

March 30, 2020

Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
Attention: CMS-1715-F
P.O. Box 8011
Baltimore, MD 21244-1850

Re: Office/Outpatient E/M Visits in the CY 2020 Medicare Physician Fee Schedule Final Rule (effective CY 2021)

Dear Administrator Verma:

On behalf of over 34,000 orthopaedic surgeons and residents represented by the American Association of Orthopaedic Surgeons (AAOS) and associated orthopaedic specialty societies, we are writing to once again express our grave concern with the policies for the calendar year (CY) 2021 Office/Outpatient evaluation and management (E/M) visits, as finalized in the CY 2020 Medicare Physician Fee Schedule (CMS-1715-F). We are dismayed that CMS has failed to adopt all of the American Medical Association/Specialty Society Relative Value Scale Update Committee (RUC)-recommended work and time values for the revised office visit E/M codes for CY 2021, including the recommended changes to the 10- and 90-day global codes. **AAOS urges CMS to apply the RUC-recommended changes to the global codes for CY 2021.**

As we have already stated in our formal comments in response to the CY 2020 Medicare Physician Fee Schedule proposed rule, finalizing the office/outpatient E/M visit revaluation without extending the updates to the global surgical codes would disrupt the relativity in the fee schedule, create specialty differences, and may even violate section 523(a) of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

We believe that CMS mistakenly states that the visits in the global package codes are not directly included in the valuation. Rather, the work RVUs for procedures with a global period are generally valued using magnitude estimation. It is our perception that CMS has conflated the MACRA legislation requirement to review the number and level of visits in global codes with maintaining relativity across the fee schedule based on current data in the CMS work/time file. These two issues are not related.

As a representative body for the medical profession, in April 2019 the RUC voted 27-1 in favor of applying the full increase to work and physician time for office visits incorporated into the global periods for each CPT code with a global period of 10- or 90-days.

In the interest of preserving access to quality specialty care, we stress that CMS must apply the RUC-recommended changes to the global codes for CY 2021. As always, AAOS is committed to strengthening the value of musculoskeletal care through our continued partnership with CMS.

Thank you for your time and consideration of the American Association of Orthopaedic Surgeons' thoughts. If you have any questions on our comments, please do not hesitate to contact William Shaffer, MD, FAAOS, AAOS Medical Director by email at shaffer@aaos.org.

Sincerely,



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President, AAOS

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Alabama Orthopaedic Society
American Association for Hand Surgery
American Association of Hip and Knee Surgeons
American Orthopaedic Foot & Ankle Society

American Orthopaedic Society for Sports Medicine
American Shoulder and Elbow Surgeons
Arizona Orthopaedic Society
Arkansas Orthopaedic Society
Arthroscopy Association of North America
Cervical Spine Research Society
Colorado Orthopaedic Society
Connecticut Orthopaedic Society
Georgia Orthopaedic Society
Illinois Association of Orthopaedic Surgeons
Iowa Orthopaedic Society
Kansas Orthopaedic Society
Limb Lengthening and Reconstruction Society
Maryland Orthopaedic Association
Massachusetts Orthopaedic Association
Musculoskeletal Tumor Society
Ohio Orthopaedic Society
Pediatric Orthopaedic Society of North America
Pennsylvania Orthopaedic Society
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Scoliosis Research Society
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