Submitter : Dr. Harold Rosen **Date:** 08/01/2006

Organization : Beth Israel Deaconess Medical Center

Category : Physician

Issue Areas/Comments

Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

I have read with concern about the plans of CMS to dramatically reduce reimbursement for DXA (CPT code 76075) and VFA (CPT code 76077) over the next few years. The current reimbursement is sufficient to support the efforts of practitioners to provide high quality bone density measurements. The proposed dramatically-reduced reimbursement will absolutely not be sufficient to support densitometry services, and I have no doubt that availability of these services will decline. Such decreases in services will substantially reduce our ability to serve our patients, just now when we have all sorts of good treatments that reduce the risk of fractures dramatically in patients with low bone density. It is especially appalling that the calculation of the expenses involved in densitometry utilized outdated technology (pencil-beam), and utilized assumptions that the physician input has little impact on the bone density report. I must emphasize, as a densitometrist who has carefully tracked the time I spend, that I spend an average of 10 minutes in reading and interpreting each bone density. It is crucial that each bone density be carefully reviewed by the physician, given the high incidence of pathology in the spine and hip that can falsely alter the reported bone density unless this pathology is identified and excluded. Physician involvement is especially critical when reporting follow-up bone densities, to make sure that all aspects of positioning and placement of the region of interest is comparable to prior images to make sure that observed changes in bone density are not due to changes in technique. Reducing reimbursement to the physician component will reduce physician involvement in reporting bone density, which will dramatically adversely affect the quality of the reported results, to the detriment of our patients.

I therefore urgently appeal to you to rescind your plans to decrease reimbursement for DXA and VFA.

Submitter : Dr. Alan Kivitz **Date:** 08/01/2006

Organization : Altoona Arthritis

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

The proposed cuts in remibursement for bone density measurements by DXA do not POSSIBLY reflect the cost of equipment acquisition, maintenance, and technician salary to perform this test.

Submitter : D Youmans **Date:** 08/01/2006

Organization : D Youmans

Category : Health Care Professional or Association

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

CMS recently proposed regulations that will dramatically reduce reimbursement for the performance of DXA (CPT code 76075) from the current ~$140 to ~$40 by 2010 and VFA (CPT code 76077) from the current ~$40 to ~$25. These cuts would be in addition to the already-enacted imaging cuts in the Deficit Reduction Act of 2005, as well as revenue tax on imaging centers already imposed by the state of New Jersey. It is extremely likely that this regulatory change in the Medicare Physician Fee Schedule will markedly reduce the availability of high quality bone density measurement, with a consequent decline in quality osteoporosis care. This will shift costs from recognition of osteoporosis early enough to treat and shift to the VERY expensive option of treating osteopporotic fractures and their numerous debilitating sequellae. I urge you to reverse the proposed reduction in DXA imaging for the purpose of identifying and monitoring patients with osteoporosis.

Submitter : Dr. Greg Terrasas **Date:** 08/01/2006

Organization : Anesthesia Solutions

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Medicare already pays but a fraction of what private insurance pays.
Medicare patients are also a riskier patient population to care for.
At some point, it will not be worth taking assignment for these people and they may have to make up for it out of their pocket which is unfortunate since most in this age group are already on a fixed income.

Submitter : Dr. Gerald Congdon **Date:** 08/01/2006

Organization : Waccamaw Family Medicine

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I fear that my patients access to DEXA scanning to prevent bone fractures will greatly be reduced if funding is cut and I can't afford to provide this service to my patients.

Submitter : Dr. Swen Laser **Date:** 08/01/2006

Organization : Dr. Swen Laser

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

I am dismayed to learn of the 10% cut anesthesiologists will receive over the next 4 years based upon the new practice expense methodology. How little reimbursement do you expect us to work for? If your personal pay had been cut by the same amount over the past 4 years would you even be reading this email?

If the current anticipated cut to anesthesiologists comes to fruition, I can assure you that our group of 10 anesthesiologists will not be able to afford to continue accepting Medicare patients!

Thank you for you attention to this crucial matter.

Sincerely,

Swen E. Laser, MD

Submitter : Dr. John Ervin **Date:** 08/01/2006

Organization : Internal Medicine and Rheumatology Associates

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

The proposed fee decreases in reimbursement for DXA bone density analysis will set back the diagnosis and care of the millions of patients with osteoporosis by years and years...in conflict with the Surgeon General's Report from last year.

As a rheumatologist, reseacher in osteoporosis treatments, lecturer to physician and nurse practitioner groups and charter board member of The Alliance for Better Bone Health, I have spent years urging physicians to do bone density scans to "uncover" this silent condition...silent, that is, until the patient fractures.

This fee change, if passed, will make it unfeasible for physician's to do these scans, will not support the cost of the equipment, personnel, or maintenace of the DXA scanners, and will be disasterous, reversing the considerable progress that's been made.

Ultimate costs to Medicare will skyrocket in hospital and nursing home cost as a result of the increased numbers of fractures that will occur.

John E. "Jed" Ervin, MD, FACP, FACR

Submitter : Dr. Niti Thakur **Date:** 08/01/2006

Organization : Lansing Rheumatology

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am a praticing Rheumatologist in east Lansing. I am writing you about drastic cut in the reimbusement for doin DEXA. This will affect quality of care in treatment of osteoporosis. I would be grateful if you can prevent this cut so we can continue with qulity of care

Submitter : Dr. gregory johnson **Date:** 08/02/2006

Organization : associates in Orthopedics

Category : Physician

Issue Areas/Comments

Discussion of Comments-
Orthopedic Surgery

Discussion of Comments- Orthopedic Surgery

Imaging cuts especially in Bone Density are unjustified, too drastic and will reduce availability of preventative care...
EVERYTHING costs more, these cuts are awful!
THe service and malpractice and professional care should not be paid BELOW COSTS.
thank you for reading my comments.
greg johnson,MD Orthop[edic surgeon.

Submitter : Dr. Craig Lovett **Date:** 08/02/2006

Organization : Dr. Craig Lovett

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Orthopedic Surgery**

Discussion of Comments- Orthopedic Surgery

the proposed cut of 76065 from 149 to 40 dollars doesn't even pay for my radiologist tech and rent, not including the $85,000 machine.
I am an Orthopedic surgeon and love fixing hip fractures which will bankrupt cms if the diagnosis and treatment of osteoporosis is compromised.

Submitter : Dr. Sam Bagchi **Date:** 08/02/2006

Organization : Dr. Sam Bagchi

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I feel very strongly that compensation for physician services provided in the hospital should reflect the intellectual and physical work put into the service. Procedure based overcompensation seems to favor gaming of the system at the expense of not only the medicare system but the safety of patients who get exposed to unnecessary procedures. Please accept the recommendations that compensation be shifted to cognitive work that is done on complicated medical patients.

Thank you.

Submitter : Dr. Nelson Watts **Date:** 08/02/2006

Organization : University of Cincinnati

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

Please do not decrease reimbursement for central DXA (76075). If you do I will no longer be able to provide this service as the current reimbursement barely covers our cost.

Submitter : Ms. Sandi Epperson **Date:** 08/02/2006

Organization : radiology

Category : Other Technician

Issue Areas/Comments

GENERAL

GENERAL

I am a medical professional and we need to make sure that the proposal effecting reimbusement for bone denstiometry does not pass. Several people have osteoporosis and go undiagnosed because they either can't afford to have the bone density performed or the physician's can't afford to keep there equipment up and running to be able to do the exams on patients to monitor there progress. Many people can't afford the medication they get so therefore; they can't afford to do the proper testing. We need to make sure we can make having these procedures done at resonable rate so that are patient can understand how important it is to have annual exams done.

