



August 19, 2009

CMS Proposes to Eliminate Consultation Codes in 2010; Members Asked to Voice Concern

As recently reported in [Endocrine Insider](#), the Centers for Medicare and Medicaid Services (CMS) has proposed, through the 2010 Medicare Fee Schedule Proposed Rule, to eliminate all inpatient and office/outpatient consultation codes. In place of the consultation codes, physicians will be required to submit claims for new or established office visits or initial hospital stays. CMS is increasing payment for office visits by approximately six percent and for initial hospital stays by approximately two percent to offset the loss of income expected through the elimination of the consultation codes. CMS predicts that endocrinologists will still come out ahead, with a net increase in reimbursement of approximately three percent in 2010.

The Endocrine Society understands that this change will result in a loss of income for many of its members; some estimate that loss to be in the 15 to 20 percent range if the proposed elimination of consultation codes is included in the final rule.

The Endocrine Society will be submitting comments to CMS voicing its concern with the elimination of these codes and the negative effect it will have on Society members. We encourage all physician members to submit their own comments to CMS, expressing how their practice and reimbursement may be affected. Comments can be mailed electronically to CMS by going to www.regulations.gov and entering the docket number CMS-2009-0058-0608.1 in the keyword search (document is titled *Medicare Program: Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B CY 2010*). Remarks can be submitted after the document is retrieved. If preferred, comments can be sent through the U.S Postal Service to:

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1413-P
P.O. Box 8013
Baltimore, MD 21244-8013.

Members may use the sample letter below, or may choose to provide their own comments. All comments must be received by CMS no later than **5 pm, Monday August 31, 2009**.

Sample Letter to CMS:

As a practicing endocrinologist, I am extremely concerned to learn about CMS' proposal to eliminate the use of consultation codes for both inpatient and outpatient services. While CMS contends that no major difference exists

between office visits and consultations, the fact remains that physicians wishing to provide quality care to their patients with complex problems still need to take a detailed medical history and examination, review the entire medical record, and review any imaging studies or laboratory tests that have been performed prior to making a diagnosis. They then must send the results of their examination back to the referring physician. I believe this work is different from that of a new or established office visit, and does account for the modest increase in reimbursement provided by consultation codes.

A second area of concern related to the elimination of consultation codes is that the purpose behind such a proposal is to provide greater compensation to primary care physicians at the detriment of subspecialists. While I support the work and vital importance of primary care medicine, taking reimbursement funds away from subspecialists like endocrinologists, who are also facing serious workforce shortages, will only create additional hurdles for patients trying to access important medical care. Little benefit is derived from this reallocation of funds if patients have a primary care physician but cannot see a subspecialist in a timely manner for a complex medical condition. I request that CMS reconsider this flawed proposal.

Francis Collins Sworn in as NIH Director

On Monday, August 17, Francis S. Collins, MD PhD, was sworn in as the 16th director of the National Institutes of Health. Prior to the swearing-in ceremony, Dr. Collins addressed a crowd of NIH employees on the NIH campus in Bethesda, MD, at a town-hall meeting. In his address, Dr. Collins assured the audience that, despite his background as head of the NHGRI, he will not prioritize “big science” over investigator-initiated work. He also outlined five areas, or themes, in which he sees great opportunity in the near future:

- Using high-throughput technologies to rapidly advance basic scientific knowledge
- Translating basic research into clinical practice
- Putting science to work in healthcare reform
- Focusing on global health, engaging in research in collaboration with other countries
- Reinvigorating and empowering the biomedical research workforce

Dr. Collins closed his formal presentation with promises to focus his full energy on all of NIH, to work hard to represent NIH as the crown jewel of the US government, to push for all decisions at and regarding NIH to be based on science, to promote a culture of informality and friendliness at the agency, and to promote an atmosphere of trust and openness within the agency and with the public.

The meeting ended with a question-and-answer session. The archived webcast is available at <http://videocast.nih.gov/PastEvents.asp>.

Endocrine Society Position Statement Calls for Medicare Coverage of DXA for Hypogonadal Men

The Endocrine Society recently issued a Position Statement, endorsed by the National Osteoporosis Foundation, calling for Medicare coverage of preventative bone density testing to be extended to men with hypogonadism. Despite the clear association of testosterone deficiency with low bone density and osteoporosis, Medicare does not provide coverage for bone density testing for men with this condition. Medicare currently provides coverage for DXA scans in men only when an individual has had a vertebral bone fracture or has been previously diagnosed with

osteoporosis or osteopenia. This means that most men with osteoporosis are diagnosed only after a fracture, usually of the hip or spine, has already occurred.

The lack of Medicare coverage for DXA scans in men with hypogonadism results in underdiagnosis and undertreatment of osteoporosis, resulting in unnecessary morbidity and mortality for patients and in significant cost to society. In 2005, osteoporosis-related fractures in men were responsible for an estimated \$4.3 billion in health care costs. By 2025, experts predict that these costs will rise to approximately \$6.3 billion.

