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JOINT RESPONSE REGARDING 2021 MEDICARE PHYSICIAN FEE SCHEDULE FOR CRITICAL CARE

As described in the accompanying article on the 2021 Medicare Physician Fee Schedule (MPFS), critical care providers' payments are proposed to be cut by 8%. In response, the American College of Chest Physicians, the American Thoracic Society, and the Society of Critical Care Medicine generated a letter to the Department of Health and Human Services Secretary (HHS) Alex Azar to express dismay at the seemingly incongruous action during the COVID-19 pandemic when critical care services have met unprecedented demand.

The letter reminds Secretary Azar that members have been forced to work in less than ideal conditions, without adequate protective gear, and through equipment and drug shortages, putting themselves at significant risk of infection with COVID-19. As of early September, [more than 1,100 critical care providers](#) have contracted COVID-19 and died.

Further, the letter acknowledges that other medical specialties had the opportunity to suspend their practice, postponing elective services, or moving to telemedicine platforms to continue treating patients. The options open to those groups are generally not available to critical care providers. When patients are critically ill, members of the critical care societies are at the bedside. As the signatories state, "And for this [commitment to treating the critically ill], critical care Medicare reimbursements will be cut by 8%."

More than 100 physician organizations, representing nearly all medical specialties, have contacted HHS expressing support for using the public health emergency authority to waive budget neutrality to avert the further financial hardship on physician providers. The letter concludes, "For critical care physicians on the frontlines of the COVID response, relief from the impact of budget neutrality adjustments is essential."

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Be sure to check
[chestnet.org](https://www.chestnet.org) and
CHEST Today for
COVID-19 related
education, practice,
and regulatory
updates.

CALL TO COMMENT ON PROPOSED 2021 MPFS FEE SCHEDULE BEFORE OCTOBER 5

Comments on the proposed 2021 [Physician Fee Schedule](#) (PFS) may be made until October 5 in anticipation of the final rule's publication around December 1. Members of the pulmonary, critical care, and sleep medicine community will want to pay special attention in providing input on two areas in the release from The Centers for Medicare and Medicaid Services (CMS): (1) the drop in the conversion factor; and (2) the acceptance of changes to office evaluation and management (E/M) Current Procedural Terminology (CPT®) codes. (See complete code list in the [September 2020 issue](#) of *CHEST Physician*.)

Legislated budget neutrality requires that increased spending in any area be offset by reductions in other areas. Significant in the 2021 proposal is that, unlike previous years, the change in the PFS conversion factor for one relative value unit (RVU) for reimbursement will go down 10.61% from \$36.09 to \$32.26 to accommodate increases in the RVUs related to the revaluing of the office E/M CPT codes and other programs and services. A greater reduction in reimbursement will occur in those specialty practices with more inpatient and procedural services, while office-based practices will see an increase in reimbursement. For example, the proposed change in 2021 reimbursement for family practice results in a 13% increase, while it is an 8% decrease for critical care medicine. (See "Joint Response Regarding 2021 Medicare Physician Fee Schedule for Critical Care" in this issue.) The increase in reimbursement for office E/M visits did not apply to visits bundled into global surgery codes, explaining the reduction in thoracic surgery and cardiac surgery of 8% and 9%, respectively.

CMS accepted the change in code descriptors and levels of reimbursement for office-based E/M codes **99202-99215** as recommended by the Relative Value Scale Update Committee (RUC), which are now determined based on medical decision making or time. In addition, the 2020 rule's E/M add-on code **GPC1X**, which "reflects the time, intensity, and PE [practice expense] when practitioners furnish services that enable them to build longitudinal relationships with all patients (that is, not only those patients who have a chronic condition or single-high risk disease) and to address the majority of patients' health care needs with consistency and continuity over longer periods of time" is expected to be billed with every E/M visit and is estimated to be \$181M across all specialties. CMS is soliciting more specific information to inform refined language related to clarifying use of the **GPC1X** code.