Submitter : Ms. Virginia Hassett **Date:** 08/02/2006

Organization : Ms. Virginia Hassett

Category : Other Health Care Professional

Issue Areas/Comments

Practice Expense

Practice Expense

Dear Sirs,
I am a Certified Medical Assistant, who underwent a great deal of training, including a yearly update of credentialing, in order to operate a densitometer at our doctors' office. This was at the expense of the practice, and proved invaluable to our patients, particulary our elderly ones. It was easier by far to get to, quicker to have done, and as a result, it was done. Men and women who were thus diagnosed for osteoporosis received the treatment needed to hopefully prevent a major calamity of older patients - a broken hip. The statistics regarding outcome and mortality where this matter is concerned have been well documented. It is my hope that you will not cut the fees received any further; to do so will stop many practices from having a densitometer - between having a tech trained and the machine lease itself, it simply won't pay for itself. The result will be long waits at the fewer facilites remaining, inconvenience for the patients - and the most telling - a decline in the number of patients receiving this diagnostic service. Please consider these things when making your decision.
Sincerely,
Virginia Hassett

Submitter : Jill Pride **Date:** 08/02/2006

Organization : Jill Pride

Category : Other Technician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

My name is Jill Pride and I work for a company that provides bone density testing to patients in West Michigan. I see on a daily basis the great need for bone density testing. People are often surprised to learn they have osteoporosis and they would never have become aware of this without being tested. Without this valuable test, their physicians would not be treating them and thus putting them a risk for factures.

The cuts to the reimbursement of bone density testing would literally put our company out of business and approximately 3,000 patients per year would not be receiving this test. These proposed cuts would greatly increase the number of fractures of our elderly citizens

These proposed cuts are in direct contrast to the Surgeon General s Report on Osteoporosis not more than 2 years ago, which states the importance of getting patients tested and treated for osteoporosis.

I believe that some of the assumptions used to recalculate the Medicare Physician Fee Schedule were inaccurate. For example:
1. CMS calculated the practice expense (technical component), utilizing pencil beam instrumentation at a cost of $41,000 instead of the $85,000.
2. There are many practice expenses, additional densitometry costs such as phantoms, necessary service contracts/software upgrades and office upgrades to allow electronic image transmission that were omitted. Totally several thousand dollars a year!
3. I also disagree with how CMS feels that physician interpretation is less intense and more mechanical High quality DXA reporting requires skilled interpretation of the multiple results generated by the machine.

Patients need quality healthcare and access to testing. These proposed cuts will hinder the availability and puts patients at greater risk for fracture. Please help ensure that we are helping fight osteoporosis.

Regards,

Jill Pride

Submitter : Dr. William Diacon **Date:** 08/02/2006

Organization : Mercy-Rogers Medical Center

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

I fear your decision to decrease reimbursement for DXA bone density testing will adversely affect the availability of high quality examinations. It seems to me that another way to accomplish some health care dollar savings while maintaining access to high-quality services would be to limit reimbursement to those facicilties which have personel certified by the International Society for Clinical Densitometry.

Submitter : **Date: 08/02/2006**

Organization :

Category : **Physician**

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

I understand there is a possiblitity of a reduction in fees for DXA's. This would negatively impact patient care, as the proposed fees would not allow upgrading equipment, as it would be financially impossible. State of the art equipment changes about every five years. My cost for this is $1,000/month. In addition, service contracts (which are necessary for this complicated equipment) run $400-500/month. It would be impossible to afford to upgrade equipment with the proposed reimbursement.

Submitter : Dr. Maria Miller **Date:** 08/02/2006

Organization : Valley Immediate Care

Category : Physician

Issue Areas/Comments

Other Issues

Other Issues

RE: Cutbacks to DXA reimbursement.
We started performing DXA scans about 2 years ago because we felt it was a valuable service to provide the community with such an aging population and the severe impact that osteoporosis has on our society. It is not a full time operation for us but we have been doing more and more of them. Unfortunately for us the vast majority of patients that get DXA scans are Medicare patients and the next largest group of patients that we have been scanning are courtesy scans from a local Community Health Center. We haven't been earning enough income from this project to pay for the equipment rental. If the proposed cuts go through we will have to shut the operation down.

Please reconsider the tax cuts - it would ultimately save Medicare thousands of dollars with all of the fractures that could be prevented.

Submitter : Mr. robert Eison **Date:** 08/02/2006

Organization : Health Scan llc

Category : Radiologist

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

Is this reality! with all the rising cost, there is seriously a move to cut rates for a test (DXA)that can prevent over one and a half million incidences annually. at the expence, mostly to medicare and its patients, of billions of dollars annually.

Please stop this sinceless line of thought and increase the payment so more clinics can stay in business to provide a much needed service and help lower the high cost of repairing fractures and even deaths that can occur from otteoporosis fractures. After all over 50% of all people over the age of 70, MCR age, die with in one year after a hip fracture from osteoporosis. If you have any other questions about this, please call 731-607-6886 sincerely,

Frank Eison

Submitter : Dr. Richard Fairley **Date:** 08/02/2006

Organization : Dubuque Internal Medicine

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Evaluation and Management
Services**

Discussion of Comments- Evaluation and Management Services

The 'behind the scenes' work for every E/M encounter has risen exponentially in recent years. Primary care physicians are working harder but they are not seeing a commensurate increase in their income. Many medical students are staying away from primary care medicine because of the increased, non-glamorous work and relatively poor reimbursement compared to other medical specialities. Increasing the work RVU for E/M services is appropriate and necessary. Please keep these changes in the final rule so we can still get quality individuals entering these areas of medicine as the old timers retire.

Submitter : Dr. Mark Bodily **Date:** 08/02/2006

Organization : Northwest Anesthesia Physicians, PC

Category : Physician

Issue Areas/Comments

Regulatory Impact Analysis

Regulatory Impact Analysis

As an anesthesiologist at a private charity hospital-based anesthesia practice for the last 16 years, I was surprised by the recent announcement:

'The government estimates 6% cuts in total payments to anesthesiologists due to the Five Year Review and an additional 1% cut every year through 2010 due to the practice expense changes. This would amount to a 10% cut in Medicare payments to anesthesiologists over the next four years.'

Currently, Medicare reimburses anesthesiologist at approximately 20 cents per dollar. This requires cost shifting to the private sector that is very unfair and ethically frustrating. For our group to attract new anesthesiologists we need to be competitive. When nearly 40 percent of our practice is government controlled and falling further and further behind reasonable reimbursement, we are seeing our best and brightest being attracted by the non-medicare surgery centers. Our group is increasingly being forced to abandon centering on hospital needs and following surgeons to other centers where the sickest and most urgent cases are being overlooked. I am concerned that the nation will be left with a very poor response to the acute and severe medical needs of the elderly being served in our charity hospitals. I would urge you to not only not adopt the above proposal but to improve the reimbursement for anesthesia services to the medicare population. It is the right thing to do. It is the fair thing to do.

Thanks

Submitter : Susan Bitner **Date:** 08/02/2006

Organization : University of North Texas Health Science Center

Category : Health Care Professional or Association

Issue Areas/Comments

Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

I am a radiologic technologist who performs daily bone density scans on osteoporotic patients in a rheumatology practice at the University of North Texas Health Science Center. I care about providing high quality skeletal health care. DXA and VFA scans are vital tests in the evaluation and management of patients with suspected osteoporosis. If the proposed cuts in reimbursement for these procedures are implemented, our facility may not be able to continue providing this vital testing for our community. The reimbursement cuts that are proposed directly conflict with the multiple Federal initiatives to reduce the personal and societal cost of osteoporosis. The Bone Mass Measurement Act, the US Preventative Task Force recommendations and the Surgeon General's Report on Osteoporosis all underscore the importance of DXA in the prevention and treatment of osteoporosis. These Federal initiatives, coupled with the introduction of new medications for the prevention and treatment of osteoporosis have improved skeletal health and dramatically reduced osteoporotic fractures. It is the result of these patient directed initiatives, not excessive use of imaging, that have increased the clinical use of central DXA bone densitometry in our practice over the past ten years. Furthermore, some of the assumptions used to recalculate the Medicare Physician Fee Schedule were inaccurate. For example: CMS calculated the practice expense (technical component), utilizing pencil beam instrumentation at a cost of $41,000 instead of the $85,000 assigned to VFA, which is done on fan beam densitometers. Since fan beam instruments comprise the vast majority of densitometers currently available in practice, then the equipment costs for DXA should be listed at $85,000. The equipment rate utilization that CMS assigned to DXA is inaccurate as well. CMS assumed that all diagnostic equipment is in use 50% of the time, based on high volume imaging centers. However, diagnostic equipment such as DXA and VFA, used to evaluate single disease states, should be expected to have lower utilization rates estimated at 15-20%. When practice expenses were determined, additional densitometry costs such as phantoms, necessary service contracts/software upgrades and office upgrades to allow electronic image transmission were omitted. I also disagree with the CMS conclusion used to calculate the physician work component for DXA. Specifically, CMS felt that the actual physician work of DXA interpretation is "less intense and more mechanical" than was accepted previosly. High quality DXA reporting requires skilled interpretation of the multiple results generated by the instrument.

