

March 29, 2022

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 445–G  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Administrator Brooks-LaSure:

On behalf of our members, the American Medical Association (AMA) and the undersigned national medical specialty societies urge the Centers for Medicare & Medicaid Services (CMS) to rescind the CY 2022 Medicare Physician Payment Schedule final rule<sup>1</sup> regarding who should bill for split or shared visits when elements of the visit are performed by both a physician and a qualified healthcare professional (QHP), and revise the rule after providing another opportunity for public comment on this policy. Beginning in 2023, only the physician or QHP who performs more than 50 percent of the time of the total visit can bill the split or shared visit. This policy would drastically disrupt team-based care and interfere with the way care is delivered in the facility setting. **CMS should not move forward with this policy and, instead, we urge CMS to propose an alternative policy in the CY 2023 Medicare Physician Payment Schedule proposed rule that allows physicians or QHPs to bill split or shared visits based on time or medical decision-making. Doing so will allow CMS to seek public comment from physicians and QHPs to ensure that the revised policy does not have any unintended consequences for team-based care and patients.**

Our organizations support physician-led, team-based patient care. Patients benefit from the collaboration of physicians and QHPs who care for patients in hospitals, skilled nursing facilities, and other facilities, where they work hand-in-hand. However, billing based on the physician or QHP who performs more than 50 percent of the total time of the visit will disincentivize the continuation of these care relationships. There is significant variability in how much time it takes to perform elements of the visit based on the level of training and expertise of the physician and QHP. The medical decision making directing the management of the patient's care determines the course of treatment for the patient, but it typically does not require the most time. Just as is the case now, the physician or QHP who performs these critical elements of the visit should be able to bill for it.

We understand that CMS believes time-based billing is auditable; however, CMS has a long history of auditing evaluation and management services based on documentation in the medical record substantiating appropriate billing based on history, exam, and medical decision-making. We see no reason why CMS would be unable to continue to use these same program integrity levers to audit split or shared visits billed on the basis of time or medical decision-making.

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<sup>1</sup> <https://www.govinfo.gov/content/pkg/FR-2021-11-19/pdf/2021-23972.pdf>.

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**We strongly urge CMS not to disrupt team-based care in the facility setting and to revise the split or shared visit policy to allow the physician or QHP who is managing and overseeing the patient's care to bill for the service. We look forward to providing additional input.**

Thank you for considering this request.

Sincerely,

American Medical Association  
AMDA-The Society for PALTC Medicine  
American Academy of Allergy, Asthma & Immunology  
American Academy of Neurology  
American Academy of Otolaryngology- Head and Neck Surgery  
American Academy of Physical Medicine & Rehabilitation  
American Academy of Sleep Medicine  
American Association of Clinical Urologists  
American Association of Neurological Surgeons  
American Association of Orthopaedic Surgeons  
American College of Allergy, Asthma & Immunology  
American College of Cardiology  
American College of Chest Physicians  
American College of Emergency Physicians  
American College of Gastroenterology  
American College of Medical Genetics and Genomics  
American College of Obstetricians and Gynecologists  
American College of Osteopathic Internists  
American College of Osteopathic Surgeons  
American College of Physicians  
American College of Rheumatology  
American College of Surgeons  
American Gastroenterological Association  
American Geriatrics Society  
American Medical Group Association  
American Psychiatric Association  
American Society for Clinical Pathology  
American Society for Dermatologic Surgery Association  
American Society for Gastrointestinal Endoscopy  
American Society for Radiation Oncology  
American Society of Anesthesiologists  
American Society of Echocardiography  
American Society of Hematology  
American Thoracic Society

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Association of American Medical Colleges

College of American Pathologists

Congress of Neurological Surgeons

Heart Rhythm Society

Infectious Diseases Society of America

International Society for the Advancement of Spine Surgery

Medical Group Management Association

Renal Physicians Association

Society for Cardiovascular Angiography and Interventions

Society of Hospital Medicine

Society of Interventional Radiology

Spine Intervention Society

The Society of Thoracic Surgeons