Submitter : **Ms. Jessica Weinberger** **Date: 08/31/2006**

Organization : **Ms. Jessica Weinberger**

Category : **Nurse Practitioner**

Issue Areas/Comments

GENERAL

GENERAL

This comment is regarding the "Criteria for national Certifying Bodies - Advanced Practice Nurses." I agree that it is appropriate to include the NBCHPN on the list of approved national certifying bodies for NPs and CNSs. I took the first qualifying examination in 2003 to be a Nospice and Palliative Care NP and remain a certified FNP through ANCC certification. I believe the inclusion of the NBCHPN will make it easier for hospice adn palliative care NPs to remain certified without being required to take 2 examinations in order to be eligible for
reimbursement. Thank you for your attention to this matter.

Submitter : **Michael Feldman** **Date: 09/01/2006**

Organization : **Michael Feldman**

Category : **Physician**

Issue Areas/Comments

Background

Background

If CMS-1321-P goes into effect, there will be a exodus of healthcare professionals from the field of anesthesia. Existing anesthesia personnel will be hesitant to work in areas of high Medicare populations. Medical students will not enter the specialty of anesthesia causing further shortages in the specialty (restricting access further).

GENERAL

GENERAL

CMS-1321-P is bad for America as it will contribute to restrict access to Americans to needed healthcare.

Submitter : Gregory Bijak **Date:** 09/01/2006

Organization : Gregory Bijak

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

You must refrain from further devaluation of the work of anesthesiologists. Your proposed cuts in reimbursement, are likely to leave this elderly, frail, and sicker population with reduced access to care. CMS fees to physicians are already quite abhoringly substandard. Physicians are accepting your fees only due to their commitment to serving the patients. Should you further erode the reimbursement, more and more physicians will opt-out of medicare, and offer their services to this vulnerable population at the current market rates, which in the case of anesthesiology services is many times what cms reimburses. Your plans to decrease revenue while costs of practice are going up is just plainly unsustainable. If you wish to address costs effectively, you will cut the non-productive physician time spent on paperwork and bureaucratic burden imposed by the CMS. Your methodology of deciding payment structure is plainly wrong. Sicker patients, increasing costs of practice, and increasing bureaucratic burden mean payments should rise at a rate commensurate with increasing work input, not drop because your failed budget so dictates. With the current trend in your actions continuing CMS will be able to save an incredibly high amount because physicians will not accept medicare and medicare patients.

While this is a great idea in principle it just fails to accomplish your charter. I urge you to reverse your decission to cut physician payments, and especially the payments for anesthesiologists, who afterall keep patients alive while they undergo surgery. I urge you to increase the reimbursements to physicians to such a level at which it is a worthwhile endeavor to treat medicare beneficiaries.

Submitter : **Ms. Sue Goulden, LCSW, ACSW** **Date: 09/02/2006**

Organization : **Ms. Sue Goulden, LCSW, ACSW**

Category : **Social Worker**

Issue Areas/Comments

Background

Background

From a personal (disabled service recipient) and professional perspective, reducing social work reimbursement would be disastrous! Not only are social workers preferred as therapists for many people, they are also the most accessible. Psychiatrists have very little time to do ongoing psychotherapy foe everyday concerns. They are invaluable for dispensing meds. Psychologists have a different approach and spend much time with testing. Availability of both is much less likely than an LCSW. There is no need for competition among the mental health professions. We are all just as valuable to ou clients.

Submitter : Dr. Douglas Alexander

Date: 09/02/2006

Organization : Dr. Douglas Alexander

Category : Critical Access Hospital

Issue Areas/Comments

Background

Background

The proposed cuts to medicare anesthesiology reimbursement reflect a total lack of understanding of the economic situation that affects the practice of anesthesiology. With ever-rising staffing costs, the care of medicare patients often already reflects a cost to the practitioner, with No profit after staffing expenses are met. Any further cuts will only serve to make providing quality care to the elderly prohibitive to our specialty. As a practicing anesthesiologist, it saddens me deeply that government regulatory bodies and legislators place such a lack of value on the health of our senior citizens. The cuts proposd reflect the broadening attitude within the current system that physicians are overvalued, a premiss which any of you have been truely ill will attest is critically flawed. After decades of personal and family sacrifice and training, no individual should be defacto forced to work for free- the situation which you propose. The fee for anesthesiology services should in fact be increase by a minimum of 2.8% to allow at a minimum for expenses to be met when care is provided to medicare patients. Ultimately, your decision on this matter will affect the ablity of seniors and eventually, each of us, to have access to the benefits of the modern and safe practice of medicine and in particular the services of a highly competent anesthesiologist.

