



August 27, 2009

Ms. Charlene Frizzera  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Room 445-G, Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

Re: 1413-P 2010 Medicare Physician Fee Schedule Proposed Rule

Dear Ms. Frizzera:

The American College of Rheumatology appreciates the opportunity to comment on the proposed 2010 Medicare Physician Fee Schedule Proposed Rule. Through review of the fee schedule, the ACR has great concern that patient access to necessary care will be compromised if some of the draft rule proposals are implemented.

### **Elimination of Consultation Codes**

*The ACR respectfully requests that consultation codes remain in the current form until specialty societies can work with the AMA to make the codes less ambiguous.*

CMS's decision to potentially eliminate consultation codes because of misuse or confusion surrounding the use of the codes is greatly concerning. This decision was an unexpected change for most specialty societies. The ACR respectfully requests that this decision be delayed so that specialty societies can work with the AMA to implement less ambiguous language and/or create new codes.

Rheumatologists provide primarily cognitive services and do not generally perform procedures. The evaluation of patients referred to rheumatologists is very time consuming as many suffer from chronic disabling conditions and have extensive medical records from previous physician visits. Often, patients see several other physicians before receiving the correct diagnosis from a rheumatologist. Determining the correct diagnosis requires a thorough evaluation of a patient's complete medical history from all prior providers which is very labor intensive. Consultations go far beyond a "new patient" visit. Almost all rheumatology patients are referred by another physician who does not have the time or expertise to properly diagnose and treat the patient. In many cases, patients are referred back to the original physician for on-going care or, in other cases, patients continue to see the rheumatologist. In either case, the rheumatologist must complete the necessary comprehensive medical records review and diagnostic evaluation.

The elimination of consultation codes will have a devastating effect on rheumatology practices across the nation and will result in patients with arthritis, rheumatic and musculoskeletal diseases receiving delayed and potentially inferior care. By removing consultation codes, CMS is stating that the advanced training and unique sub-specialty care of rheumatologists are not valued. Removing reimbursements from

rheumatologists in order to increase reimbursements for primary care physicians is not appropriate and will force specialists to stop seeing Medicare patients and thus, will decrease patient access to quality care.

### **Physician Practice Information Survey**

*The ACR respectfully requests that societies have an opportunity to increase the number of responders to the survey by increasing the number of fully complete surveys.*

The ACR appreciates the work completed by the AMA and the survey company for the new physician practice information. The ACR is cognizant of the amount of work physicians must do to appropriately complete the survey. However, the ACR is concerned with the low response rate and especially the number of surveys removed from the final number. The ACR participated in the survey process and notified members to complete the full survey. Unfortunately, societies were very limited in their ability to communicate with their memberships on this issue. The ACR posted an announcement on our website, published articles in the monthly newsletter, and sent e-mail alerts to the membership. Regardless of our efforts, the number of rheumatologist respondents were low which further decreased the number of "acceptable" surveys. The ACR requests an opportunity to correct the number of surveys deemed unacceptable. This could be done by contacting individuals who completed most of the survey but did not answer key information. By increasing the number of respondents, the survey will more accurately reflect the correct indirect expenses for rheumatologists.

### **Public Reporting Physician Quality Reporting Initiative**

*Provide feedback results to allow physicians to report PQRI codes and specialty societies to encourage utilization.*

The ACR is supportive of PQRI as a method to collect data and promote quality of care. In the past, physicians have had problems properly reporting PQRI data and have not received reimbursements. When physicians have been unable to obtain reimbursement and look to CMS for answers, they receive generic responses. This discourages physicians and prevents further participation. Physicians should have the opportunity to receive information why they failed to comply and be given an opportunity to appeal. The greater issue is the negative impact this could have on the physician with information available on the internet. The ACR requests that CMS implement a program to instruct physicians how to successfully report if they have failed in the past. This would include a specific reason(s) so that the physician is able to modify his/her practice appropriately. This could be done by providing physician specific feedback reports.

The ACR would also like to receive specialty specific generic feedback to assist in educating our membership. This information should be readily available to CMS by running reports using specialty specific codes. However when requests for this information are submitted to CMS, the ACR is unable to obtain this information. It would be beneficial to CMS and the public to encourage more physicians to participate in PQRI. This could be accomplished by learning more about the practitioners who are currently submitting information to PQRI.

### **Physician Fee Schedule Update for CY 2010**

*ACR supports the decision to remove physician administered drugs from the sustainable growth rate formula.*

August 28, 2009

Page 3 of 3

Ms. Frizzera: ACR Fee Schedule

It has been widely recognized by CMS, Congress and the medical community that the Sustainable Growth Rate is a flawed formula which should be eliminated. The ACR appreciates CMS's recognition that the formula should remove physician administered drugs from the physician services to improve the long-term financial viability.

Each year, physicians have faced cuts in the fee schedule. With a scheduled cut of 21.5%, in 2010, physicians will no longer be able to sustain practices and will be forced to stop treating Medicare patients. Medical care for seniors is at its greatest threat with these impending cuts. Removing the drugs from the formula is a good first step in resolving the SGR issue. The ACR will continue to discuss the flawed formula with Congress and encourage total elimination of the SGR. The ACR is interested in the estimated annual updates for future years once the drugs are removed from the formula.

The ACR appreciates the opportunity to work with CMS to provide appropriate care to beneficiaries. Please feel free to contact ACR Director of Government Affairs, Aiken Hackett, at (404) 633-3777 or at [ahackett@rheumatology.org](mailto:ahackett@rheumatology.org) if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sherine Gabriel', written in a cursive style.

Sherine Gabriel, MD, MSc  
ACR President