Last week, we alerted you that Anthem would not be proceeding with its policy to reduce payments for E&M services reported with CPT modifier 25, and that Anthem expressed a commitment to continuing to work with the American Medical Association (AMA), state medical associations, and national medical specialty societies to address physician concerns with other policies and guidelines. As you know, concerns have been raised regarding Anthem’s policies on the retrospective denial of payment for emergency room visits, restrictions on advanced imaging in hospital outpatient facilities, and the denial of payment for monitored anesthesia care or general anesthesia for cataract surgery.

We believe that Anthem’s decision reflects the growing recognition of the need for a different type of dialogue and engagement between health plans and the physician community to improve health care quality, access, and affordability. Today, the AMA and Anthem jointly released the attached statement indicating that we will be pursuing opportunities for collaboration in the following areas:

- Enhance consumer and patient health care literacy
- Develop/enhance and implement value-based payment models for primary and specialty care physicians
- Improve access to timely, actionable data to enhance patient care
- Streamline and/or eliminate low-value prior authorization requirements

Current AMA policy supports these four areas of possible collaboration. It is our hope that these types of proactive interactions between organized medicine and the health insurance industry will lead to improvements in the delivery of affordable, high-quality, patient-centered care, and supplant the arbitrary and problematic policies noted above.

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