Submitter : **Dr. simon adanin** **Date: 09/02/2006**

Organization : **University of Chicago**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

We hope that the RUC will address this limited question expeditiously so that CMS will be able to applly a new methodology for updating all anesthesia work values, which can only be expressed through the anesthesia conversion factor, such as the crosswalking approach that we recently proposed. Preliminarily, we request that the Agency agree with us on a methodology to apply the results of regression analyses or other appropriate statistical techniques to the RUC s recommendations regarding the IWPUT for
post-induction time in the 19 surveyed codes. Since the exploration of post-induction anesthesia intensity
would only be worth pursuing if it has the potential to lead to a work valuation correction, ASA encourages CMS to work with us to develop a method to apply the laborious and exhaustive review from the last Five Year Review to this problem. If we can agree on a method to apply the other existing building block data with new and reasonable intensity inputs to achieve a fair and accurate alignment of physician work in the two payment systems, ASA stands ready to pursue the work intensity issue with the RUC.

I encourge you to strongly consider support the growing field of Anesthesiology and do not proceed with proposed fee cuts.

Thank you.

Sincerely,
Simon Adanin

Submitter : Dr. Robert Woods **Date:** 09/04/2006

Organization : self employed

Category : Physician

Issue Areas/Comments

Background

Background

Medicare is going to loose physicians or even worse alienate them into gaming medicare because medicare is screwing them.

GENERAL

GENERAL

The Medicare fee schedule has been a significant problem for several years. Each year it is somewhat fixed by a temporary measure passed by Congress. Physicians control 90% of the medicare spending and the government is alienating them with treatened pay cuts each year and backing off. If that is your game plan on saving money, you need to make a 50% to 75% cut in physician payments so not many doctors would see medicare patients and utilization would markedly decrease.

Your current plan just causes physicians to be mad at Medicare and further "game the system" and increase utilization.

No other sector of government spending is subject to such blanket cuts per unit of work.

Fix the problem! Fix it long term so it is not a yearly problem. If you want to save money, put in cuts and loose doctors. If you want to provide care, give physician the same increase that you are planning for hospitals over the next several years.

Impact

Impact

Medicare 5.1% cut in physician payments.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

I am a solo practice otolaryngologist with 26 years of practice. I still enjoy medicine but could easily quit in a heart beat if I donot think I am paid well by medicare.

Submitter : **Dr. John Yang** **Date: 09/05/2006**

Organization : **Physicians Anesthesia Assoc.**

Category : **Physician**

Issue Areas/Comments

Background

Background

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.
Anesthesiologists face a 10% cut in Medicare payment over the next four years due to changes in practice expense and work values. SGR-related reductions, on top of further proposed cuts, could irreparably damage the medical specialty of anesthesiology.
The current SGR formula, based as it is on changes in the gross domestic product, has proven unworkable essentially because changes in economic growth have little to do with the demand for medical services or the increasing cost of delivering them.
If payments are cut in 2007, Medicare physician payment rates will have fallen 20 percent below the government s conservative measure of inflation in medical practice costs in just six years.
As recommended by MedPAC, the SGR should be replaced by a system that reflects increases in practice costs and other medical inflation variables.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

Submitter : **Dr. Larina Gutenberg**

Organization : **Cleveland Clinic Foundation**

Date: 09/05/2006

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

CMS-1321-P 3
Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-1321-P
P.O. Box 8015
Baltimore, MD 21244-8015

Dear Sir or Madam:

As an anesthesiology resident at the Cleveland Clinic and a member of the American Society of Anesthesiologists (ASA), I am writing today to ask that you take every possible action to prevent cuts in Medicare payments to physicians for 2007 by repealing and replacing the unfair SGR formula. As you know the current rule of relying on the GDP as an indicator of physician reimbursements is flawed because the demand for medical services is independent of economic growth. As the baby boomers near retirement the demand for anesthesia services will increase dramatically and cutting reimbursement for anesthesia services will severely affect patients who rely on these physicians to care for them.

