



Talking Points

Medicare Physician Fee Schedule Cuts to Surgical and Other Physician Services

Background:

- In the 2020 Medicare Physician Fee Schedule, the Centers for Medicare & Medicaid Services finalized policy changes for evaluation and management (E/M) services that have the potential to drastically reduce patients' access to surgical care.
- As a result of these policy changes, surgeons and physician specialties will see drastic cuts to their Medicare payments cut when CMS implements them in less than six months.
- In its proposed 2021 Medicare Physician Fee Schedule rule, CMS announced it is not making the changes to E/M policies requested by the American Academy of Ophthalmology and other surgical specialties.
- Consequently, ophthalmology practices like mine are facing a minimum 6% cut Jan. 1, 2021.
- But that number doesn't tell the whole story. As a result of the proposed 2021 Medicare Physician Fee Schedule rule, cataract procedures could be cut by another 9% in January. This could have a devastating effect on ophthalmology practices after they had a 15% cut to cataract procedures in 2020.
- Retina and glaucoma procedures are also facing 9% cuts in 2021.
- Many small ophthalmology private practices that are still struggling to recover from the COVID-19 pandemic will be devastated by these substantial payment cuts.
- Studies have shown that surgical specialties, in particular, have been deeply effected by the COVID-19 pandemic due to large reductions in office visits and procedures during the public health emergency.
- Getting relief from these cuts is critical for the long-term recovery of ophthalmology and other surgical/specialty practices from the COVID-19 pandemic.

What Congress Can Do:

- Specifically, Congress should waive budget neutrality for the Medicare payment changes for E/M services that will be implemented Jan. 1, 2021.
- This action will allow CMS to implement significant new increases in payment for E/M visits but avoid drastic payment cuts to other physician services that would have been required to offset the costs associated with the way that CMS wants to do it—through an add-on code.
- Congress should also direct CMS to apply payment increases to the E/M post-op visits for 10- and 90-day global services.
- We believe that CMS is violating the current statute by not applying the E/M increases to the post-op visits.

- In the past, CMS has always increased the post-op values when it has increased the values of the E/M codes.
- Applying these increases would be particularly helpful to ophthalmology since our main cataract code was just revalued and took a 15% cut at the beginning of 2020.
- Part of the reason for this cut was the loss of one post-op visit in the global code. CMS accepted the new RUC recommended value which includes three post-op visits.
- But because CMS won't apply the E/M increases to the post-op visits, ophthalmologists like me are going to take a double hit come Jan. 1.

Closing

- I urge you to support efforts to waive Medicare's budget neutrality requirements for these E/M adjustments and to require CMS to apply the increased E/M adjustment to 10- and 90-day global code values.