



SENTINEL

Advocate

The Official Newsletter for the
 PRIVATE PRACTICE PHYSICIANS
 Division of the Federation of Physicians & Dentists / AHPE

The Federation Opposes CMS' Decision to Eliminate Billing for Consultation Codes

The many voices that speak on behalf of physicians specialty-wide that had expressed strong concerns about the *Centers for Medicare & Medicaid Services'* (CMS) proposal to eliminate billing for consultation codes went unheard, as CMS announced its final decision to stop paying for consultation services come January 1, 2010.

The Federation opposes all public AND private efforts to eliminate payments for inpatient and outpatient/office consultation codes and supports legislation to overturn CMS' decision.

HOW IT COULD AFFECT YOU

First of all, medical practices will not be able to bill consultation codes to Medicare (for now, that is - private payers almost always seem to follow what Medicare does) past December 31, 2009.

Instead, they will have to report either a *new patient visit code* (99201-99205) or *established patient visit code* (99211-99215) for outpatient services; or an *initial hospital care visit* (99221)-99223) or *subsequent hospital care visit* (99231-99233) for inpatient services.

Second, inasmuch as this change will affect most medical practices, some specialists such as Gastroenterologists, Neurologists, Endocrinologists, and Oncologists, who code almost all of their new outpatient and initial inpatient work as consultations, could see substantial reductions in

reimbursement. Even with Medicare's 6% adjustment to the outpatient E&M work RVUs and 0.3% adjustment to the remaining inpatient E&M work RVUs, some practices could face significant loss of income. This on top of the still possible 21.2% cut to Medicare rates that's still looming on the horizon.

Not only will this change cause revenue loss for some specialties, some specialists will have to change the entire way they've built their practice and their relationships with physicians who refer patients to them. Many fear the change will cause more problems than it will solve. The problem this is supposed to be solving, of course, is the years of confusion and improper use of the consultation codes, most of which could be attributed to the discrepancies between CMS rules and the AMA's CPT Manual. But it had been discovered that CMS had made an estimated billion in overpayments to physicians for services billed as consultations, but which did not meet all of the CMS requirements.

So, a paradigm shift and loss of revenue is what you may face for 2010. The Federation will continue to monitor and work on this issue and will make information available as it becomes available to us. We of course want to hear from you if you start seeing these changes take effect and if you receive similar changes among the private payers with which you may be participating.

The House Voted to Reverse 2010 Medicare Pay Cut - Now it's Up To the Senate

Physicians are one step closer to being able to breathe a little sigh of relief now that the U.S. House of Representatives have approved the *Medicare Physician Payment Reform Act* of 2009, a major bill that would reverse the dreaded 21.2% cut in Medicare rates everyone's been anticipating for 2010. This huge cut ended up being the accumulation of averted Medicare rate cuts over the past several years and although Congress has stepped in once again, it still hasn't solved the problem with the current physician payment formula - it's still just another 1 - 2 year reprieve.

(con't on back page)

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House Voted to Reverse 2010 Medicare Pay Cut - What About the Senate

(con't from front page)

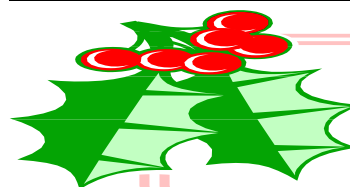
Without action of both houses of Congress, Medicare statute will force the massive 21.2% cut to be implemented. While it's hard to imagine Congress allowing seniors, baby boomers and military families to lose access to physicians, and as much as the House has voted to scrap the massive cuts, the Senate did block consideration of a similar measure late last month. So we're not out of the woods yet.

The Federation supports a permanent repeal of the current payment formula and reinforces the implementation of a new formula that bases payments and increases more closely on doctors' costs. Although Congress intervention to avert the massive 2010 Medicare cuts is vital once again, it is still only a temporary fix and the fight must continue toward something more permanent. With health care reform closer than it's ever been, we need you to remain steadfast with us along this road to a permanent solution and keep your senators' and representatives' feet to the fire.

We're Still Fighting for Antitrust Relief - Is the AMA? Are You?

Despite the \$32 million in lobbying the AMA has spent over the past 2 years, not much of it went into lobbying for antitrust relief. Years ago when the Federation began its odyssey to represent private practicing physicians, it always understood that to change the playing field between physicians and payers, it would take time, patience, money, money, money and perseverance. While many other physician organizations played ostrich, the Federation stayed the course, as it continues to do today.

In spite of payer/DOJ tactics, the Federation was and is on the forefront to eliminate the antitrust exemptions insurers have taken full advantage of. The Federation of Physicians & Dentists supports H.R. 3596, the *Health Insurance Industry Antitrust Enforcement Act of 2009*. This is legislation sponsored by John Conyers that would ensure that health insurance issuers and medical malpractice insurance issuers cannot engage in price fixing, bid rigging, or market allocations to the detriment of competition and consumers. The FPD supports this bill and so should you. Write or call your Representatives and Senators today!! Remember, together we're stronger!



*The FPD and its Staff Wishes
You and Your Families
a Season of
Health and Happiness!*