Averting this crisis is more important now than ever because of new proposals released by CMS that would amount to a 10% cut in Medicare payment to anesthesiologists over the next four years. This proposed cut, on top of potential SGR-related reductions, could irreparably damage my specialty. If payments are cut in 2007, then Medicare physician payment rates will have fallen 20 percent below the government s conservative measure of inflation in medical practice costs in just six years.

The american Society of Anesthesiology favors the update mechanism previously recommended by MedPAC, in which the SGR would be replaced by a system that reflects increases in practice costs and other medical inflation variables. For 2007, MedPAC has recommended a Medicare physician payment update of 2.8%.

Evidence is growing that anesthesiologists and other physicians are seeking practice settings where the need to provide care to Medicare beneficiaries is at a minimum. With a nationwide shortage of anesthesia providers, this trend suggests a looming access crisis for many Medicare beneficiaries to surgical, pain medicine and critical care services.

If you care about the american public and those who are or will be relying on medicare to receive medical care, I request that you work to fix the the flawed SGR formula and avert further devastating cuts to the medical specialty of anesthesiology. Your constituents-my patients-are counting on you.

Sincerely,

Larina Gutenberg, MD
32663 Jefferson Drive
Solon, OH 44139
Phone # (440) 519-0090

Submitter :

Organization :

Category : **Physician**

Date: 09/06/2006

Issue Areas/Comments

GENERAL

GENERAL

see attachment

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERIVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

Please note: We did not receive the attachment that was cited in this comment. We are not able to receive attachments that have been prepared in excel or zip files. Also, the commenter must click the yellow "Attach File" button to forward the attachment.

Please direct your questions or comments to 1 800 743-3951.

Submitter :

Date: 09/06/2006

Organization :

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERIVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

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Please direct your questions or comments to 1 800 743-3951.

Submitter : **Dr. Brenda Lewis** **Date: 09/07/2006**

Organization : **Cleveland Clinic Foundation**

Category : **Physician**

Issue Areas/Comments

Background

Background

Limit access of Medicare beneficiaries to anesthesia services,

GENERAL

GENERAL

10% reduction in payments for anesthesia services over the next
four years in addition to a negative impact from the SGR is unsustainable to our specialty. Our expenses are increasing and in our opinion we are already undervalued for our services. The SGR formula is flawed and needs to be replaced. Please
re-consider this prposal.

Impact

Impact

Reduce payments to anesthesia by 10% + over the next 3 years.

Submitter : **Dr. Jay Malmquist**

Date: 09/07/2006

Organization : **AAOMS**

Category : **Health Care Provider/Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attached Letter

CMS-1321-P-135-Attach-1.DOC

Attach #
135

September 7, 2006

Centers for Medicare & Medicaid Services
Department of Health & Human Services
Attention: CMS-1321-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

To Whom It May Concern:

The American Association of Oral and Maxillofacial Surgeons (AAOMS) welcomes the opportunity to comment on the 2007 Proposed Physician Fee Schedule. The AAOMS commends the Centers for Medicare and Medicaid Services (CMS) for accepting a majority of the RUC's recommended work relative values, especially those applied to several craniofacial codes that were reviewed in the 2005 Five-Year-Review. The AAOMS also applauds CMS for the revisions made to the evaluation and management component of the 10 and 90 day global codes.

The AAOMS would like to comment on the proposed valuation of the moderate (conscious) sedation codes in the 2007 Medicare Fee Schedule. As you are aware, CMS has "carrier priced" the moderate (conscious) sedation codes in the Medicare Physician Fee Schedule proposed rule. CMS stated in the November 21, 2005 Federal Register for the 2006 Fee Schedule, " We are uncertain whether the RUC assigned values are appropriate and have carrier priced these codes in order to gather information for utilization and proper pricing." These CPT codes (99143- 99150) were surveyed by several specialty societies in order to provide the RUC with data necessary to appropriately value the service. The RUC recommended values for these six codes were based on valid surveys and carefully vetted through the RUC process. As one of the primary specialty societies which surveyed our members, we are confident in the accuracy of the values assigned and urge CMS to use these values in the final rule rather than leaving the codes as Status Indicator C, carrier priced.

