

Congress of the United States
Washington, DC 20515

March 18, 2015

Speaker John Boehner
H-232, US Capitol

Minority Leader Nancy Pelosi
H-204, US Capitol

Dear Speaker Boehner and Leader Pelosi,

We are writing to express our concern regarding the provision contained in Centers for Medicare and Medicaid Services' (CMS) Physician Fee Schedule (PFS) final rule for calendar year (CY) 2015 to convert all 10- and 90-day global procedures to 0-day global procedures beginning in 2017. This change would dramatically increase administrative costs on physicians, taking away from patient care.

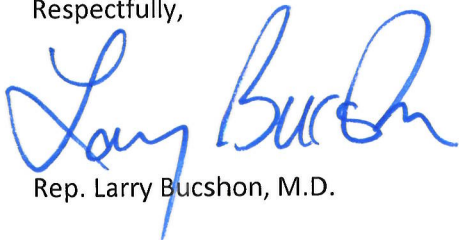
Global codes include necessary services normally furnished by a surgeon before, during, and after a surgical procedure. Global codes are classified as 0-day (typically endoscopies or some minor procedures), 10-day (typically other minor procedures with a 10-day post-operative period), or 90-day (typically major procedures with a 90-day post-operative period). Approximately 4,200 of the over 9,900 Current Procedural Terminology (CPT) codes are 10- or 90-day global codes.

Under the current global payment structure, patients typically pay one copay for the global bundled procedure and related follow-up care. If 10- and 90-day global codes are transitioned to 0-day global codes, patients will have a copay for the procedure and additional separate co-pays for other services, including each of the follow-up visits. This could considerably increase the financial burden on patients, or worse, discourage them from coming back for follow-up care. This would disproportionately affect the sickest patients who require more follow-up care than is currently bundled into global payment.

CMS must begin to transition all these codes no later than February 2016 in order to implement the change to 10-day global codes in 2017 and 90-day global codes in 2018, but CMS has not yet developed a methodology for making this transition. This transition is an incredibly large undertaking, since each pre- and post-operative service will have to be coded and billed separately – increasing the administrative burden to surgeons and the cost to CMS for processing all of these additional claims—an estimated 63 million additional claims filed. Not only would this be an enormous administrative cost to all physicians, taking away from patient care, but it is not clear that CMS would have the ability to process the information it is requesting.

We request language nullifying the global surgery period modification rule be included in any significant health care legislation receiving a floor vote.

Respectfully,



Rep. Larry Bucshon, M.D.



Rep. Ami Bera, M.D.

cc: Majority Leader Kevin McCarthy, Majority Whip Steve Scalise, Minority Whip Steny Hoyer



Rep. Andy Harris, M.D.



Rep. Phil Roe, M.D.



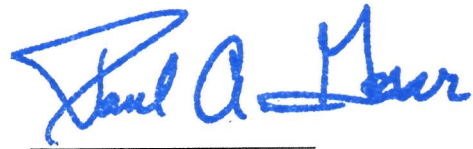
Rep. Brett Guthrie



Rep. Charles Boustany, Jr. M.D.



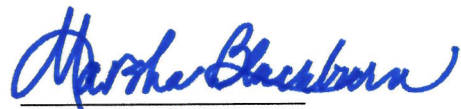
Rep. Bill Flores



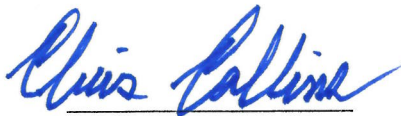
Rep. Paul Gosar



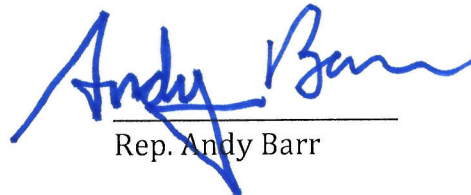
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Rep. Marsha Blackburn