Our practice sees many patients who have very little knowledge about osteoporosis. As a technologist, I spend time during each patient's visit discussing the disease process. We discuss contributing factors for osteoporosis and stress that it's never hopeless (as many patients believe),and that there are ways to prevent fractures from occurring in their lifetime. It's important for patients to have security in the knowledge they don't have to experience the life-changing breakage of a hip they watched their mothers, sisters, and grandmothers endure. DXA and VFA are another vital step in assuring our patients have an extended quality of life. At our facility, not only will DXA and VFA services possibly be eliminated, but there will also be a loss of patient education. I participate in community health fairs and senior centers by providing osteoporosis screenings. This service would also be eliminated if we cannot afford to keep our osteoporosis center open. Also, all the Federal initiatives and efforts to educate our public will be undermined by the lack of services provided due to reductions in reimbursement for DXA. I urge you not allow cost cutting to reduce the quality of patients' lives. I appreciate your time and consideration on this important matter.
Sincerely,
Susan Bitner, R.T.(R)(T), CDT

Submitter : Dr. David Miloy **Date:** 08/02/2006

Organization : self

Category : Congressional

Issue Areas/Comments

GENERAL

GENERAL

August 2, 2006

As you are aware, On March 21, 2002, President George W. Bush proclaimed the years 2002-2011 the National Bone and Joint Decade, recognizing the importance of promoting a healthy musculoskeletal structure for all people from childhood through adulthood. In addition, all 50 state governments have officially endorsed the Decade. (http://www.arthritis.org/resources/news/news_boneandjoint.asp).

Your recent proposed cuts in Medicare for scanning for Osteoporosis is a tragedy. The changes proposed in the Federal Register (CMS-1512-PN) will result in a 71% drop in reimbursement for osteoporosis scanning when fully implemented over the next four years. When fully implemented in 2010, the global reimbursement for in-office osteoporosis will decrease from the current national average of $139.46 to $39.80.

We purchased a bone density machine to help our patients in a rural area. The machine value is $95,000. We recently spent $20,000 upgrading the machine to look at the entire spine. We invested our money on the upgrade to give the best care possible; although we knew at the time we would not be reimbursed additional. We pay the manufacturer $8,000 per year for maintenance. We pay our technician $16.00 per hour to perform scans. We see about 10 people per week. The collections on services from insurance companies are about 80%. We loose money on the service, but feel it is necessary for the health of our patients.

With the proposed cuts, we will consider having to layoff our tech and sell the machine. This is very sad for our community, especially since osteoporosis is a disease attacking millions of people. Medicare does not cover men, which is discrimination since the disease affects them as well.

Please support our President in his fight of osteoporosis and retain full payment to our physicians so they can afford to have the machines and staff necessary to diagnosis this disease.

Sincerely,

Dr. David Miloy

Submitter : Dr. M Amin **Date:** 08/02/2006

Organization : Dr. M Amin

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I do not agree with the proposed reductions in the Physician Fee Schedule. There should not be a reduced reimbursable amount for 2007 that would affect CPT 93701. The cost of the equipment is significantly greather than the $28K figure used by CMS.

Submitter : Dr. Mark Templeton **Date:** 08/02/2006

Organization : Dr. Mark Templeton

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear CMS,

? As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

? The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

? CMS should gather new overhead expense data to replace the decade-old data currently being used.

? ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

? CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Yours truly,
Mark Templeton

Submitter : Dr. michael mihara **Date:** 08/02/2006

Organization : pearl city medical associates

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

I have been in practice for coming on 20 years and I am very concerned with the direction that medicine is heading in. Working in a practice that has been serving the community for nearly 50 years, I have a heavy geriatric patient base. We are already being unfairly asked to provide ever increasing levels of care for incresingly ill and complicated patients at a reimbursement rate that is not keeping up with the more rapidly increasing cost of practice.
I have been providing DXA scans for nearly 2 years after long consideration about the cost effectiveness of adding this service and am certified by ISCD to perform and read these. The service has definitely added convenience and added preventative care to many. And to now hear that reimbursement for DXA may be cut is both dismaying and frustrating. We front line primary care MDs cannot continue caring for the ever increasing aged population without being fairly reimbursed for this. Already primary care MDs are diminishing in numbers coming out of training programs and more are being forced to perform ridiculous ancillary services such as laser dermabrasion and cellulite reduction therapy! I think this is a travesty! Even many specialists are not accepting medicare patients.

I respectfully ask you to rethink the stance that CMS is seemingly taking to "rob Peter to pay Paul." I am constantly reading about planned cuts to reimbursements and if it continues I fear that for all of you approaching 65, you may find it difficult to find a doctor willing or available to accept you!

Submitter : Dr. Gail Garey **Date:** 08/02/2006

Organization : Dr. Gail Garey

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I believe that the CardioDynamics procedure is a valuable instrument in my office. It helps me to treat hypertension but especially to determine whether or not congestive heart failure is present. It directly or indirectly or indirectly saves cost by reducing the need for chest x-rays, frequent echocardiograms, laboratory tests and referrals to cardiologists. The costs of doing this procedure are NOT DECREASING because the disposable supply costs are increasing, my office overhead is increasing and my malpractice insurance is increasing. It is crucial that reimbursement for this procedure keep in tune with the present practice costs and not decrease.

Submitter : Dr. Joe Kerlin **Date:** 08/02/2006

Organization : Dr. Joe Kerlin

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

The new "bottoms up" methodology used to calculate RVU amounts will result in a significant decrease in payment for CPT 93701. The equipment cost as well as the cost of disposables is increasing yearly. This decrease is not tolerable in my practice. The equipment price must not be reflected in your proposal, the cost of each device is between $40,000 - $44,000.

Submitter : Dr. hector laurel **Date:** 08/02/2006

Organization : Comprehensive Anesthesia Services

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

CMS must address the issue of anesthesia work undervaluation or our nation's hospitals will continue to face shortages of qualified anesthesia physicians. Anesthesiologists' are being squeezed by the regulatory mismanagment of CMS. CMS must gather new overhead expense data to replace the decade-old data in current use. Further, the cuts facing anesthesia are disturbing in light of the ongoing problems with the old SGR formula that so adversely affects all of Medicare Part B services. Anesthesia needs a positive 2.8% update in 2007 as recommended by the Medicare Payment Advisory Commission. Please don't force anymore anesthesia shortages on struggling hospitals. The practice of anesthesia is continually being squeezed by the lack of qualified physicians that have decided to pursue different fields because of the continual headaches with medicare/medicaid reimbursement!

Submitter : **Dr. Samuel Chan** **Date: 08/02/2006**

Organization : **Dr. Samuel Chan**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

The proposed RVU amount for CPT 93701 is not acceptable. Based on my sensor and equipment cost, the RVU must be restored to previous levels. In addition, my technician cost has greatly increased, making a lower RVU even more costly to my practice.