We will be happy to provide additional information concerning the frequency and utilization of these services if desired. Thank you for the opportunity to provide these comments.

Sincerely,

Jay P. Malmquist, DMD
President

Submitter : **Dr. Kenneth Walton** **Date: 09/08/2006**

Organization : **Dr. Kenneth Walton**

Category : **Physician**

Issue Areas/Comments

Background

Background

This will impact negatively on Anesthesiologists, provding a 10% cut over the next 5 years. Of course, this will hurt the economically disadvantaged populations, when anesthesiologists will be forced to drop Medicare patients whose repayment will not cover costs. In a time of rising costs of every sector, especially the medical field, to reduce repayment (instead of increasing to cover inflation and rising costs) is not only counterintuitive, it's bad for American healthcare in general.

Submitter :

Date: 09/08/2006

Organization :

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

see attached

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERIVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

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Please direct your questions or comments to 1 800 743-3951.

CMS-1321-P-138

Submitter : Dr. James West

Date: 09/08/2006

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I agree whole-heartedly with allowing Anesthesiologists to assign 8 minutes per case for scheduling and assignment. However, I believe that the new practice expense methodology that CMS plans for 2007 will be unfair to anesthesiologists.

The specialty of anesthesiology, among others, will face huge payment cuts in an attempt to supplement the overhead cost increases for a few specialties. Anesthesiology is especially affected because the data used to calculate its overhead expenses is outdated.

New overhead expense data should be obtained before making changes in payments. The ASA, AMA and others are committed to financially support a comprehensive multispecialty, practice expense survey. If CMS would take action to launch this much-needed survey, the accuracy of all practice expense payments will improve.

In addition, if the issue of anesthesiology work undervaluation is not addressed, our nation's most vulnerable population will face a certain shortage of anesthesia medical care in OR's, pain clinics and throughout critical care medicine.

Please do not employ the practice expense changes that will result in increased cuts to anesthesiologists in addition to the already proposed across the board cuts.

Submitter : Mr. Ray Bertoni **Date:** 09/08/2006

Organization : Mr. Ray Bertoni

Category : Nurse Practitioner

Issue Areas/Comments

GENERAL

GENERAL

Dr. Mark McClellan, MD PhD
Administrator
Centers for Medicare & Medicaid Services
P.O. Box 8012
Baltimore, MD 21244-8012

Dear Dr. McClellan or your replacement;

Obviously your resignation speaks volumes on the state of Medicare and Medicaid's failing the system and how it will distory our health care system. We in ,anesthesia are getting less than Medicare paid 30 years ago. We should not be talking cuts but increases. If Medicare were to double the payments to the very important service we provide, it still would be considered low pay. The day is coming that anesthesia providers will stop providing what is basicly free service for the most risky patient population. We are tried of being the lowest paid specialty in medicine by the government.

We wish to express our 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. We 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, we 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. Glenn Dragon** **Date: 09/09/2006**

Organization : **American Society of Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

Background

Background

As a hospital based physician, 35% of my patients are covered by medicare. Presently my medicare reimbursement is 40% of what I receive from private payers. This disparity is unique to anesthesiologists, and further cuts would jeopardize my ability to remain profitable and compete for anesthesia personnel who often prefer working in an out-patient setting, taking care of young and healthy patients with higher reimbursement. At present in the State of New Jersey I receive $18.60 per unit, this translates to a fee of $74.40 per hour. Compare this wage to the hourly rate of lawyers, plumbers or any other skilled professional. This amount is less than the hourly cost of an anesthetist, and therefore translates to a financial loss in taking care of a medicare patient. Any further reimbursement decrease puts a further strain on the ability of hospital based anesthesiologists to continue to serve this part of the population, who are in most need of our care.

