

Specialists Hit Hard by Loss Of Consultation Billing

BY MARY ELLEN SCHNEIDER

Medicare's decision to eliminate consultation codes has resulted in a loss of revenue for many physicians and forced some to cut back on appointments with Medicare beneficiaries, according to a survey commissioned by the American Medical Association and several other medical specialty societies.

In January, officials at the Centers for Medicare and Medicaid Services discontinued the use of inpatient and outpatient consultation codes when billing Medicare, except for telehealth codes. Physicians instead were asked to use new or established office visit codes, initial hospital care codes, or initial nursing facility care codes. At the time of the policy change, CMS officials said they could no longer justify paying physicians more for a consultation when they had reduced so much of the documentation required to bill for a consultation. The agency also said that eliminating consultation codes would reduce the confusion around the differing definitions of consultations, transfers, and referrals.

But according to many specialists, the approach is flawed and is hurting their bottom line and patient access to care.

In an online survey of about 5,500 physicians, about 72% said that not being able to bill for consultations had decreased their total revenues by more than 5%, with about 30% reporting their revenues had fallen more than 15%.

The loss of revenue has in turn affected physicians' practices. For example, 20% of respondents said they have already reduced the number of new Medicare patients seen in their practices. Additionally, 39% said they would hold off on buying new equipment or health information technology.

The policy change also might undermine efforts to improve care coordination. About 6% of responding physicians said they have stopped providing primary care physicians with written reports following consults with Medicare patients, and another 19% said they plan to do so.

The elimination of consultation codes "will create a real hardship for Medicare patients, many of whom have chronic medical conditions that can be exacerbated when their psychiatric issues are not treated," Dr. James H. Scully Jr., medical director and CEO of the American Psychiatric Association, said in a statement.

"Coordination of care between physicians is vital to maintaining the health of our Medicare population. In a letter to CMS officials, more than 30 medical specialty societies including the AMA and the APA, urged the agency to revise the policy when they issue a final regulation on the 2011 Medicare Physician Fee Schedule this fall.

The organizations suggested that CMS consider paying consulting physicians for providing the referring physician with a comprehensive report. ■

Psychiatrists Rankled by Short-Term Fix to Fee Schedule

BY NASEEM S. MILLER

Physicians once again find themselves staring at significantly lower Medicare fees for next year, based yet again on the Medicare Sustainable Growth Rate formula.

Under a stop-gap law passed in June, doctors are receiving a 2.2% increase in Medicare payments—but only through Nov. 30. In the absence of congressional action, that increase will be rolled back and the prior pay cut of approximately 21% will go into effect for the month of December.

For 2011, the proposed rule projects an additional 6.1% cut, starting on Jan. 1. "This means that under current law—that is, in the absence of additional legislative action—if a service is performed on Nov. 1 and Jan. 1, the payment for Jan. 1 will be about 30% lower" than the Nov. 1 payment, said Ellen Griffith-Cohen, a spokesperson for the Centers for Medicare and Medicaid Services.

Associations and policy makers say they expect Congress to once again address the pay cut before it goes into effect Nov. 30. But a consensus exists that the temporary fixes are no longer the answer.

"The APA is extremely concerned about the impending Medicare cuts, as we have been all along," Nicholas Meyers, director of the American Psychiatric Association's department of government relations, wrote in a statement. "We have told Congress and the administration that these cuts and the

uncertainty associated with these short term fixes are unacceptable and that a permanent solution must be reached."

Meanwhile, both Democrats and Republicans in Congress are vying to be the party to fix the SGR formula. But there's doubt about any change in the Medicare payment system this year.

"I don't see anybody working on it hard enough right now to think that there's actually going to be a solution that's on the floor of the House right before or after the election," Rep. Michael Burgess (R-Tex.) said at a recent Congressional Health Care Caucus forum. "That's just not going to happen."

"We'll probably do some other temporary patch to get into the next Congress," said Rep. Burgess, who is an ob.gyn. He added that he hoped that the new majority in Congress will be Republican. "If we're going to show that we're different as a governing body in a new majority after the first of the year, we've got to fix this."

In June, when the House passed the 6-month SGR delay, Rep. Frank Pallone (D-N.J.) addressed the Republicans when they spoke of a permanent fix: "When you talk about how we have a problem, well, I don't see you helping us out," he said. "Don't kid those doctors and make them think you're going to vote for a permanent fix. You're never going to do it." ■

The rule is open for comment until Aug. 24. To comment, visit www.regulations.gov.

VA's New Stance on PTSD Viewed as Huge Step Forward

BY MARY ELLEN SCHNEIDER

The federal government's decision to cut some of the red tape for veterans with posttraumatic stress disorder will make it easier for them to seek benefits and treatment, mental health experts say.

The rule, which went into effect immediately after it was announced, should help veterans with PTSD to get needed treatment, said Dr. Lisa Routh, a Houston-area neuropsychiatrist.

Over the years, seeking mental health services within the VA system has been cumbersome, she said. Eliminating some

of the hurdles veterans must clear should not only make services more readily available, she said, but give PTSD a higher profile within the VA.

"Many people are touched by post-traumatic stress disorder, not only the people who are victimized by war but their families as well. The relaxing of restrictions on who can seek services will improve immediate functioning of the person and their family, and their long-term performance," Dr. Routh said.

The Department of Veterans Affairs issued a final regulation on July 13 that reduced the level of evidence that veterans

must provide in order for their PTSD to be recognized as connected to their military service.

Previously, noncombat veterans had to provide extensive records proving that they experienced traumatic events during their service.

To receive benefits for non-combat service related PTSD under the newly issued rules, a veteran now must meet the following criteria:

- ▶ Be diagnosed with PTSD.
- ▶ Provide a personal account of a stressful event or set of circumstances.
- ▶ Claim that the diagnosis is based on a "fear of hostile military or terrorist activity."
- ▶ Show that the stressor is consistent with the place and circumstance of his or her military service.
- ▶ Have that stressor confirmed as adequate support of a PTSD diagnosis by a VA psychiatrist, psychologist, or contract provider.

While this is a huge step forward, Dr. Routh said it would be even more beneficial if veterans also were allowed to have their PTSD assessments conducted by physicians outside the VA system. There are many skilled physicians outside the VA community who have expe-

rience working with veterans and military personnel with PTSD. And some veterans are simply more comfortable seeking their care outside of the VA, she said. "What you ultimately want is you want people to get care," Dr. Routh said.

Reducing the burden of proof on the veteran is especially important given the current military conflicts in Iraq and Afghanistan, where there isn't a clear front, said Dr. Felise S. Zollman, medical director of the brain injury medicine and rehabilitation program at Rehabilitation Institute of Chicago.

"There are a lot of people who have felt in fear for their life in the course of service who couldn't claim they were combat veterans," she said.

Dr. Sally Satel, a psychiatrist and resident scholar at the American Enterprise Institute in Washington, said the "anticipatory fear of being in harm's way" can be crippling for some noncombat veterans. However, it's unclear just how often these symptoms persist and become a lasting disability.

If veterans get appropriate treatment early on, only in rare cases will the symptoms fail to resolve over time, Dr. Satel said. ■

Focused Treatments Are Essential

This development is positive, and the long view of PTSD is that it does not necessarily lead to lifetime disability. However, it is essential that mental health professionals use clear, focused treatments that work—such as guided imagery, reciprocal inhibition, and systematic desensitization. Codification of treatment strategies is needed.

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