



## SUPPORT CMS' FINAL POLICY ON EVALUATION AND MANAGEMENT SERVICES TO IMPROVE PATIENT ACCESS TO CARE

**REQUEST: Please urge the Centers for Medicare & Medicaid Services (CMS) to implement the evaluation and management (E/M) code policy and revised documentation requirements as finalized in the CY 2020 Physician Fee Schedule (PFS) to ensure patients have access to the care hepatologists provide to their patients. Due to the budget neutrality requirement, we also request that these changes be implemented in a manner to minimize the redistributive effects.**

### Introduction

The burden of chronic liver diseases, like nonalcoholic fatty liver disease (NAFLD) and viral hepatitis, continues to grow. Left untreated, these conditions may lead to fibrosis, cirrhosis, end stage liver disease, and liver cancer. Successfully managing these conditions requires the specialized expertise of hepatologists who are trained to treat complex liver diseases and comorbid conditions. Patients are generally treated during regular office visits with their physicians who monitor disease progress, manage medications, and attend to other complex follow up needs. It is critical that we maintain a robust hepatology workforce as the number of Americans with liver diseases continues to grow.

Given the complex nature of liver disease, the outpatient E/M changes will be particularly impactful for our members and the patients they treat. CMS began exploring policy changes in the 2019 rulemaking cycle, to reduce the administrative burden of the outpatient E/M documentation requirements. As CMS explored policy options, the agency also considered how to improve the valuation of office visit services to ensure patients have access to primary care and other cognitive (non-procedural) services which are delivered by many specialists, including hepatologists.

### E/M Policy Included in CY 2020 PFS Final Rule

In the CY 2020 PFS final rule (CMS-1715-F), CMS finalized several policy changes that will both reduce the administrative burden of documenting the services provided during office visits and protect patient access to cognitive services. Specifically, the agency adopted the outpatient E/M code definitions and documentation requirements as revised by the American Medical Association (AMA) Current Procedural Terminology (CPT®) Editorial Panel as well as adopted the associated relative value units recommended by the AMA Relative Value Scale Update Committee (RUC). We are grateful for the E/M code changes that were recently finalized by CMS. We also believe that more work needs to be done to appropriately value the services and care that we provide to our patients.

### Complexity Add-On Code

CMS also finalized an add-on code (GPC1X) to describe the work associated with ongoing, comprehensive primary care and/or visits that are part of ongoing care related to a patient's single, serious, or complex chronic condition. In reference to the add-on code, the agency stated, "we believe that there is still a need for an add-on code because the revised office/outpatient E/M visit code set does not recognize that there are additional resource costs inherent in furnishing some kinds of office/outpatient E/M visits." We agree with CMS that this add-on code is necessary to accurately capture the additional complex work that is part of many cognitive office visits not captured by the

revised E/M code set. *This code would help better describe the longitudinal relationships and expertise required for hepatologists to treat patients with complex chronic diseases, like Hepatitis C and fatty liver disease.*

The E/M policy changes address the longstanding payment inaccuracies in the PFS and are an overdue first step toward appropriately recognizing the value of the essential cognitive care that patients receive to manage their chronic conditions and avoid acute episodes. The revised E/M codes represent the first significant changes since the codes were valued under the PFS. We are hopeful they will help to protect patient access to critical cognitive care services.

**For more information, please contact Lyle Dennis or Erika Miller at (202) 484-1100.**