

Congress of the United States
Washington, DC 20515

February 29, 2016

The Honorable Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Acting Administrator Slavitt:

As medical providers and members of Congress, we are writing to express our deep concerns over significant reductions made to several surgical and procedural codes in the 2016 interim final Medicare physician fee schedule. We understand Center for Medicare and Medicaid Services (CMS) is in the process of identifying and correcting “misvalued” codes, but we are concerned about the magnitude of these cuts – which threaten patients’ access to care – as well as the process by which they were made.

As we understand it, the approach used by CMS in setting payment for certain services was based solely on the time it takes to perform the procedure and fails to take into account the intensity of the physician service. This would appear to be in opposition to the plain language in Sec. 1848. [42U.S.C. 1395w-4] (a) (i), which states: “The Secretary shall determine a number of work relative value units for the service based on the relative resources incorporating physician time **and** intensity required in furnishing the service.” Intensity is defined as the technical skill and physical effort, mental effort and judgment as well as the psychological stress associated with the iatrogenic risk to the patient.

For every physician service, the intensity of work varies substantially, and as time gets shorter for intraservice work, intensity may increase. The approach adopted by CMS has not been validated, is not supported by medicine and Congress has not mandated this change. We are concerned that CMS will continue applying this flawed methodology to other physician services.

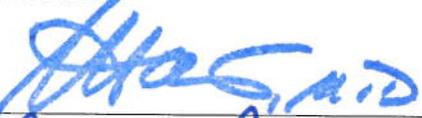
We also understand that CMS rejected recommendations by the Relative Value Update Committee (RUC), which recommended work values that would have resulted in significant, but more appropriate, payment cuts to these procedures. The RUC also took into consideration survey data from experienced physicians as well as the time and intensity of all aspects of the service (e.g., pre-operative and post-operative work). The CMS cuts go well-beyond the RUC recommended cuts and are not consistent with a resource-based relative value payment system.

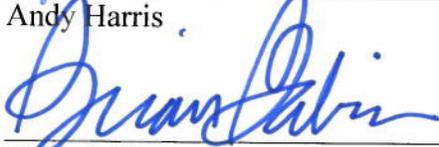
In addition, Congress has called for increased transparency through notice and comment rulemaking when making such significant payment changes. Given the timing of the interim final rule, as well as the magnitude of some of the cuts, we find it unacceptable that CMS did not provide any opportunity for public comment to be taken into consideration before many of these extraordinary payment cuts took effect on January 1, 2016. No physician should receive such drastic cuts without the chance to provide feedback comment.

We strongly urge you to review these cuts, particularly in light of the recommendations from the RUC, and consider the potential impact of how CMS determined the cuts that appear to introduce an arbitrary new reimbursement model, based solely on time.

Sincerely,


David P. Roe


Andy Harris

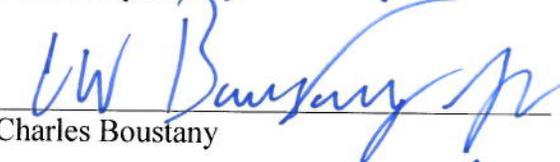

Brian Babin


Dan Benishek


Paul Gosar

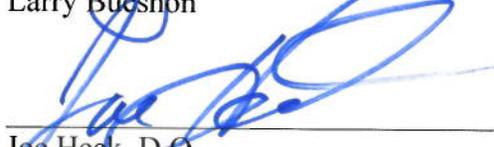

Diane Black

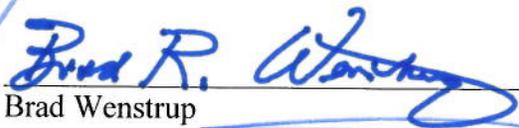

Mike Simpson


Charles Boustany

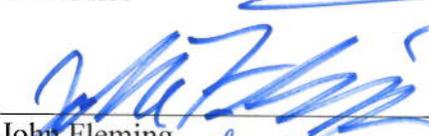

Renee Ellmers


Larry Bucshon


Joe Heck, D.O.

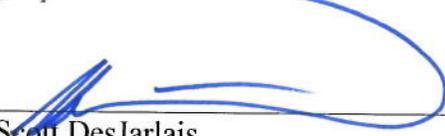

Brad Wenstrup


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