Submitter : Dr. Laurie Nahom **Date:** 08/02/2006

Organization : Dr. Laurie Nahom

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I have used the BioZ (thoracic Bio impedence device) in my practice for nearly 4 years and between that these tests have been helpful in assessing and assisting my patients in my practice. I believe that the proposed reduction in reimbursement projected by Medicare does not accurately reflect the true operational costs of running tests on patients. My equipment cost was over $38,000 and between prep time and cost increasing, i am finding it difficult to remain flexible with today's reimbursement. Please reconsider your proposed reduction so that I may continue to cost justify doing this test on my patients.

Submitter : Dr. Mark Shepherd **Date:** 08/02/2006

Organization : Dr. Mark Shepherd

Category : Physician

Issue Areas/Comments

Other Issues

Other Issues

I am writing concerning the proposal to drastically reduce payment for bone density testing. I am a certified clinical densitometrist and our office recently purchased a DXA scanner. This has greatly enhanced our ability to diagnose and treat osteoporosis. Under the new reimbursement proposals, it will become a financial burden on our office due to the expense of this equipment as well as the expertise required for the technician performing the test. I urge you to reconsider this drastic reduction in reimbursement, as it will make performing DXA testing financially impossible for most offices. Those who have recently purchased this equipment will also be left with a large debt with little hope of recouping their investment. This in turn will lead to under diagnosis and under treatment of this disabling condition.

Submitter : **Dr. Ann Auburn** **Date: 08/02/2006**

Organization : **Dr. Ann Auburn**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

Please do not reduce Medicare reimbursement for CPT code 93000 and 93701. We are already underpaid in medical patient reimbursement, this would only compound that problem.

Submitter : Dr. Christopher Powers **Date:** 08/02/2006

Organization : Texas Tech University HSC - El Paso

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The Centers for Medicare & Medicaid Services (CMS) recently proposed regulations that will reduce reimbursement for the performance of DXA (CPT code 76075) and VFA (CPT code 76077) to a point that will no longer make it financially feasible to offer the service at our institution.

Submitter : **Dr. Ronald Buescher** **Date: 08/02/2006**

Organization : **Dr. Ronald Buescher**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

The proposed reduction for the practice expense for CPT code 93701 does nto account the increasing cost of the disposables and operational cost to run the device. As you know there are three variables of RVU in which two have been completely ignored as well. The current cost of the ICG device is incompatible with CMS's cost estimate used to calculate the RVU. Reconsideration of this reduction is necessary, otherwise I cannot perform the test.

Submitter : Dr. Alfred Louis **Date:** 08/02/2006

Organization : Dr. Alfred Louis

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

In relation to CPT code 93701, it is my professional opinion that CMS latest proposal to reduce the RVU amount is short sighted and unacceptable. The proposed calculation completely ignores the fact that physicians have annualy increased overhead based on the rising cost of equiptment and the disposables to operate them, not to mention the annual pay increase required for ancillary staff. It is apparent that the cost estimate, $28,625, CMS uses to calculate is completely incorrect. The current price for ICG far surpasses this estimate. This decline will only bring about a financial loss for my practice.

Submitter : Mrs. Mary Odenbach **Date:** 08/02/2006

Organization : Rio Grande Medical Group

Category : Nurse

Issue Areas/Comments

Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

I am a Registered Nurse involved with the delivery of patient care, teaching and administering medications. I help teach the community about osteoporosis, prevention and treatment. Identification and treatment and treatment monitoring is essential in prevention of fragility fractures. These fractures are expensive in time and dollars to all! These fractures result in significant morbidity.

These cuts in you are proposing are at odds with the multiple Federal initiatives to reduce the personal and societal cost of osteoporosis. The Bone Mass Measurement Act, the Prentative Task Force recommendations and the Surgeion General'l Report on Osteoporosis all underscore the importance of DXA in the prevention and treatment of osteoporosis. These Federal initiatives, coupled with the introduction of new medications for the prevention and treatment of osteoporosis have improved the skeletal health and dramatically reduced osteoporotic fractures. It is the result of these patient directed initiatives, not excessive use of imaging, that have increased the clinical use of central DXA bone densitometry in our practice over recent years.

Your calculation of practice expense(technical component) utilizing pencil beam instrumentation at a cost of $41,000 instead of the $85,000 assigned to VFA which is done on fan beam densitometers is in error. Since fan beam instruments comprise the vast majority of densitometers currently available in practice, the equipment costs for DXA shoul be listed at $85,000. Equipment utilization rate you calculated assumes that all diagnostic equipment is in use 50% of the time, basing that on high volume imaging centers. However, diagnostic equipment such as DXA and VFA, used to evaluate single disease states, should be expected to have lower utiliazation rates estimated at 15-20%. In determining practice expenses, additional densitometry costs such as phantoms, necessary service contracts/software upgrades and office upgrades to allow electronic image transmission were omitted. Also high quality DXA reporting requires skilled interpretation of the multiple results generated by the instrument.

DXA and VFA enhance our high quality of care that try to provide to all of our patients. Osteoporosis is treatable, fractures can be prevented. Please consider the impact of reducing availablity/access to DXA testing for diagnosing and monitoring treatment for osteoporosis.

Submitter : Dr. Stanley Wolfe **Date:** 08/02/2006

Organization : Dr. Stanley Wolfe

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

Re Medicare: CPT 93701

I am concerned about the proposal to reduce the practice expense componet, beginning 2007.
I began using impedance cardiography (ICG, CPT 93701) June 1, 2003, for patient care, in an office based lifestyle intervention program for secondary prevention that began Jan 2002.
During 2002, 60 patients including 24 diabetic, many with renal disease, all recieving medical treatment, enrolled and have completed 3 years.
At start year 2002 50% systolic BP below 130 mmHg,
at 36 months year 2005 84% systolic BP below 130 mmHg. P= <.005

The improvement was due to the use of ICG to aid in drug class selection and improved lifestyle. Controlled BP means fewer strokes and heart attacks and renal failure, saving Medicare considerable money.
Any reduction in reimbursement may result in failure to cover total costs for performing the test in office, discouraging use of ICG, depriving patients of better health.
Your methodology must be revised.

Submitter : Dr. Benjamin Hayek **Date:** 08/02/2006

Organization : Dr. Benjamin Hayek

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

Regarding the proposed practice expense RVU cuts proposed for 2007 on CPT code 93701, I would like to make the following points:

1. A 10% cut in reimbursement for a procedure that helps me better manage my patients that have hypertension, heart failure and shortness of breath is wrong! By better managing my Medicare population I believe that I am helping to drive down the costs to you on those patients.

2. How can you possibly come up with any type of calculation or formula that would justify that my practice expense for Thoracic Electric Bioimpedence (TEB) has decreased? The cost of the sensors that I need for each patient has increased. The cost of my staffing to do this and any other procedures has gone up, both in compensation and benefits. Therefore I am requesting that the practice RVU code 93701 not be reduced for 2007.

Submitter : Dr. Edmund MacLaughlin **Date:** 08/02/2006

Organization : Dr. Edmund MacLaughlin

Category : Physician

Issue Areas/Comments

Regulatory Impact Analysis

Regulatory Impact Analysis

Changing the reimbursement for bone densitometry (CPT code 76075 and 76077) from the current levels to the proposed lower levels will drastically reduce the quality of care to elderly men and women. The proposed reimbursement levels are so low that I would lose money every time that I did a study. I could cut the quality of my bone density studies (in case you didn't already know, there is a wide difference in quality in bone density work - for those of us who do it properly, it is more expensive to do). Or, I could stop doing bone density work altogether.

I will never reduce the quality of the the work that I do, so that I would have only two options. I could stop doing bone density tests, or I could opt out of Medicare. There are not nearly enough Rheumatologists around, so that I don't have to accept any insurance if I don't want to. I would still be very busy if I was 'cash only'. However, that would cut out many of my patients, and I don't want to do that.

The proposed cuts are so low that they call into serious question the methods used to develop the proposed pay cuts. Are we actually paying tax dollars for this level of work from CMS?

