

August 7, 2008

The Honorable Representative Ginny Brown-Waite
United States Senate
414 Cannon House Office Building
Washington, DC 20515

Dear Representative Ginny Brown-Waite:

I write to you today to make you aware of the Centers for Medicare and Medicaid Services' (CMS) proposed rules; *CMS-1403-P, Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2009*, published in the Federal Register July 7, 2008, as well as *CMS-1404-P, Proposed Changes to the ASC Payment System and CY 2009 Payment Rates*, published in the Federal Register on July 18, 2008.

CMS-1403-P, Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2009

Interventional pain management services have experienced underpayment for some time now and the payment shortfall will only continue to escalate should this proposed rule become final. These proposed changes will harm my patients' access to the interventional pain management (IPM) services needed. Not only could Medicare beneficiaries lose access to interventional pain procedures provided by specialized and well-trained IPM physicians, but ultimately even those with private insurers could suffer. I believe that unless CMS addresses the underpayment for interventional pain management services as soon as possible, specifically in the final rule of 2009, there is a major risk that Medicare beneficiaries will unfairly lose access to interventional pain physicians.

On December 2, 2007 the St. Pete Times reported a medical exodus of 22 % of physicians in Florida, supported by the FMA that proclaims that doctors are leaving Florida, retiring early and seeking other opportunities. In other States, Texas for example, physicians are refusing to see Medicare patients. As reimbursement is declining expenses are increasing many specialties are finding it difficult to survive. Year after year physicians face threats of significant cuts.

Interventional pain management services have experienced underpayment for some time now and the payment shortfall will only continue to escalate should this proposed rule become final. These proposed changes will harm patient access to the interventional pain management (IPM) services. Not only could Medicare beneficiaries lose access to interventional pain procedures provided by specialized and well-trained IPM physicians, but ultimately even those with private insurers could suffer.

Unless CMS addresses the underpayment for interventional pain management services as soon as possible, specifically in the final rule of 2009, there is a major risk that Medicare beneficiaries will unfairly lose access to interventional pain physicians. Their options will include costly and expensive surgical intervention and costly rehabilitation with the morbidities and mortalities associated with extended bed rest. I strongly recommend that CMS make an adjustment in its payment methodology so that physicians providing interventional pain management services are appropriately and fairly paid. Please do so to preserve patient access to safe and effective treatment of complex chronic pain conditions in a safe and appropriate setting.

I ask that you encourage CMS to make an adjustment in its payment methodology so that physicians like me who provide interventional pain management services are appropriately and fairly paid and the surgery centers providing these services are also fairly reimbursed. These changes are necessary to preserve patient access to safe and effective treatment of complex chronic pain conditions in a safe and appropriate setting. Unless you act, these proposed changes will negatively affect patient access but your action to revise these changes could preserve access for patients throughout the United States.

Sincerely,

Harold J Cordner, MD
Florida Society of Interventional Pain Physicians, President