

October 9, 2018

The Honorable Seema Verma  
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

Re: Teaching Physician Supervision During Minor Procedures

Dear Administrator Verma:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to urge the Centers for Medicare & Medicaid Services (CMS) to change its policy to allow reimbursement for minor procedures performed by residents as long as the supervising physician is present for the key portions of the minor procedure.

Under current CMS regulations, for major surgical procedures a teaching physician must be physically present during the key portions of the service and must be immediately available to provide the service during the entire procedure.<sup>1</sup> During minor procedures, which are defined by CMS as lasting five minutes or less, the teaching physician must be physically present during the entire service in order to be reimbursed for the service by Medicare.<sup>2</sup> The teaching physician is required to document his or her level of participation during the service.

Under new policy adopted by our House of Delegates in June 2018, the AMA does not believe that it is logical to treat major and minor procedures differently based solely on the length of the procedure. Many major procedures that are high-risk, intense procedures only require the physician to be present for the key portion of the procedure, whereas the physician is required to be present for the entire procedure for many less intense minor procedures. For example, in a dermatology practice, a physician may only be required to be present for certain key portions of a nasal soft tissue reconstruction procedure being performed by a resident, which is a major, high-intensity procedure. However, the teaching physician would be required to be present for the entire wart removal procedure performed by residents, which is defined as a minor procedure. Other minor procedures that would require a physician to be present throughout the entire procedure include 11719, trimming of nondystrophic nails, or 11055, pairing or cutting of benign hyperkeratotic lesion (corn or callus).

Also, the definition of the critical or key portions of a procedure is defined as the part or parts of a service that the teaching physician determines are critical or key portions. Currently, many specialty societies

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<sup>1</sup> Medicare Claims Processing Manual. Chapter 12, Section 100.1.2.

<sup>2</sup> Id.

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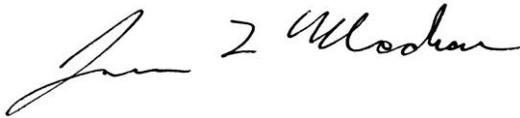
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define the key portions of relevant major procedures. The determination of which portions of a major procedure a physician must be present for are left up to the specialty society, physician, or facility. Therefore, we believe that physicians should determine which portions of both a major and minor procedure they should be present for, as opposed to relying on the time the procedure takes to complete.

The AMA appreciates CMS' consideration of our comments. If you have any questions or want to discuss this issue further, please contact Margaret Garikes, Vice President of Federal Affairs, at [margaret.garikes@ama-assn.org](mailto:margaret.garikes@ama-assn.org), or by calling 202-789-7409.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L Madara". The signature is written in a cursive, flowing style.

James L. Madara, MD