



AMERICAN SOCIETY OF GENERAL SURGEONS

750 Main Street, Suite 206 Mendota Heights, Minnesota 55118

952-452-6049 • www.theasgs.org

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September 27, 2017

Via Electronic Mail

Seema Verma

Administrator

Centers for Medicare & Medicaid Services

Department of Health & Human Services

Attention: CMS-1693-P

7500 Security Boulevard

Baltimore, MD 21244-1850

Re: File Code CMS-1715-P; Medicare Program: CY2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations

Dear Administrator Verma,

These comments are being submitted on behalf of the members of the American Society for General Surgeons (ASGS) on the Proposed CY 2020 Physician Fee Schedule Rule (CMS-1715-P). The ASGS is dedicated to achieving the political, economic, and educational changes that benefit the welfare of General Surgeons and their patients.

The ASGS appreciates the effort that the Agency has dedicated to the development of the Medicare Physician Fee Schedule Proposed Rule. While we are pleased with some of the proposed changes, we appreciate the opportunity to provide comment. Specifically, we would like to take the opportunity to provide comments on the proposed policy changes for Evaluation and Management (E/M) office visits and office visits included in global surgical payment, effective for services on or after January 1, 2021.

The ASGS commends the Agency for responding to stakeholder requests to create a process by which the public will have input into the CPT code values prior to publication in the final rule, and prior to final implementation. Having a process that allows for input creates a greater opportunity that the codes will be more accurately valued.

Alternative E/M Values Based on Time

CMS has proposed RVUs for new and established patient office visits using a time-based formula. Moving forward with these proposed values would distort the resource relativity that the RUC strives to achieve through the survey process. The RUC also seeks to value the codes appropriately in comparison to one another.

The ASGS disagrees with CMS' proposed values which would create disparity in the Work Per Unit of Time (WPUT) for established patient visits, creating lower values for higher level E/M codes. Alternatively, ASGS encourages CMS to adopt the RUC valuations as submitted.

Office Visits Included in Global Surgical Payment

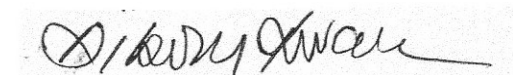
Many societies, including members of the ASGS, participated in the RUC survey for valuation of the office visit codes. The results showed that surgeon data was comparable to the data of our colleagues in primary care, yet CMS's proposal does not apply the office visit increases to the visits bundled into global surgery payment. We disagree with this proposed policy and strongly encourage CMS to reconsider equitable payment for all physicians performing these services and in alignment with its own policies. Instead of implementing a policy which pays surgeons at a different rate from other physicians, we recommend that CMS send any codes which it believes to be misvalued through the RUC process to be addressed individually.

We understand that CMS is still in the process of gathering data and information on the service levels and number of post-operative visits that should be bundled into the global payment for surgical codes, and we support the Agency's decision to not modify the values until the data is accurate.

We believe that there are numerous flaws in the RAND methodologies, and this was confirmed with a comparison of a review of ASGS' own internal data from a variety of general surgical practice models of our Board. Therefore, the ASGS encourages CMS to finalize a policy which applies the RUC recommended values to both the stand-alone office visit E/M codes as well as the office visit E/M component of the global surgical codes.

The ASGS appreciates the opportunity to submit comments on the proposed CY 2020 PFS rule, and looks forward to working with CMS to address our concerns.

Sincerely,



Albert Kwan, MD

President, American Society of General Surgeons