

The Honorable Kathleen Seblieus
Department of Health and Human Services
200 Independence Ave., SW
Washington, D.C. 20201

Dear Secretary Sebelius:

We write to express our concern regarding the Centers for Medicare and Medicaid Services' (CMS) decision to eliminate payment for the physician consultation codes. It is our understanding that this decision, which was promulgated in the 2010 Physician Fee Schedule Final Rule effective on January 1, 2010, is strongly opposed by a number of physician organizations, including 17 medical specialty societies and the American Medical Association (AMA).

In April, after the codes were eliminated, an American Medical Association (AMA) survey of approximately 5,500 physicians was conducted. The results indicate that:

- 30 percent have already reduced their services to elderly patients or are contemplating cost-cutting steps that will impact care;
- 20 percent have eliminated or reduced appointments for new Medicare beneficiaries;
- 39 percent will defer purchase of new equipment or information technology, the utilization of which is critical to the success of the medical home and other delivery system reform innovations likely to be tested in the coming years; and
- 25 percent of respondents have stopped or plan to stop providing written reports back to the referring physician.

Consultations are an important part of medical practice designed to provide specialized care to patients with complex medical conditions and to promote care coordination between and among physicians. Seriously ill patients are especially impacted by this reimbursement change. General internists and other physicians often consult with the appropriate specialists to determine the diagnosis and treatment for these patients, many of whom have multiple complex medical conditions. The consulting physicians typically must conduct extensive and time-consuming medical record reviews, as they have no previous relationships with these patients.

We are concerned that CMS's decision fails to recognize and fairly account for the level of time, expertise, and analysis involved in a consultation. Without proper reimbursement for these necessary evaluations, access to high quality, specialty care will be jeopardized. We ask that CMS confirm in its final Medicare Physician Fee Schedule Rule for 2011 that it will reinstate consultation service codes to ensure patient access to specialty care will not be compromised. We sincerely appreciate your consideration of this request and look forward to working with you to address this critical issue impacting patient care.

Sincerely,