaid Services (CMS) released its proposal on July 12.

The Medicare PFS proposal includes major changes to evaluation and management (E&M) services coding, payment, and documentation, among other changes. If implemented, it could affect office workflow, how patient care is managed, and physician reimbursement.

And, since commercial payers often use Medicare as a benchmark when setting their own reimbursement policies, the final version of the rule could create a significant ripple effect that extends well beyond Medicare Part B.

Why Physicians Should Comment on the 2019 Medicare PFS Proposed Rule

CMS is accepting **public comments** on the proposal through Sept. 10 at 5 p.m.

Remember – the proposal is just that: a proposal. Nothing has been finalized. The voices of health care professionals can have a real impact on what is included in the final rule.

MEDICARE FEE SCHEDULE ESTIMATOR



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During a 2019 Medicare PFS listening session held on Aug. 23, CMS emphasized repeatedly that it is looking to gather as much feedback as possible – be it positive or negative – from physicians and other stakeholders. Historically, CMS has taken stakeholder input into account when drafting the final rule. That's why it's so important for every physician who has concerns to share them during the comment period.

Pennsylvania physicians and practices are encouraged to review the Pennsylvania Medical Society's (PAMED) talking points noted below when crafting your own comments to CMS. You can copy and paste any items you wish to include in your own comments:

- The proposal of collapsing E&M visit levels 2 through 5 would be detrimental to physicians in specialties that treat the sickest patients, as well as physicians who provide comprehensive primary care, and ultimately hurt patients' ability to access care.
- The proposal of collapsing E&M visit levels 2 through 5 would harm patients by disincentivizing physicians who treat multiple, more complex, or time-consuming issues at a given office visit.
- Collapsing E&M visit levels 2 through 5 would be a disservice to patients. The proposed policy may require physicians to see more patients in a day to make the same overhead, and that will result in less time available for the doctor and patient to share.
- Regardless of Medicare's proposal to reduce documentation requirements, physicians will need to continue with the burdensome documentation for their non-Medicare patients. Differentiating documentation methods would not benefit patients or physicians in any regard.
- Modifier 25-specified E&M work is no less than what would be done if the patient were to be evaluated on a separate day. Therefore, it is completely unreasonable to arbitrarily diminish the value of that work by relegating it to a 50 percent payment reduction when it is done on the same day as a procedure.

To review CMS' proposal before commenting, visit the [Federal Register online here](#).

Comment Now

PAMED is also preparing comments on the proposed rule and will submit our formal comment letter before the Sept. 10 deadline. We will share any updates with members via the weekly *Dose* email newsletter.

NCMS members with questions on the 2019 Medicare PFS proposal can contact The PAMED Knowledge Center at 855-PAMED4U (855-726-3348) or KnowledgeCenter@pamedsoc.org.