Further, CPT code **99XXX** represents a prolonged service code to be applied when time is used to determine the level of a code and exceeds the time of codes **99205** and **99215**. While CMS accepted the RVU values of the **99XXX** code, it changed the time elements for reporting. (See specific times for codes in [CHEST Physician](#).)

The proposed rules could have significant effects on CHEST members' practices. We urge you to discuss these with your colleagues and submit comments before the October 5 deadline.

CHEST JOINS IN SUPPORT FOR BILL TO EASE BARRIERS TO OXYGEN ACCESS

CHEST joined 10 other organizations in signing a [letter](#) to US House Representative Cathy McMorris Rodgers (R-Washington) supporting HR 8158, the bill she and co-sponsor Dave Loebsack (D-Iowa) introduced on September 4 to suspend the budget neutrality requirement for supplemental oxygen under current Medicare rules.

The letter describes the current barriers to the supplemental oxygen delivery systems, particularly liquid oxygen, that the Medicare competitive bidding program inadvertently introduced. The decrease in reimbursement resulted in lack of access and service to many Medicare beneficiaries whose quality of life is dependent on supplemental oxygen. While CMS has recognized the problem and made changes in payment policy, the budget neutrality requirements still hinder access. HR 8158 would provide administrative flexibility to CMS to restore Medicare beneficiary access in a meaningful way.

The following organizations are signatories to the letter on behalf of their patients:

Alpha-1 Foundation, American Association for Respiratory Care, American College of Chest Physicians, American Lung Association, American Thoracic Society; COPD Foundation, Dorney-Koppel Foundation, Pulmonary Fibrosis Foundation, Pulmonary Hypertension Association, Respiratory Health Association, and US COPD Coalition.

CHEST'S BIGGEST EVENT OF THE YEAR IS ALMOST HERE

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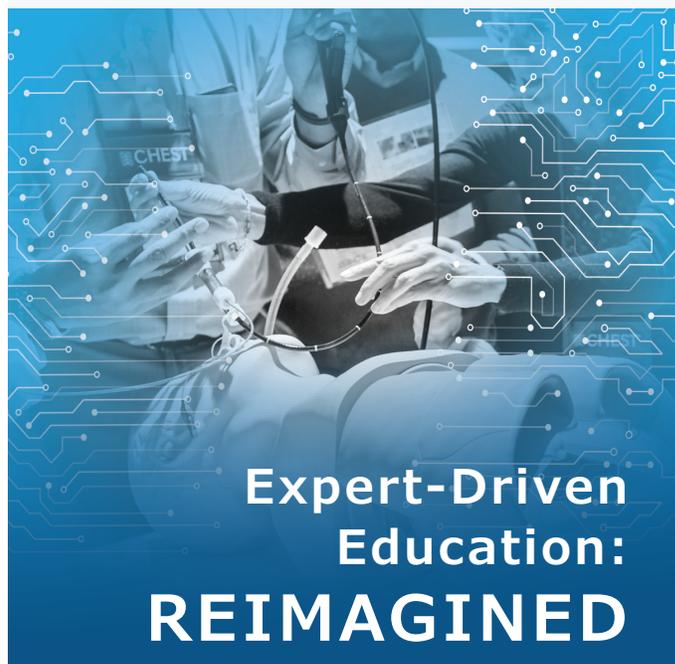
CLINICIAN MATCHING NETWORK CONNECTS HOSPITALS WITH HEALTH-CARE WORKERS

As the COVID-19 pandemic persists throughout the United States, the American College of Chest Physicians, the American Thoracic Society, and PA Consulting's Clinician Matching Network continues pairing qualified health-care workers with locations in need. Hospitals experiencing a shortage of clinicians or needing to provide respite for health-care workers can register for support through the Clinician Matching Network. If you are a clinician who wishes to participate, [learn more about the program](#).

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October 18-21
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