



NEWS RELEASE

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AMDA's Efforts Result in Increased Physician Work Values

Columbia, Md. – AMDA – Dedicated to Long Term Care Medicine applauds the Centers for Medicare & Medicaid Services (CMS) for its recent proposal to increase physician work relative value units (RVUs) for the discharge day management codes within the nursing facility code family. The association sees this as a triumph for its long and aggressive advocacy for fair reimbursement for physician services in long term care.

Payments for the physician work associated with these nursing facility services could increase by more than \$4.3 million in 2012. The RVU would go from 1.13 to 1.28 for code 99315 and from 1.50 to 1.90 for code 99316.

“What a great victory for long term care physicians and their patients,” said AMDA Executive Director Lorraine Tarnove. She added, “But it doesn’t end the war. I hope it provides these dedicated physicians with enough relief to allow them to stay in long term care while we keep up the efforts for recognition of the work they provide. AMDA is committed to continuing the fight. On the positive side, whatever payment approach the government decides to take, whether reforms for Part B or another payment system, CMS’ proposed acceptance of higher physician work values equates these services with hospital work and that provides a better starting place for these discussions.”

Roland A. Geertz, MD, MBA, American Academy of Family Physicians (AAFP) President, said, “We have long supported an increase in primary care physician work values.” He added, “We are proud to advocate alongside the AMDA and AGS to achieve enhanced payment for physician care provided in nursing facilities.” Elsewhere, American Geriatrics Society (AGS) President Barbara Resnick, PhD, CRNP, FAAN, FAANP, observed, “The American Geriatrics Society has partnered with AMDA and the AAFP to strongly support the values recommended for the nursing facility care discharge day management codes. We were pleased to jointly present these values at the RUC in the effort to fairly capture the work of physicians/other healthcare providers.”

When CMS solicited comments back in 2009 on services for which the currently assigned work RVUs might be inappropriate, AMDA submitted a formal request that the nursing facility discharge codes (99315, 99316) be included as part of this fourth Five-Year Review. When the agency accepted this recommendation, AAFP and AGS joined AMDA in conducting a required survey of practicing physicians to obtain each physician’s estimates of the amount of physician work and time required to provide these services.

AMDA Relative Value Scale Update Committee (RUC) Alternate Advisor Charles Crecelius, MD, PhD, CMD, and AMDA Past President Eric Tangalos, MD, CMD, joined AAFP and AGS Advisors in co-presenting these survey results during the September 29 to October 3, 2010 RUC meeting. The American College of Physicians contributed to this effort by sending a letter of support.

“The impact of these recommendations is the culmination of AMDAs, AAFPs, and AGS’ work and the input of those individuals who completed the survey on the amount of physician work and time required to provide these services,” said AMDA President Karyn Leible, RN, MD, CMD.

CMS has agreed with the RUC recommendations and is soliciting public comments on the proposed valuation of the codes. The final decision will be published as part of the 2012 Medicare Physician Fee Schedule final rule. The changes would become effective January 1, 2012.

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AMDA – Dedicated to Long Term Care (formerly the American Medical Directors Association) is the national professional association of medical directors, attending physicians, and other professionals practicing long term care medicine committed to the continuous improvement of patient care. AMDA provides education, advocacy, information, and professional development enable its members to deliver quality long term care.