Submitter : Susan Wysocki

Date: 09/11/2006

Organization : Nat Assc of Nurse Practitioners in Women's Health

Category : Nurse Practitioner

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-141-Attach-1.PDF

Attach # 141

NATIONAL ASSOCIATION
NPWH
On the leading edge of women's health

August 30, 2006

The Honorable Mark B. McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-1512-PN; Comments Regarding the Medicare Program; Five-Year Review of work Relative Value Units Under the Physician Fee Schedule and Proposed Changes to the Practice Expense Methodology

Comments on CPT Codes 76075 (Dual energy X-ray Absorptiometry), 76077 (Vertebral Fracture Assessment), 76082 (Computer Aided Detection, Diagnostic), 76083 (computer Aided Detection, Screening) and 76095 (Stereotactic Guidance)

Dear Dr. McClellan:

My organization, the National Association of Nurse Practitioners in Women's Health, represents advanced-degree nurses who provide care to women in the primary care setting as well as in women's health specialty practices. We have applauded the determination of CMS, under your leadership, to close the "prevention gap" created by seniors' low utilization of preventive services.

The importance of public health outreach to encourage disease prevention and early detection through screening was underscored by recently published data form the Health Information National Trends Survey. Despite the fact that one woman in eight in the United States will develop breast cancer at some point in her life, a majority of American women, according to the survey, are unaware of breast cancer screening recommendations.

Nurse practitioners, through this organization, are proud to lend a hand in this outreach effort. This summer we launched a campaign called *Strength in Knowing* not only to emphasize the importance of regular screening, but also to underscore a little recognized fact -- the incidence of breast cancer increases with age. The risk is particularly high in women over the age of 60, yet more than one-third (36%) of women over age 65 did not receive mammograms in 2002.[1] Our own survey results indicate that women over the age of 55 have less concern about their risks for

[1] "Saving women's Lives: Strategies for Improving Breast Cancer Detection and Diagnosis,": Institute of Medicine and National Research Council, June 10, 2004.

National Association of Nurse Practitioners in Women's Health
505 C Street, N.E. • Washington, D.C. 20002 • 202-543-9693 • Fax: 202-543-9858 • e-mail: info@npwh.org

breast cancer than do the women we surveyed who were under 55. Minority women and those who live in underserved areas have even lower screening rates.[2]

We had hoped to count on CMS as a full partner in our effort. The CMS website, which promotes a National Medicare Mammography Campaign, notes that screening rates are "suboptimal", and that screening is key to fighting this second leading cause of cancer deaths among women. However, we learned recently that your agency is proposing to make dramatic cuts (54%) in reimbursement for a screening technology which increases the detection of breast cancer by as much as 20%. This technology, Computer Aided Detection (CAD) as an adjunct to mammography, also finds cancers earlier than previously possible.

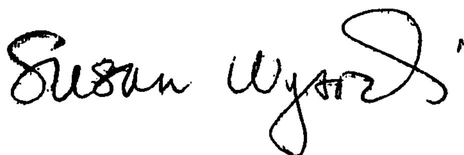
A reimbursement cut greater than 50% would slow, if not stop, the penetration of CAD technology into additional markets, and perhaps even lead to cutbacks. Moreover, the cut seems inexplicable given the importance of promoting services that fulfill the unique public policy objectives of early disease detection and treatment. Whatever the resource constraints on Medicare dollars, it seems that special consideration should be accorded screening services, given the priority you and Congress have placed on then.

While CAD has become part of best practices at such elite institutions as the Susan Komen Breast Cancer Center in Dallas; the Mayo Clinic; and Brigham and Women's at Harvard, it is in fact especially important in rural areas where the volume of mammograms is lower and therefore the radiologists are less experienced. Our members are represented heavily in these areas.

We would hope we can continue to encourage our members nationwide to focus on preventive medicine with their older women patients, and to emphasize the importance of screening. However, this course of action would make sense only if CMS has not acted to put the necessary screening tools beyond the reach of Medicare beneficiaries.

I look forward to your response.

Sincerely,



Susan Wysocki, RNC, NP, FAANP
President and CEO

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[2] Ibid.

