



August 6, 2018

Dear Member:

The Centers for Medicare & Medicaid Services (CMS) has proposed drastic changes to payment rates for outpatient Evaluation & Management (E/M) codes (both new and existing Medicare patients) that would result in an approximate 40 percent reduction for a level 5 E/M visit (see tables below).

Should the proposal be finalized, it is very likely that commercial payers will follow suit, and inpatient E/M codes may be next. This issue potentially has dire consequences for patient care, ID physicians' compensation, and the future of our specialty.

IDSA is formulating a response to CMS to convey our strong opposition to the proposed changes and carefully characterize the devastating impact, should CMS finalize the proposed payment rates. The public comment period for this proposal will end **September 10**. We need as many voices as possible to help stop this dangerous proposal so we urge you to share your concerns in the following ways:

1. **Comment directly to CMS.** It is important that you personalize your comments to CMS, so there will be no templated message for this communication. Rather, we ask that you take time to characterize the following points in your comments, which can be submitted [here](#):
 - the complexity of the cases you see every day
 - the negative impact a reduction in payment for outpatient complex cognitive care will have on your patients and you personally
 - the devastating consequences the proposed changes would have on the future of our specialty.
2. **Contact your members of Congress.** Since volume is key when contacting legislators, [click here](#) to send IDSA's template letter to your congressional representatives.

[Click here](#) for more information on this proposal. Please continue to follow and contribute to the discussion on MyIDSA and watch for updates in *IDSA News* and other communications.

Table 1: Preliminary Comparison of Payment Rates for Office Visits for New Patients

HCPCS Code	CY2018 Non-facility Payment Rate	CY2018 Non-facility Payment Rate Under the Proposed Methodology
99201	\$45	\$44
99202	\$76	\$135
99203	\$110	
99204	\$167	
99205	\$211	

Table 2: Preliminary Comparison of Payment Rates for Office Visits for Existing Patients

HCPCS Code	CY2018 Non-facility Payment Rate	CY2018 Non-facility Payment Rate Under the Proposed Methodology
99211	\$22	\$24
99212	\$45	\$93
99213	\$74	
99214	\$109	
99215	\$148	