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**Issuance of Proposed Rule for Medicare Physician Fee Schedule is Encouraging, But Does Not Address Critical Codes Under Current Review**

*Presidents of Three Gastroenterology Societies React*

WASHINGTON (July 7, 2014) – By announcing plans to review and revise the process for setting physician reimbursement in the Medicare Part B program on July 3, 2014, the Centers for Medicare & Medicaid Services (CMS) took an encouraging first step toward ensuring a more open rate-setting process, but state certain codes under current review, including life-saving procedures such as colonoscopy, will not be included at this time.

The gastroenterology societies are encouraged that CMS has responded to our request for increased transparency in the Medicare rate-setting process; however, colonoscopy is one of the major codes under review by CMS that are scheduled for 2015 decision making. It is imperative that these codes benefit from the important and positive changes proposed by CMS. We request that the agency either delay revisions or create another mechanism for meaningful comment and input on proposed changes to reimbursement for codes under current review, including colonoscopy.

It is vital for physicians to have the ability to comment on proposed changes to reimbursement rates and for patients to weigh in on policies that may directly impact their access to procedures. Publishing changes to reimbursement for colonoscopy in the Medicare Physician Fee Schedule Final Rule in November allows fewer than 60 days for physicians and patients to prepare for these changes.

Colonoscopy, a screening test that prevents cancer by detecting and removing precancerous polyps, has been widely credited with reducing colorectal cancer diagnoses in the U.S. by 30 percent over the last decade. Studies have found that the colonoscopy screening model translates into significant annual Medicare savings. Cutting physician reimbursement rates would negatively affect physician small businesses and could ultimately reduce access to colonoscopy for Medicare patients.

As we prepare for the issuance of the reimbursement values in the final rule in November, the gastroenterology societies urge CMS to create a process that is transparent and allows for adequate and timely stakeholder engagement and feedback. Specifically, the gastroenterology societies believe the process should allow for:

- 1) **Transparency**— We support a healthcare delivery system that is transparent in process, methodology and activities. Transparency fosters public understanding and garners trust, while reducing opportunities for unfair or arbitrary decision making.

- 2) **Participation** — A core element of representative government is stakeholder participation. We expect a Medicare reimbursement system that provides sufficient time for public comment and affords the opportunity for meaningful participation in the public rulemaking process.
- 3) **Accountability** — We expect a reimbursement system that supports public understanding and participation. A system that is accountable can explain, clarify and justify methodologies used and processes followed.

Learn more at [www.valueofcolonoscopy.org](http://www.valueofcolonoscopy.org).

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