Submitter : **Dr. Nathan Nachlas** **Date: 09/12/2006**

Organization : **Network of Florida Otolaryngologists**

Category : **Physician**

Issue Areas/Comments

Background

Background

The proposed legislation limiting ability for groups to contract with physicians outside their specialty will have an inflationary impact on health care. At this time, based on previously published regulations, groups may have that relationship with providers from other specialties. This provides a competitive environment, where services may be obtained with volume discounts. The provision in this proposed rule not allowing that is a misguided attempt by the rulemakers to intercede in a specialty conflict promulgated by a group of pathologists, threatened by these arrangements. The federal government should never intercede in a specialty conflict, especially if the result portends increases in health care costs.

GENERAL

GENERAL

see attachment

Impact

Impact

The provisions address POD labs. These provisions are put in to protect pathologists from a decrease in reimbursement, since under these proposed revisions, they would no longer be susceptible to market forces.
Unfortunately, the language of these provisions would also disallow the same group imaging centers that the Federal Government specifically allowed in their March 2004 ruling on the medical office building exemption. This inconsistency sends a distrustful message to the medical community.

CMS-1321-P-142-Attach-1.DOC

Attach# 142

September 8, 2006

CMS
Washington, DC

RE: CMS1321-P Medicare Program Revisions to payment policies under the physician fee schedule for calendar year 2007 and other changes to payment under Part B.

Dear Sir,

I am the President of the Network of Florida Otolaryngologists, the largest statewide network of its kind in the United States. I am writing this with great concern to the above proposed ruling. Please note, the below issues that we have with this onerous proposal.

You have made this proposal to address concerns expressed by "certain commentors" about the proliferation of "pod labs." Pod labs are basically histology or pathology labs set up side-by-side in a given building by separate group practices each contracting with the same pathologist to interpret their specimens for them. All share the same personnel and often times equipment. Your allegation in this new proposal is that these labs are going to induce urologists to perform unnecessary biopsies so they can profit from pathology.

Despite this stated reason which we will address below, your proposed ruling will affect other physicians and other specialists who are part or becoming part of centralized buildings under the recent legislation published in 2004, which allows such arrangements.

In speaking to the specific reasons for this new proposed rule, they appear to be based on anecdotal allegations by the American College of Pathology that ownership by urologists of pathology labs would lead to more biopsies than required. This obviously is a turf war issue with the concern of pathologists being that they will increasingly become employees of other physicians. No serious argument can be made that surgeons are taking biopsies so that they can over utilize pathology.

There clearly has never been any evidence studied or innuendo to that point. In fact, virtually every published study (in the pathology literature), state that surgeons should be taking more samples from more sites to fulfill the appropriate standard of care. As the number of positive findings directly correlates to the number of tissue samples, obviously this would result in earlier diagnosis and treatment. In virtually every scenario costs to the Medicare program are driven by pathologists, not by the clinician. The pathologist determines the number and types of studies that are performed. This determines the cost.

The affect of this role is to reduce the compensation for the physicians who are actually caring for Medicare beneficiaries. In turn, you would then increase the compensation for physicians who never see these patients. In this proposed rule, you discussed the concept of a "markup" of professional fees. This is an incorrect application of this concept. Medicare will pay the professional fee for pathology regardless of the speciality of the person to whom it is ultimately paid. Medicare will pay exactly the same amount whether the pathology is billed by the pathologists or globally by the clinical practice. Again, the goal of this regulation appears to be protection of income for pathologists, not a concern for program abuse. Clearly, for the benefit of tracking potential abuse for pathology services, Medicare is better off encouraging global billing rather than disjointed and inconsistent separate billing.

The Stark II, phase II regulations published effective July of 2004, contains specific well-considered provisions to permit the sharing of facilities for ancillary services by practices located in the same building. Many physicians acting in direct reliance of these regulations have invested millions of dollars to establish these shared laboratory and imaging facilities as an alternative to more costly and complex formation of huge group practices. In addition, the availability of these services to both Medicare beneficiaries and to other parts of the United States population is of immense value. These proposed regulations would intentionally create unnecessary overhead by proposing minimum square footage, limitations on the number of practices in the same building and using the same subspecialist, requiring non-physician personnel for at least 35 hours per week regardless of productivity, and requiring "permanent" equipment. The stated goal of creating artificial requirements to make it not financially feasible for pod labs to exist is as absurd as it sounds, and even more absurd when the stated basis for this goal is that the organized pathology lobby, alleges that they think that allowing urologists to profit from labs would cause them to take too many biopsies.