In summary, just let me know if you plan to go through with this. I would simply opt out of Medicare and then continue to perform bone densitometry the right way.

Submitter : **Ms. Diane Oleen** **Date: 08/02/2006**

Organization : **Ms. Diane Oleen**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I am very disappointed with CMS-1512-PN where cuts to reimbursements for Computer Assisted Detection (CAD) for mammography and for DXA scans for osteoporosis are proposed. These test are critical for older women and should not be taken lightly by penalizing fixed income and poorer folk. Please reconsider this issue of cutting reimbursements for mammography and osteoporosis.

Submitter : Mr. John Monk **Date:** 08/03/2006

Organization : HCMC Bone and Mineral clinic

Category : Other Technician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

I am writing in response to the review of DXA (bone density)services reimbursement. I am a technologist and educator in this field. I perform scans daily and instruct bone densitometry at a college level. A decrease of reimbursement of this magnitude could only mean one thing...loss of quality. This exam requires quality equipment, quality technologists and quality providers. The lower reimbursement would limit availability of quality scanners by decreasing future purchasing of these scanners and also would eliminate a number of existing scanners. For densotometry technologists, we have a hard enough time presently to get our pay to scale. This decrease would force employers to hire 'un-trained' personnel to perform scans, which, in turn, would considerably lower the quality of this exam. Since this exam requires a technologist to be trained specifically for this exam, the field of densitometry would suffer a great loss of quality control. If the reimbursement is decreased, this would also mean that providers would be more likely 'not' to invest in training and education for interpretation of these exams. This would be a giant step backwards in my opinion. Please consider the millions of people that are and will be affected negatively by this decrease in reimbursement. Osteoporosis is a public health threat for millions and we finally have a 'tool' to manage and measurement bone loss. Please consider this and make a more appropriate decrease in reimbursement.

Submitter : Mrs. Cynthia Ashdown **Date:** 08/03/2006

Organization : Texas Nurse Practitioner

Category : Nurse Practitioner

Issue Areas/Comments

**Discussion of Comments-
Evaluation and Management
Services**

Discussion of Comments- Evaluation and Management Services

The recently approved reduction for reimbursement for DXA scans and VFA scan (CPT codes 76075 and 76077) is too great of a reduction. As a health care professional and consumer with osteoporisis I am greatly concerned. Tricare cost are tied to reimburse rate that medicare pays. I already find it getting harder and harder to have qualified healthcare professionals to take me as a new patient and this will just make matters worse. The healthcare professional who see Tricare patients do it because they are compassionate, and certainly not for the very low reimbursement rate. This is just going to make things worse. Costs for providing these services are going up, not down. New software applications and upgrades and improving technology add to the costs. Serial DXA scans take longer to evaluate because previous density studies are compared to the most recent study. Getting a DXA scan or VFA scan on an elderly person takes longer than a younger person. Overhead cost keep going up for space, renting (or buying) equipment and paying technologist. I am a ISCD certified Clinical Densitometrist so I can provide quailty interpretations of these scans. It cost time and money to mantain this certifacation. Please reconsider your actions and not reduce the reimburse for DXA and VFA scan.
Sincerely, Cynthia Ashdown RN, ANP BC, MSN, CCD and a concerned Tricare patient

Submitter : Dr. Jeffrey Lawson **Date:** 08/03/2006

Organization : Piedmont Arthritis Clinic, P. A.

Category : Physician

Issue Areas/Comments

Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

The Deficit Reduction Act of 2005 has wording in the act that significatly reduced the reimbursement for out patient radiology procedures including DEXA scan. With the use of DEXA scans to diagnosis osteoporosis in women, there has been a signifcant reduction in osteoporosis symptoms in my patient popualtion. As the law is enacted now, I will be reimbursed at a 70% r4eduction for performing a DEXA scan. This amount will not come close to covering the cost of providing the service for my patients.

I ask you to consider being a co-sponsor of H.R. bill 5704.

Submitter : **Dr. Esther Krug** **Date: 08/03/2006**

Organization : **Sinai Hospital of Baltimore**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

08/03/206

To Whom It May Concern:

I am an Endocrinologist and a Director of Bone Center at Sinai Hospital of Baltimore. In this capacity I evaluate multiple patients with osteoporosis. Our center also provides state-of-the-art DXA and VFA services to the community. I am writing this letter to express my grave concern with proposed cuts in reimbursement for DXA and VFA testing. In fact in Maryland, where I practice, VFA is not covered by Medicare at all as of 5/18/06. Decrease in reimbursement will unquestionably have a serious impact on our ability to accommodate patients referred for DXA screening and follow-up. At this point we continue to provide VFA to referred patients GRATIS in order to optimize their diagnostic accuracy and care decisions. I think that this situation is extremely unfair to physicians and patients, especially in view of projected costs of care for osteoporotic patients who go on to develop an osteoporotic fracture. On the other hand, proper diagnosis and care may decrease fracture rate by over 50%. The Bone Mass Measurement Act, the US Preventative Task Force recommendations and the Surgeon General's Report on Osteoporosis all underscore the importance of DXA in the prevention and treatment of osteoporosis. In fact, these Federal initiatives, coupled with the introduction of new medications for the prevention and treatment of osteoporosis have improved skeletal health and dramatically reduced osteoporotic fractures. It is the result of these patient directed initiatives, not excessive use of imaging, that have increased the clinical use of central DXA bone densitometry in my practice over the past few years.

In order to be able to provide VFA services we upgraded our equipment last year. CMS calculated the practice expense (technical component), utilizing pencil beam instrumentation at a cost of $41,000 instead of the $85,000 assigned to VFA, which is done on fan beam densitometers. Since fan beam instruments comprise the vast majority of densitometers currently available in practice, the equipment costs for DXA should be listed at $85,000. It is quite obvious that diagnostic equipment such as DXA and VFA, used to evaluate single disease states, should be expected to have lower utilization rates estimated at 15-20%.
In addition, practice DXA expenses include costs of phantoms, necessary service contracts/software upgrades and office upgrades to allow electronic image transmission.

As a skilled densitometrist I am hurt and disappointed by CMS conclusion that the actual physician work of DXA interpretation is "less intense and more mechanical" than was accepted previously. High quality DXA reporting requires skilled interpretation of the multiple results generated by the instrument. Incorrect DXA reading and wrong comparisons to baseline and previous scans by poorly trained physician may result in multiple unnecessary specialty referrals or withholding of treatment of high risk patients. Properly read VFA may uncover previously undiagnosed compression fractures and completely change care decisions. Considering the fact that this is a point-of-care service with minimal radiation exposure, the denial of coverage is just mind-boggling!
It is my sincere hope that in view of osteoporosis epidemics and sky-rocketing cost projections for care of patients with fractures, CMS will change it s decision, penalizing patients and physicians who trying to prevent fractures from occurring in the first place.

Sincerely,

Esther I. Krug, M.D.
Division of Endocrinology
Sinai Hospital of Baltimore
Assistant Professor of Medicine
Johns Hopkins University School of Medicine

Practice Expense

Practice Expense

08/03/206

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Report on Osteoporosis all underscore the importance of DXA in the prevention and treatment of osteoporosis. In fact, these Federal initiatives, coupled with the introduction of new medications for the prevention and treatment of osteoporosis have improved skeletal health and dramatically reduced osteoporotic fractures. It is the result of these patient directed initiatives, not excessive use of imaging, that have increased the clinical use of central DXA bone densitometry in my practice over the past few years.

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Sincerely,

Esther I. Krug, M.D.
Division of Endocrinology
Sinai Hospital of Baltimore
Assistant Professor of Medicine
Johns Hopkins University School of Medicine

Submitter : Dr. Anne Wilhite **Date:** 08/03/2006

Organization : Virginia Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

Background

Background

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

The proposed change in PE methodology hurts anesthesiology more than most, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. As it currently stands, anesthesia payments are undervalued by approximately 40%.

