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3 **Title: CMS Face-to-Face Visit Documentation**
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5 **Introduced by: Domenic R. Federico, MD, for the Kent County Delegation**
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7 **Original Author: Jayne E. Courts, MD**
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9 **Referred to: Reaffirmation Calendar**
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11 **House Action: Approved**
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14 **Whereas, face-to-face forms for therapy were implemented by CMS in**
15 **2011 in an effort to limit Medicare fraud, and**
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17 **Whereas, face-to-face forms require a visit with a physician or a non-**
18 **physician provider plus a physician signature to document the rationale for a**
19 **therapy order, and**
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21 **Whereas, the required visit actually increases the cost of medical care for**
22 **therapy, and**
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24 **Whereas, no data is available regarding any reduction in the number of**
25 **fraud cases, the amount of any savings, the added cost of handling the**
26 **additional forms, and the added cost of additional office visits required for this**
27 **documentation, and**
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29 **Whereas, the AMA “supports federal mandates that all federal health care**
30 **regulatory agencies (e.g., the FDA, the DEA, and the CMS) must demonstrate**
31 **the benefit of existing regulations and new regulations within three years of**
32 **implementation; and that the demonstration of benefit must employ evidence-**
33 **based standards of care; and that any regulations that do not show**
34 **measurable improved patient outcomes must be revised or rescinded,”¹ and**
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36 **Whereas, CMS is funded by taxpayer dollars, and taxpayers have the**
37 **right to know if their dollars are being spent in a responsible manner; therefore**
38 **be it**
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40 **RESOLVED: That the AMA enforce current policy by asking for data from**
41 **the Centers for Medicare and Medicaid Services regarding face-to-face forms**
42 **for therapy, specifically requesting financial data regarding the cost for**
43 **handling the additional forms and the cost of additional office visits required for**
44 **this documentation versus any savings from decreased fraud; and be it further**
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46 **RESOLVED: That the AMA enforce current policy by asking the Centers**
47 **for Medicare and Medicaid Services to review, revise, or rescind the face-to-face**
48 **documentation for therapy if there is no documented savings or other benefits.**
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WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

¹ AMA reference Consideration of "Evidence-Based Standard Requirement for Governmental Regulation"

(Resolution 223-A-10) led to the following Board of Trustees Report from the 2011 Annual Meeting:

RECOMMENDATIONS The Board of Trustees recommends that the following be adopted in lieu of Resolution 223-A-10 and that the remainder of this report be filed: 1. That our American Medical Association reaffirm the following policies: H-155.974, "Excessive Regulatory Costs"; H-215.984, "Duplicate Bureaucratic Regulations"; H-220.930, "Regulatory Standards Should Be Evidence-Based"; H-270.999, "Legislation Making the Federal Register Give Fairer and More Reasonable Notice of the Promulgation of Regulations Which Will Have the Force of Law"; and H-335.984, "Medicare Regulatory Relief Legislation." 2. That our AMA support federal mandates that all federal health care regulatory agencies (e.g., the FDA, the DEA, and the CMS) must demonstrate the benefit of existing regulations and new regulations within three years of implementation; and that the demonstration of benefit must employ evidence-based standards of care; and that any regulations that do not show measureable improved patient outcomes must be revised or rescinded. President Obama's Executive Order 13563, Section 6: By May 2011, all federal agencies are required to have submitted a preliminary plan, under which the agencies will periodically review existing significant regulations to determine whether the regulations should be "modified, streamlined, expanded, or repealed so as to make the agency's regulatory program more effective or less burdensome in achieving regulatory objectives."