On behalf of our Society, we would strongly encourage you to postpone the enactment of these regulations until a thoughtful analysis can be performed. We would advise you to commission an independent study to determine whether urologists who own pod labs, or any type of histology or pathology service, in fact, over-utilize these services.

For those of our members who have acted on your regulations to create ancillary services, I would strongly request that you interact with our societies to provide additional practical guidance on the creation of these services.

I would be happy to speak to you further about this.

Sincerely,

Nathan E. Nachlas, M.D., F.A.C.S.
NEN/dl

Submitter : Mrs. suzanne Stoltzner

Date: 09/12/2006

Organization : AANA

Category : Nurse Practitioner

Issue Areas/Comments

Background

Background

GENERAL

GENERAL

As a Florida Provider of anesthesia care, I am basically en employee of Medicare. Cutting of the Medicare fees for anesthesia care will definately effect availability of service in our State. I urge you to help stop these proposed cuts. The war in Iraq should not impact on availability of medical care.

Submitter : **Dr. Mark Gittleman**

Date: 09/12/2006

Organization : **Breast Care Specialists, PC**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-144-Attach-1.DOC

Attach# 141

September 12, 2006

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1321-P; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator:

Thank you for allowing me the opportunity to provide comment on the Centers for Medicare and Medicaid Services' proposed rule, published in the Federal Register on August 22, 2006. This letter is written to share my concern regarding the proposed RVU reduction for CPT19296, performed in-office, over the next few years.

The proposed reduction will have a detrimental impact on my practice, which focuses on the treatment of breast cancer. Access to partial breast irradiation (PBI) is crucial for my patient population. With a breast cancer diagnosis, it is imperative the tumor is removed and radiation therapy start as quickly as possible. PBI allows this process to move very quickly so that other treatments (chemotherapy) can be started as well. Unfortunately, if the proposed reduction takes place, I may no longer be able to provide PBI to my Medicare patients; therefore limiting access to treatments for this deadly disease. As a result, my Medicare patients may be required to have services scheduled at the hospital which will add a greater cost to the Medicare system, as well as impede quick access and scheduling for patients with a confirmed diagnosis of breast cancer.

As a practitioner focusing on breast cancer treatment, I urge CMS to reconsider the proposed RVU reductions. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Mark Gittleman, MD, FACS

Mark A. Gittleman, MD, FACS
Breast Care Specialists, PC
Allentown, PA

cc. Senator Arlen Specter, Chairman, Appropriations Labor-HHS Subcommittee
Carolyn Mullen, Deputy Director, Division of Practitioner Services
Helen Pass, MD, FACS, President, American Society of Breast Surgeons
Mark A. Malangoni, MD, FACS, Chair, American College of Surgeons

Submitter : **Dr. .lkkljh kjhgkhg** **Date: 09/13/2006**

Organization : **Dr. .lkkljh kjhgkhg**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

see attachment

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERIVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

Please note: We did not receive the attachment that was cited in this comment. We are not able to receive attachments that have been prepared in excel or zip files. Also, the commenter must click the yellow "Attach File" button to forward the attachment.

Please direct your questions or comments to 1 800 743-3951.

Submitter : **Ms. Kathleen Finan** **Date: 09/13/2006**

Organization : **Ms. Kathleen Finan**

Category : **Nurse Practitioner**

Issue Areas/Comments

GENERAL

GENERAL

Please recind the medicare proposed cuts in reimbursment for anesthesia care providers. It is unrealistic to maintain current standards of care under the duress of receding budgets. We cannot work safely with less help which is what cuts will do.

Submitter : **Mr. Jerry Kaufman** **Date: 09/13/2006**

Organization : **Seattle Cancer Treatment and Wellness Center**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

As a pracitice administrator of the Seattle Cancer Treatment and Wellness Center, I am writing today to ask that you take every possible action to prevent cuts in Medicare payments to physicians for 2007 by repealing and replacing the unfair SGR formula. It is broken and it needs to be fixed.

