

Part B Insider (Multispecialty) Coding Alert

Medicare Could Split Updates Between Procedures And E/M Visits

As the nation's over-65 population doubles between 2000 and 2030, patients will be demanding more physician services from Medicare, according to **Ed Salsburg**, associate vice president of the **American Association of Medical Colleges**. In particular, oncologists will be in short supply, Salsburg told the **Medicare Payments Advisory Commission's** April meeting.

The real problem isn't a shortage of doctors, but a shortage of primary care doctors, argued **Kevin Grumbach**, chair of the **UCSF Center for California Health Workforce Studies**. Medicare still pays more for a doctor's time if he or she is doing a procedure (like a colonoscopy) than if he or she is just talking to the patient, Grumbach pointed out. So Medicare may be encouraging more doctors to become specialists and creating a shortage of primary care doctors.

Grumbach suggested dividing Medicare's physician payment update formula into two systems: one for evaluation & management visits, and one for procedures. Because the increase in costs all comes from surgical procedures, Medicare could target that spending growth without hurting primary care doctors.

Another possibility: Medicare could do more with nurse practitioners and other physician extenders, which would put doctors in more of a supervisory role, panelists said.