



December 10, 2009

The Honorable Kathleen Sebelius
Secretary of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

The American Nephrology Council (ANC) is an organization of approximately one thousand nephrologists whose mission is to continue to improve the quality of care received by kidney patients by promoting responsible public policy for our community of kidney patients, nephrologists, and dialysis providers. In this time of health care finance reform, it is essential that health care policy and legislation achieve the most efficient and effective use of scarce resources. ANC wishes to voice strong opposition to the CMS proposal to eliminate consultation codes from the 2010 Medicare Physician Fee Schedule.

ANC is deeply troubled by the continued trend to reduce reimbursement for the cognitive aspects of subspecialty practice. A subspecialty consultation is requested when the complexity of a patient's medical problems is beyond the scope of practice and expertise of the referring physician. The detailed initial evaluation performed by a subspecialist typically requires extensive review of the medical history, laboratory studies, imaging studies, medication history, and current hospital course of the patient, as well as a detailed and focused physical examination. In addition, discussion of the findings with other subspecialists is often necessary which is not reimbursed but may be invaluable in arriving at a correct diagnosis and an appropriately coordinated treatment plan. The ability of the subspecialist to arrive at a focused diagnostic and treatment plan will likely result in dramatic savings, due to the probable elimination of unnecessary testing and treatment.

The infectious disease subspecialist will direct antibiotic therapy in the most effective and efficient manner, eliminating therapies which may be redundant or inadequate. The endocrinologist will direct laboratory analysis to make the correct diagnosis while avoiding extraneous studies which may be unnecessary, misleading, or misinterpreted by others. The nephrologist will make treatment recommendations which may reduce dramatically the incidence of acute kidney injury in hospitalized patients or when renal

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American Nephrology Council is a non-profit organization dedicated to continuing to improve the quality of care received by kidney patients.



failure does occur, substantially reduce morbidity and length of stay through appropriate intervention. The role of the subspecialist in obtaining the correct diagnosis and devising the appropriate treatment plan in a timely manner is crucial in appropriate management of health care dollars.

The elimination of the consultation codes and the reduced level of documentation required by the less comprehensive Evaluation and Management (E&M) codes will practically require that the consulting subspecialist perform a less thorough initial evaluation and provide a less comprehensive report to the requesting physician. There will be a strong financial disincentive to the subspecialist to perform consultations on hospitalized patients who are Medicare and Medicaid beneficiaries, and this will likely result in delayed diagnoses, prolonged lengths of stay, and the ordering of unnecessary studies and treatments. In addition, these cuts will exacerbate workforce shortages and discourage the pursuit of fellowships and advanced training in the cognitive specialties, such as nephrology. The effects of the proposed elimination of the consultation codes will be greater expenditure for lesser quality care. It is simply wrong.

ANC joins other subspecialty organizations in opposing the elimination of consultation codes in the 2010 Medicare Physician Fee Schedule. We believe that CMS must recognize that expert and thorough subspecialty care will result in better patient outcomes at less expense. It is time that the importance of the subspecialist's expertise be recognized and rewarded rather than disregarded and devalued. Encouraging subspecialists to reconsider participation in the care of Medicare and Medicaid beneficiaries through financial disincentives does little to serve the interests of those patients who may require the most professional expertise. Although CMS is responsible for the financial management of the Medicare and Medicaid programs, fiscal policy which threatens the quality of health care services must be avoided at all cost.

Sincerely,

David L. Mahoney MD
President, ANC