CMS should gather new overhead expense data to replace the decade-old data currently being used. CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

The American Association of Anesthesiologists, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

Submitter : Dr. Jack Bertolino **Date:** 08/03/2006

Organization : Dr. Jack Bertolino

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

Re: Proposed CMS fee schedule changes for CPT code 93701

This letter is to express my opinion on the proposed physician fee schedule reductions for 2007. I strongly disagree with the changes assigned to practice expense. If anything, practices expenses have gone up, not down. Please be aware that this equipment cost me $36,000, and the current cost per test based upon the ammount of testing I do is up to $10.95, plus tax and shipping per patient. And of course, labor costs rise as cost of living and merit increases are issued.
I am requesting that you reconsider your changes to the practice expense RVU and conversion factor to keep medicare reimbursement the same for 2007 as it is now for 2006.

Submitter : Ms. Cheryl Wedmore **Date:** 08/03/2006

Organization : ISCD

Category : Other Technician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

I am a DEXA technologist in a very busy Private OB/GYN office providing Bone Density Studies for our own patients and those of several of the local practitioners.

Approximately 50 % of the patients we see have already experienced some degree of bone loss resulting in osteopenia and a large number with osteoporosis. Many of these patients would not be aware of these findings if we were not able to perform this study in our office at the time of their office visit.

Many of our patients are on medications to increase their bone density and need follow-up care to determine what increase if any has taken place.

A reduction in reimbursement for the DXA and VFA testing will result in facilities such as ours to reevalute the importance of even having such testing available in the office.

There are certain costs associated with this procedure, such as a Phantom, service agreements to cover costs of repairs and preventive maintanence, software upgrades, office supplies and the Technologists time.

To decrease the reimbursement for the DXA and VFA would result in fewer facilities and fewer patients being scanned. If we are not aware these patients have any bone loss, we cannot treat them and they will have more fractures and the Insurance companies will be spending more money to treat these people when they do have a fracture and require hospitalizaton. Despite this fact, osteoporotic fractures are VERY painful and debilitating.

I know I want my grandmother, mother and myself to have accessibility to the best medical care possible and feel that this reduction would indead send the Medical community BACKWARDS!

Submitter : Dr. Deborah Carter-Miller **Date:** 08/03/2006

Organization : Dr. Deborah Carter-Miller

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

The proposed RVU ammount for 93701 clearly does not reflect the equiptment expense or the amount we pay each month in disposables. Please reconsider the new method or conversion factor.

Submitter : Dr. Ronald Stegemoeller **Date:** 08/03/2006

Organization : AHN

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

My group has 3 Bio-Zs. The equipment is very expensive, not to mention the disposables. I do not feel I should be penalized for obtaining accurate hemodynamic info on my patients. Please reconsider the 2007 proposed RVU ammount allowable for 93701 CPT.

Submitter : Dr. M. Jill Gronholz **Date:** 08/03/2006

Organization : Dr. M. Jill Gronholz

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

I am a family practice physician and medical director of a densitometry center in Coeur d'Alene, ID that is owned by 27 other local family practitioners. As such, I am very involved in provided the highest quality skeletal health care possible to our patients. Our facility is office based. We have two Lunar Prodigy DXA scanners. We have two certified densitometry techs. Bone density testing is the cornerstone upon which proper evaluation and management of patients with low bone mass and osteoporosis rests. We work hard to keep our overhead costs down and still provide excellent quality scans and service to our patients. The proposed CMS cuts in reimbursement will result in our facility running at a loss and will therefore close our facility. There are two other in office densitometers in our community also and I fear that these cuts will put them out of business as well. This will result in our patients having to travel 30-40 miles away to Spokane to have their DXA scans done. Your cuts will reduce access to care for our patients as well as impair our ability to provide the best care for our patients. I urge you to reconsider these cuts in reimbursement. Unfortunately, as always with these cuts, it is our patients who suffer the most.

Submitter : **Mrs. Melanie Bolton** **Date: 08/03/2006**

Organization : **Mrs. Melanie Bolton**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1512-PN-991-Attach-1.TXT

Attachment # 991

I wish to express my serious concern that the Centers for Medicare & Medicaid Services (CMS) proposed rule making adjustments in Medicare Part B practice expenses and relative work values (71 FR 37170, 6/29/2006) severely cuts Medicare anesthesia payment without precedent or justification. I request the agency reverse these cuts.

The proposed rule mandates 7-8 percent cuts in anesthesiology and nurse anesthetist reimbursement by 2007, and a 10 percent cut by 2010. With these cuts, the Medicare payment for an average anesthesia service would lie far below its level in 1991, adjusting for inflation. The proposed rule does not change specific anesthesia codes or values in any way that justifies such cuts. In fact, during CMS' previous work value review process that concluded as recently as December 2002, the agency adopted a modest increase in anesthesia work values. Further, Medicare today reimburses for anesthesia services at approximately 37 percent of market rates, while most other physician services are reimbursed at about 80 percent of the market level. The Medicare anesthesia cuts would be in addition to CMS' anticipated "sustainable growth rate" formula-driven cuts on all Part B services effective January 1, 2007, unless Congress acts.

Last, hundreds of services whose relative values and practice expenses have been adjusted by the 5-year review proposed rule have been subject to extensive study and examination. However, the proposed rule indicates no such examination has been made on the effects that 10 percent anesthesia reimbursement cuts would have on peoples' access to healthcare services, and on other aspects of the healthcare system.

For these reasons, I request the agency suspend its proposal to impose such cuts in Medicare anesthesia payment, review the potential impacts of its proposal, and recommend a more feasible and less harmful alternative.

Submitter : **Dr. Brady Hamrick** **Date: 08/03/2006**

Organization : **Dr. Brady Hamrick**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

Please deny the proposed decrease in the RVU amount for 93701. The new methodology does not acount for my increased expenses in the disposables or the equiptment cost.

Submitter : Rooptaz Sibia **Date:** 08/03/2006

Organization : Florida Healthcare Assoc.

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

The proposed RVU amount for procedure code 93701 is unacceptable. As the practice overhead increases every year it seems inapropriate that reimbursement would decrease. I understand the E/M codes have increased but that does not justify taking the biompedance test to unsupportable levels.

Submitter : **Mrs. Christine Von Buettner** **Date: 08/03/2006**

Organization : **Osteoporosis Research Center**

Category : **Nurse**

Issue Areas/Comments

Regulatory Impact Analysis

Regulatory Impact Analysis

I am writing to express concern over the proposed reduction in reimbursement for the performance of DXA (CPT code 76075). I am a clinical research nurse who counsels people and educates on ways to PREVENT fracture. If people will not be able to afford a DXA, they will not know their risk for fracture until they have a fracture.
Please do not take away the only means of showing people BEFORE they fracture. A cut in services are at odds with mutlitple initiatives to reduce the personal and societal cost of osteoporosis.
Thank you for your consideration on this very important matter.
Christine Von Buettner RN, BSN

Submitter : Dr. William Rowe **Date:** 08/03/2006

Organization : Gastroenterology Associates of Central PA

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

see attached letter

CMS-1512-PN-995-Attach-1.DOC

HHS-F
995

GASTROENTEROLOGY ASSOCIATES

of Central Pennsylvania, P.C.
1421 Fishburn Road, Hershey PA 17033

William A. Rowe, M.D. **Christy Balliet, MMS, PA-C** **Robert F. Werkman, M.D.**

3 August 2006

Mark B. McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1512-PN
P.O. Box 8014
7500 Security Boulevard
Baltimore, MD 21244–8014

RE: Medicare Program; Five-Year Review of Work Relative Value Units Under the Physician Fee Schedule and Proposed Changes to the Practice Expense Methodology; Notice

Dear Doctor McClellan:

I am a practicing gastroenterologist in Hershey, Pennsylvania, and have been a Medicare participating provider since 1992. Thank you for the opportunity to comment regarding the proposed changes to the Physician Fee Schedule for 2007.