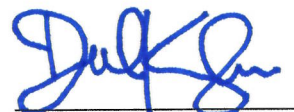
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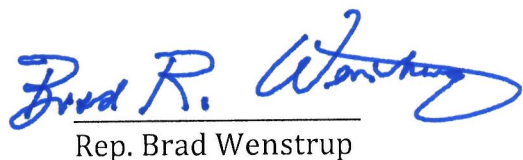
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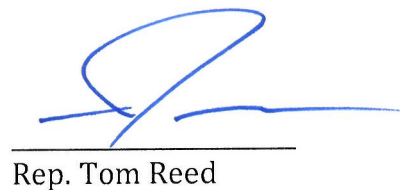


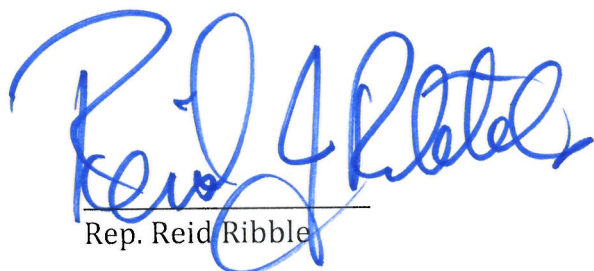
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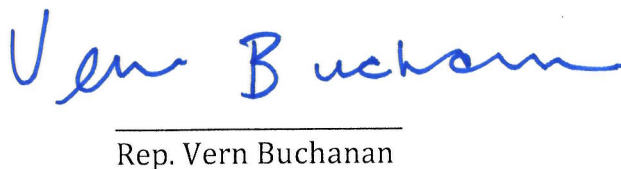

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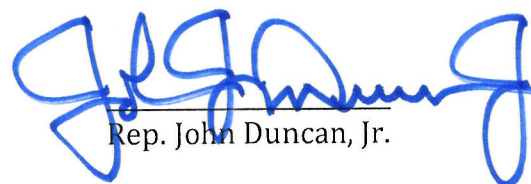

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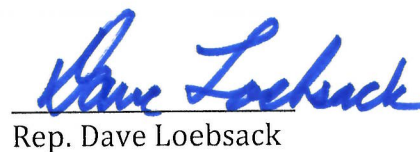

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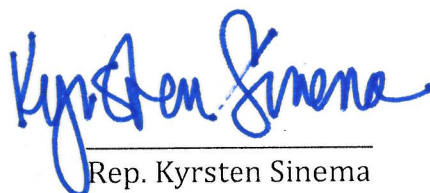

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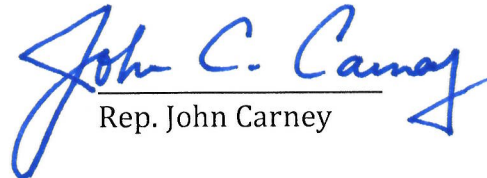

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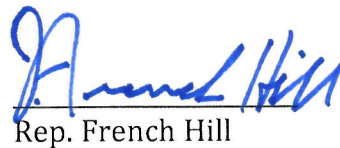

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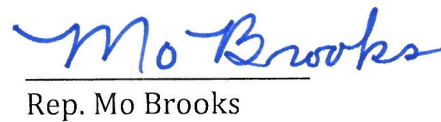

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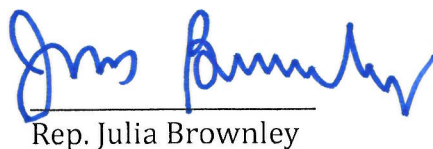

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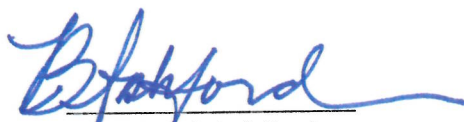

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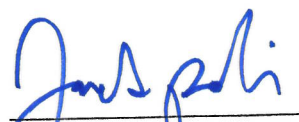

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Rep. Jared Polis