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**FOR IMMEDIATE RELEASE**

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## **Specialty Physicians Express Concerns over Proposed Changes to Medicare Physician Fee Schedule**

*Alliance fears some of the provisions, as written, will force many physicians to reduce access to Medicare patients*

**WASHINGTON, DC** – The Alliance of Specialty Medicine (Alliance) expressed concerns to Dr. Donald Berwick, Administrator of the Centers for Medicare and Medicaid Services (CMS), in a recent letter over proposed changes to the Medicare Physician Fee Schedule (MPFS) for 2011. Specifically, the group expressed fears that some of the provisions, as written, will force many physicians to reduce access to Medicare patients. The group also provided a number of recommendations to CMS for consideration.

“I am very concerned that as written, some of the provisions of the proposed rule will make it increasingly difficult for Medicare patients to gain access to quality care,” said Dr. Raj Rao, a spokesperson for the Alliance of Specialty Medicine and Orthopaedic surgeon. “Three out of every ten physicians have already reduced their services to Medicare patients or are contemplating cost-cutting steps that will impact care. One-fifth of surveyed physicians have already eliminated or reduced appointments for new Medicare patients. These numbers are very troubling for our ability to continue to provide specialty care for our patients, and should be considered when looking at implementing new Medicare payment policies.”

In the letter, the Alliance addressed a number of concerns over proposed changes to the MPFS. This includes, among others, concerns that the proposed 10-year moving average window could result in an adjustment to account for gains in productivity and efficiency for ambulatory surgical centers (ASC) that is different from that of providers paid on a fiscal year basis. This difference could become yet another factor that causes further divergence in ASC and hospital outpatient department payment rates. The Alliance requested that CMS develop one such adjustment for providers for which the 10-year moving average window would not vary by calendar or fiscal year.

The Alliance also responded to CMS’ request for public comment on physician perspectives on CY 2010 coding and payment methodologies. Citing numerous examples of the cost-cutting steps physicians have taken to offset revenue losses associated with the elimination of these codes, the group respectfully requested that CMS closely examine the negative impact the elimination of the reporting of all CPT consultation codes is having on the coordination of care for Medicare beneficiaries and provide confirmation that this change was conducted in a budget neutral manner, as initially proposed.

To view the full letter including the concerns and recommendations of the Alliance, click [here](#).

*The Alliance of Specialty Medicine is an organization of national medical societies, based in Washington, DC, which represents specialty physicians in the United States. This non-partisan group is dedicated to the development of sound federal health care policy that fosters patient access to the highest quality specialty care. For more information, please visit [www.specialtydocs.org](http://www.specialtydocs.org).*

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