I am pleased that CMS has agreed with the recommendations of the RUC, as part of the five-year review process, to maintain the current work values for the following procedures commonly performed by gastroenterologists: 43235 (esophagogastroduodenoscopy); 43246 (upper gastrointestinal endoscopy, with directed placement of percutaneous gastronomy tube); 45330 (flexible sigmoidoscopy) and 45378 (colonoscopy). I support the recommendation to implement these work values in the 2007 final rule.

I am also supportive of the increases proposed to the physician work values for the evaluation and management codes. However, I am concerned about the constraints caused by budget neutrality and a flawed sustainable growth rate formula, and hope that Congress can allocate additional money to prevent cuts in reimbursement for other services. Given that our practice overhead continues to increase, and employees are dealing with higher commuting costs, it is unconscionable for CMS to recommend a reduction in fees when Medicare payments fail to cover our costs for providing services to Medicare beneficiaries. In addition, we have had a payment freeze or slight increase in Medicare payments for the past several years.

In the Proposed Rule, CMS is proposing to change the practice expense methodology and incorporate the supplemental practice data for gastroenterology and several other

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Web Site http://giacp.com/

specialties. Unfortunately, CMS did not implement this data in 2006 after its acceptance in the 2006 Proposed Rule. I request that CMS implement this supplemental practice expense data in the Final Rule for 2007 and future years.

I am extremely concerned about the projected 4.7% cut to the conversion factor for 2007. This will have a serious and adverse impact to my practice, and will negatively impact beneficiary access to medical care. I hope that CMS will work with Congress to avert this payment cut for 2007, and work to provide a permanent solution remedying the flawed sustainable growth rate (SGR) formula. I support the recommendation that CMS should remove expenditures for drugs from the SGR formula on a retrospective basis, and rectify this situation as soon as possible.

Thank you for your consideration of my comments.

Sincerely,

William A. Rowe, M.D.
President
Gastroenterology Associates of Central Pennsylvania, P.C.

Submitter : Mrs. m. kathleen rouls **Date:** 08/03/2006

Organization : michigan bone and mineral

Category : Other Technician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

this is in reference to the reduction of payment for bone densities done in a private physician's office. i am a certified dexa tech (also a radiological technologist). i work for a endocrinoligist who specializes in osteoporosis. a dexa is one of the most important aides in treating this disease. 9 times out of 10, i have to repeat dexas that were done in a hospital setting and brought in with the patient. the scans are rushed, inconsistent, and most do not include what our doctor really needs to see...3 views...spine, femur, and forearm. i am the only tech. in our office and each scan is done exactly the same...each follow up matches the baseline perfectly....that is the only way you can tell if there is truely a difference in the bone density from year to year. the hospital dexas sometimes don't even have the same region of interests or the positioning is so off that the numbers in the result mean nothing. so saying that the technical part of a dexa is just about non exsistant is ridiculous. have you ever tried to get a 85 year old women with severe curvature of the spine up on the table and try to match the position of the spine two years after the first one was done so that the results really mean something or how about trying to do a whole body, spine, femur, forearm on a wiggly 3 year old patient with osteogenisis imperfecta and have the scans perfect and readable so the diagnosis can be accurate and meaningful??? my job is not easy and cutting the ammount of payment for that part to the doctors is ridiculous. the hospitals do not do any better job doing dexas than private offices and how many people are going to be misdiagnosised because of a rushed, faulty dexa.. i think you will be sending more paying for broken hips, etc. after the fact, than by paying the little bit extra that the technical part in now receiving
in the private sector. thank you
m. kathleen rouls, rt, cdt
michigan bone and mineral clinc
22201 moross ste 260
detroit, michigan 48236

Submitter : Dr. Sally Berryman **Date:** 08/03/2006

Organization : Aspen Medical Group

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1512-PN-997-Attach-1.DOC

Attach # 997

August 2, 2006

My name is Dr. Sally Berryman and I am writing to express my serious concerns regarding recently proposed regulations that would reduce reimbursement for the performance of bone density scans (DXA, CPT code 76075) and vertebral fracture assessment (VFA, CPT code 76077).

I direct the Osteoporosis Program for Aspen Medical Group, a multi-specialty clinic based in Minneapolis and St. Paul, Minnesota. I am a certified internist and clinical densitometrist. I have a strong interest in providing the highest quality osteoporosis services for our patients. Both DXA and VFA provide a critical role in providing excellent osteoporosis care. They are considered the "gold standard" for screening, diagnosis and monitoring treatment of osteoporosis.

We depend on proper reimbursement for DXA and VFA in order to provide quality osteoporosis services. Bone densitometry machines are expensive and they require ongoing quality, precision and accuracy checks along with routine maintenance of hard- and software. There are overhead costs for the facility housing the DXA machines. Technologists who perform the DXA scans require training and salaries. Physicians interpreting the scans and preparing reports also require reimbursement for their services. These are just the basic elements of quality osteoporosis care that depend on DXA and VFA reimbursement.

Within the last few years the Surgeon General produced and comprehensive report on osteoporosis in the United States. This report along with the Bone Mass Measurement Act and the U.S. Preventative Task Force recommendations all emphasize the importance of DXA in the prevention and treatment of osteoporosis. It seems to me that a reduction in the reimbursement for DXA and VFA is at directly at odds with these Federal initiatives.

In fact, as a result of these Federal initiatives, awareness of skeletal health has increased in the general population and in the medical community. Along with this awareness, new medications for the prevention and treatment of osteoporosis have been introduced. As a result of increased awareness and the availability of excellent treatments, clinical use of central DXA has increased in the last ten years. I am grateful that patients now have improved access to such quality care for their bone health.

I would like to challenge some of the methods that CMS used to calculate practice expense due to DXA/VFA. First, CMS calculated the technical component to be $41, 000 based on using a pencil beam instrument. VFA is done on a fan beam instrument and therefore the technical component should be $85,000. The vast majority of centers utilizing DXA/VFA use fan beam instruments.

CMS estimated the equipment utilization rate to be 50%. Based on our center's experience, this rate is an over-estimate. I recently calculated our center's utilization rate to be approximately 15% based on the number of at-risk women over age 50 in our practice.

When determining practice expenses, CMS also apparently omitted items such as vendor service contracts, phantoms, and office upgrades such as for electronic image transmission.

Finally, I would like to challenge the sense that physician work for interpreting DXA/VFA is less intense and more practical. If anything, the physician work for reading DXA in our practice has become increasingly intense. Considerations must be made for patient clinical history (in the form of a patient questionnaire and other provider comments) the quality of bone image, factors that might produce artifact, interpreting the current scan, making comparison(s) to previous scan(s), reviewing scans done outside our center, providing conclusions and clinical recommendations regarding evaluating for secondary causes of osteoporosis and treatment of osteoporosis, and providing recommendations for future scans. The reports generated at our center are, as we call them, "mini-consults". In addition we troubleshoot technical problems, and field patient concerns and questions from other providers. We also have to arrange for our own ongoing education in the field of osteoporosis and maintenance of certification status. Too often the cognitive efforts behind what we do are not fully appreciated.

In conclusion, I urge you to reconsider any regulation that would decrease reimbursement for DXA/VFA. I would like to continue the trend towards the highest quality osteoporosis care for our patients. Appropriate reimbursement is critical.

Respectfully,

Sally Berryman, M.D., F.A.C.P.

Certified Clinical Densitometrist
Director, Bone Densitometry Services
Aspen Medical Group
1020 Bandana Blvd W
St. Paul, MN 55108
(651) 641-7152

Submitter : Dr. Mark Sternfeld **Date:** 08/03/2006

Organization : Dr. Mark Sternfeld

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

Impedence Cardiography, CPT 93701 plays an important role in managing my patients with CNF and resistant hypertension. I will need to drop this service if the proposed changes are adopted and reduce reimbursement. Please reconsider your plan to do reimbursement.

Submitter : Dr. Robert Carter **Date:** 08/03/2006

Organization : Dr. Robert Carter

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

The proposed reduction in reimbursement for CPT 93701 is unacceptable. I find this tool extremely valuable in treating my patients and need at least the current amount to cover the cost of the equipment, disposables and overhead.

