

Valley Pain Specialists, PC

Consultants in Acute and Chronic Pain Management Steven Mortazavi, M.D.

Anish Patel, M.D.
Michelle Peartree, PA-C
Kristin Severinsen, PA-C





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Valley Pain Specialists March on Capital Hill

Dr, Mortazavi and staff recently joined the efforts of the American Society of Interventional Pain Management (ASIPP) in lobying members of Congress to enact changes and stop proposed cuts to physician reimbursment for 2008. As many physicians know proposed cuts from Center for Medicare and Medicaid Services (CMS) would result in reductions in physician reimbursement of 10% for next year. Congress has blocked these cuts the last two years in a row and we are seeking relief from cuts this year as well as an overhaul of the Sustainable Growth Rate formula (SCR).

The SGR is the product of the estimated percentage change in 1) input prices for physician services; 2) the average number of Medicare beneficiaries in the traditional fee for service program; 3) natinoal economic output as measured by real inflation-adjusted Gross Domestic Product per capita, and 4) expected expenditures for physician services from changes in laws or regulations. (ASIPP Newsletter, June, 2007.

http://www.asipp.org/documents/FactSheet-PhysicianPmtReform.pdf:). If changes are not enacted physicians will face a cumulative reduction in fees of more than 40% from 2008 to 2015 with the real cost of maintaining a medical practice increasing 60% in the same time period.

Other proposed cuts are proposed to affect interventional procedures in ambulatory surgery centers. With nursing homes, hospitals, and medicare advantage programs facing stable updates or even modest increases.

We at Valley Pain Specialists have made all of our patients aware of the negative effect such cuts will have on access to care and services. Each of our patients is given a form letter to review and send to their members of congress asking them to weigh in with CMS and overhaul the SGR formula. An easy directory can be found on capwiz.com or even the ASIPP website (ASIPP.org) where form letters exit.



Rep. Frank Pallone (D-NJ) addressing members of ASIPP regarding physician cuts in reimbursement.