The Society's position statement was developed by a task force of experts in the field of bone health and was approved by the Society's Clinical Affairs Core Committee and Advocacy and Public Outreach Core Committee. The statement was then open for public comment to Society members, after which it was approved by the Society's Council.

The Position Statement is available on the Society's website at: <http://www.endo-society.org/advocacy/policy>

Medicare E-Prescribing to Be Made Easier for 2010

In the Centers for Medicare and Medicaid Services (CMS) 2010 Medicare Fee Schedule Proposed Rule, the agency proposes to alter the reporting requirements for its e-prescribing program. The program, which began in January of this year, currently provides a two percent bonus to physicians reporting e-prescribing measures on at least 50 percent of all eligible claims. In 2010, reporting requirements will ease, and if the proposal is finalized, physicians would only be required to report that they have successfully e-prescribed a total of 25 times throughout the calendar year to earn the two percent bonus. As in 2009, to qualify for e-prescribing, physicians must have at least 10 percent of their allowed charges arise from professional services eligible for use with an e-prescribing measure.

In addition to easing the e-prescribing requirements, CMS also plans to eliminate two codes currently allowed for use by physicians to document when they do not e-prescribe or when they prescribe a controlled substance (G8445 and G8446). Instead, in 2010, physicians will be required to report a total of 25 times, but only when an electronic prescription is issued. CMS also expects that physicians will have multiple options for reporting the e-prescribing measure, including claims-based reporting, a new registry-based reporting option and potentially an electronic health record reporting option. CMS plans to finalize whether the electronic health record reporting option will be available when it publishes its final rule on this policy in November.

Physicians choosing not to participate in the e-prescribing program will face Medicare payment reductions of one percent beginning in 2012, increasing to two percent in 2014 and beyond.

Endocrine Society staff will continue to keep you updated through *Endocrine Insider* on any changes to the e-prescribing program for 2010.

The Endocrine Society Endorses "Safe at School" Campaign

To help end discrimination and ensure that children with diabetes are able to participate fully in a medically safe school environment, The Endocrine Society has committed to supporting the American Diabetes Association's "Safe at School" campaign. The care of a student with

diabetes requires management 24 hours a day, seven days a week. For students with type 1 diabetes, and for some with type 2 diabetes, that means careful monitoring of their blood glucose levels throughout the day and administering multiple doses of insulin therapy. These children must have support from their teachers and school administrators to effectively manage their disease throughout the day, and the school personnel must be equipped with the appropriate training and resources to provide support to these students and deal with an emergency situation. The “Safe at School” program raises awareness of this issue and paves the way for changes to be made that will greatly improve the school environment for many children with diabetes.

The Safe at School campaign will include efforts to:

- Educate the public and the media about issues facing children with diabetes at school.
- Improve the situation for students who do not have any school personnel trained to provide diabetes care.
- Counter efforts by those who are taking measures to prevent the training of non-medical school personnel to provide needed care for students with diabetes, thereby jeopardizing the health and safety of students with diabetes.

The Endocrine Society encourages its members to support the campaign’s efforts by becoming a member of the health care professional legal advocacy network. As legal advocates, physicians have helped by:

- Providing expert testimony in court that helped to knock down blanket bans in employment that said no one with diabetes need apply.
- Testifying before legislative committees to secure passage of laws that advance the rights of children with diabetes in school.
- Leading workshops to train school personnel in diabetes care tasks in the school setting.
- Collaborating with professional organizations to establish guidelines for employment of people with diabetes, diabetes care at school, and care in correctional institutions.
- Preparing advocacy materials for use by people with diabetes.

For more information on the “Safe at School” campaign, please visit the ADA’s [website](#).

More information on becoming a member of the legal advocacy network can be found [here](#).

Congressional Research Service Releases Health Reform Primer

With Congress out of town for the month of August, proponents and opponents of health care reform are using this month to deconstruct the House and Senate bills. House legislation was approved by the Energy and Commerce, Education and Labor, and Ways and Means Committees (H.R. 3200), and Senate legislation was passed by the Health, Education, Labor, and Pensions Committee. The Congressional Research Service (CRS), which works exclusively for Congress providing non-partisan policy and legal analysis to committees and members of both the House and Senate, released a report in July to brief members of Congress on the basic components and issues involved in the health care debate. The [report](#) discusses the three predominant concerns in the health reform debate—coverage, cost, and quality—as well as

some potential legislative issues. The report does not include recommendations for addressing the concerns.

The report covers some of the issues discussed in the Society's "[Guiding Principles for Health Reform](#)," including the provision of affordable and adequate health care and the role of preventive care.

For questions regarding articles listed in *Endocrine Insider* or information on advocacy and policy activities within The Endocrine Society, contact the Government & Public Affairs department:

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