Submitter : **Dr. John Vollmer** **Date: 08/03/2006**

Organization : **Dr. John Vollmer**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

I am a family physician with a geriatric dimension to my treatment of heart failure, high blood pressure, etc. It has frequently given me information previously unavailable and it has often changed my treatment. However, it is quite an expense added to my sole practice. I implore you to NOT cut the RVU and ask that you look at real cost of the instrument about $40,000 of equipment and supplies is substantially more than you estimate.

Submitter : Mrs. Donna Jackson **Date:** 08/03/2006

Organization : Choice Care Associates, PSC

Category : Other Technician

Issue Areas/Comments

GENERAL

GENERAL

If reimbursement is cut too low, physicians will no longer find it feasible to offer this service in their offices. The patients affected are the elderly and coming to the office is a difficult process for them; therefore it is an added benefit to the patient to be able to have a bone scan done on site while they are there for a regular office visit.

Submitter : Dr. Amin Karmin **Date:** 08/03/2006

Organization : Dr. Amin Karmin

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

The proposed reduction for CPT code 93701 would significantly hurt my practice. This reduction does not consider the increased expenses incured by the Physician annually. For example, the increased sensor cost as well as the overhead for staff, etc. This reduction is unfair and creates financial loss in using ICG.

Submitter : Dr. ARNOLD HONICK **Date:** 08/03/2006

Organization : RADIOLOGY CONSULTANTS OF IOWA, PLC

Category : Physician

Issue Areas/Comments

Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

The reduction in reimbursement for Digital Mammography, Stereotactic Breast Biopsy and Bone Mineralization analysis is unfounded and harmful to patient care and mortality rates. Mammography remains the best tool for screening for breast cancer. Digital mammography is the most recent advancement to improve cancer detection. Mammography has reduced Breast Cancer mortality by 25-40%. There is already a movement by radiologists away from offering Mammography Screening due to poor reimbursement among other factors. Digital Mammography is a new technology with greater costs but proven benefits. The benefits of Digital Mammography, beyond improved cancer detection, include decreased radiation dose and improved productivity to allow one to offer timely service to more patients.It would be short sighted and innappropriate to limit and significantly decrease reimbursement. This would limit or eliminate the ability to provide this service to our community.

Stereotactic Breast biopsy is a minimally invasive technique to evaluate breast leseions. It is less costly than Surgical Biopsy, is less morbid, and allows for better curative surgery in patients that are diagnosed with breast cancer. Significantly decreasing reimbursement would as well, limit the availability to offer this beneficial technique to our patients. The technology has its cost and ongoing costs for equipment are just covered by todays reimbursement rates. Iowa is the one of the lowest reimbursed states for Medicare and our hospitals work on a very tight margin. Further decreasing already low reimbursements would limit the ability oto provide quality care.

I feel it is short sighted to further decrease reimbursement for these procedures that have proven benfits and reduce the overall costs and mortality of our patients.

Submitter : **Dr. Thomas Ralston** **Date: 08/03/2006**

Organization : **Dr. Thomas Ralston**

Category : **Radiologist**

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

9 August 2006

Centers for Medicare & Medicaid Services

Department of Health & Human Services

Baltimore, MD

Re: CMS-1512-PN

Issue: Proposed Practice Expense Methodology

I am writing to express my concern regarding several reimbursement cuts outlined in the Proposed Rule referenced above. If implemented, these cuts would have a detrimental effect on women s healthcare, and would result in a greater economic burden on the healthcare system.

The following is a brief summary of these cuts:

Osteoporosis Screening - The proposal to reduce the RVUs for central DXA by 75% and Vertebral Fracture Assessment by 50% will make it impossible for most physicians offices to justify the cost of equipment and manpower required to perform these exams. This will inevitably lead to reduced utilization and lost opportunities for early diagnosis and treatment, with a resultant rise in osteoporosis-related fractures. In addition to the pain, suffering, and increased mortality these patients will face, the already enormous cost ($19+ billion annually) of caring for fragility fractures will rise significantly.

Computer Aided Detection (CAD) as an adjunct to mammography - Decreasing reimbursement for this tool by 52% will make its use economically infeasible in many practices. Limiting access to CAD, which has been shown in multiple peer-reviewed studies to significantly increase the detection rate of breast cancer at an earlier stage, has serious consequences in terms of quality of care, reduced survival, and increased costs associated with the more aggressive therapeutic interventions necessary when breast cancer is detected at a later stage.

Stereotactic Guidance for minimally invasive breast biopsies - Reducing reimbursement for this procedure by 80% will significantly increase the number of unnecessary open surgical biopsies performed on an annual basis. Many physicians will no longer be able to offer this service due to inadequate reimbursement and Medicare beneficiaries may be unable to travel long distances to gain access to this safer, less invasive and less traumatic procedure. In addition to increased morbidity for patients, costs to the healthcare system will rise significantly, as the cost for an open surgical biopsy is substantially greater than for the preferred, minimally invasive alternative.

As a radiologist and champion of women s preventive healthcare, I cannot express my opposition to these proposed cuts strongly enough. The benefits of screening for osteoporosis and breast cancer are well documented. Congress has mandated implementation of screening programs for Medicare beneficiaries, yet these reimbursement cuts threaten the viability of these programs and carry serious implications for the delivery of quality care to our most vulnerable patient population.

I urge you to review and withdraw these proposed cuts.

Sincerely,

Thomas M. Ralston
14235 Ridgemont Drive
Urbandale, IA 50323

Submitter : **Dr. David Bloom** **Date: 08/03/2006**

Organization : **Dr. David Bloom**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

The proposed RVU amount for CPT 93701 is too low. This is not reasonable as technician costs, energy costs and overhead are increasing. Please re-calculate the methodology as I believe reimbursment needs to increase or at minimum remain the same, and not decrease.

Submitter : **Date: 08/03/2006**

Organization : **Cary Cardiology**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

The proposed RVU amount for CPT code 93701 is incorrect based on the cost of providing the service. The reimbursement is not compatible with my increasing practice expenses for the procedure. My overhead continues to increase while reimbursement continues to decrease. My practice is in jeopardy of continuing to be able to provide care for medicare patients.

Submitter : Dr. Joyce Williams **Date:** 08/03/2006

Organization : Dr. Joyce Williams

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

It has recently come to my attention that
the Centers for Medicare & Medicaid Services (CMS) recently proposed regulations that will dramatically reduce reimbursement for the performance of DXA (CPT code 76075) from the current ~$140 to ~$40 by 2010 and VFA (CPT code 76077) from the current ~$40 to ~$25. These cuts would be in addition to the already-enacted imaging cuts in the Deficit Reduction Act of 2005. It is extremely likely that this regulatory change in the Medicare Physician Fee Schedule will markedly reduce the availability of high quality bone density measurement, with a consequent decline in quality osteoporosis care.

As a female who will need these services in the future and a physician who will be jeopardized in the ability to provide theses services to other women with the proposed cuts, I hope that CMS will reconsider this drastic cut to reimbursement.

Sincerely,
Joyce A. Williams D.O.
jwilliams@aocmt.com

Submitter : Dr. David Witt **Date:** 08/03/2006

Organization : Diagnostic Clinic of Longview

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Evaluation and Management
Services**

Discussion of Comments- Evaluation and Management Services

I appreciate the opportunity to offer my support for a proposed increase in the work relative value units (RVUs) assigned to evaluation and management (E/M) services. I urge CMS to finalize the recommended work RVU increases for E/M services. This is a much needed true fix to the Medicare payment program. While I have only practiced medicine for the last 6 years, I have seen first hand the complexity of care that is required in my job as a family physician. More work is being required of us every day during both office and hospital visits while payments have continued to linger behind. A positive change with an increase in the RVU will assure continue access to primary care services. I would also urge you to reject any proposals that would lower overall improvments in work RVUs for E/M Services. Thank you