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Title: Allow Billing of Additional Services

Introduced by: Lee P. Begrow, DO, for the Kent County Delegation

Original Author: Jayne Courts, MD

Referred to: Reference Committee A

House Action: **SUBSTITUTED (See Resolution 09-18)**

Whereas, primary care physicians often provide distinct, additional services during a Health Maintenance Exam (HME), including evaluation of acute medical concerns and/or follow up of chronic medical conditions, and

Whereas, the services provided and the relevant documentation clearly support both the HME billing code and an Evaluation and Management (E/M) billing code, and

Whereas, the current policy which limits billing to only one code; thereby, requiring a write-off any other service provided (as a non-reimbursable service), discourages thorough care during a single office visit, and

Whereas, the current billing approach discredits the value of the work provided by primary care physicians, possibly discouraging physicians from pursuing primary care due to reduced reimbursement by undervaluing their services, and

Whereas, the current billing approach often necessitates a separate office visit to address other medical concerns which adversely affects patient satisfaction and, potentially, physician reimbursement based on patient satisfaction quality measures; therefore be it

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask the AMA to work with third-party payers and the Centers for Medicare and Medicaid Services to allow billing that accurately reflects the services provided and documented, which may include the provision of multiple, distinct services.

WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

Relevant AMA Policy:

Medicare Reimbursement for Multiple Physician's Visits on the Same Day Regardless of the Place of Service H-390.879

The AMA urges CMS to permit separate reimbursement for medically necessary multiple visit services rendered to Medicare patients on the same day by the same physician regardless of the setting in which those services were provided.

Appropriate Physician Reimbursement by Centers for Medicare & Medicaid Services H-385.952

Our AMA: (1) opposes both CMS's and local carriers' efforts to reduce or deny physician payments for appropriate services; and (2) will work to assure that all evaluation and management services are appropriately reimbursed.

Insurance Company Denial of Payment for Office Visit and Invasive Procedure Done on the Same Day

Our AMA supports insurance company payment for evaluation and management services and procedures performed on the same day, where consistent with CPT guidelines.