Specific to cancer treatment I recommend the following changes to the Proposed 2007 Physician Fee Schedule: (1) Pay for essential services (add payment code for treatment planning) (2) Fix the Average Sales Price (ASP) problem (eliminate the 6-month lag in ASP - set ASP annually rather than quarterly; remove the "prompt payment" discounts in the calculation of ASP
(3) acknowledge the real costs in payment rate (make allowance for bad debt)

Please work to fix the flawed SGR formula to avert further devastating cuts to the medical specialty of oncology. Your beneficaries with cancer our patients are counting on you.

Sincerely,

Jerry Kaufman
206-292-2277

Submitter : **Dr. Jeffrey Falk** **Date: 09/13/2006**

Organization : **Magee-Womens Surgical Associates**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-148-Attach-1.DOC

Attach #
148

Magee-Womens Hospital

of University of Pittsburgh Medical Center

Magee-Womens Surgical Associates

Suite [illegible]
[illegible] Halket Street
Pittsburgh, PA [illegible]

September 12, 2006

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1321-P; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator:

Thank you for allowing me the opportunity to provide comment on the Centers for Medicare and Medicaid Services proposed rule, published in the Federal Register on August 22, 2006. This letter is written to share my concern regarding the proposed RVU reduction for CPT19296, performed in-office, over the next few years.

Breast Cancer is prevalent in Medicare population and radiation therapy is extremely necessary to prevent recurrence of disease. It is imperative that radiation therapy begin as quickly as possible, but with standard radiation modalities, many Medicare age women do not complete their 6-8 weeks of Radiation Therapy. Partial breast irradiation (PBI) offers a five-day radiation treatment option which reduces the risk of recurrence. Unfortunately, if the proposed reduction takes place, I may no longer be able to provide PBI to my Medicare patients; therefore limiting access to treatments for this deadly disease. As a result, my Medicare patients may be required to have services scheduled at the hospital which will add a greater cost to the Medicare system, as well as impede quick access and scheduling for patients with a confirmed diagnosis of breast cancer.

As a practitioner focusing on breast cancer treatment, I urge CMS to reconsider the proposed RVU reductions. Please leave the RVU system as is, and if needed, make reductions to the conversion factor. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Jeffrey Falk, MD, FACS
Pittsburgh, PA

cc. Senator Arlen Specter, Chairman, Appropriations Labor-HHS Subcommittee
Carolyn Mullen, Deputy Director, Division of Practitioner Services
Helen Pass, MD, FACS, President, American Society of Breast Surgeons
Mark A. Malangoni, MD, FACS, Chair, American College of Surgeons

Submitter : **Dr. Daleela Dodge**

Date: 09/13/2006

Organization : **Lancaster Surgical Group, PC**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-149-Attach-1.DOC

Attach #
149

September 12, 2006

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1321-P; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator:

Thank you for allowing me the opportunity to provide comment on the Centers for Medicare and Medicaid Services' proposed rule, published in the Federal Register on August 22, 2006. This letter is written to share my concern regarding the proposed RVU reduction for CPT19296, performed in-office, over the next few years.

The proposed reduction will have a detrimental impact on my practice, which focuses on the treatment of breast cancer. Access to partial breast irradiation (PBI) is crucial for my patient population. With a breast cancer diagnosis, it is imperative the tumor is removed and radiation therapy start as quickly as possible. PBI allows this process to move very quickly so that other treatments (chemotherapy) can be started as well. Unfortunately, if the proposed reduction takes place, I may no longer be able to provide PBI to my Medicare patients; therefore limiting access to treatments for this deadly disease. As a result, my Medicare patients may be required to have services scheduled at the hospital which will add a greater cost to the Medicare system, as well as impede quick access and scheduling for patients with a confirmed diagnosis of breast cancer.

As a practitioner focusing on breast cancer treatment, I urge CMS to reconsider the proposed RVU reductions. Please leave the RVU system as is, and if needed, make reductions to the conversion factor. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Daleela G. Dodge, MD

Daleela G. Dodge, MD
Lancaster Surgical Group, PC
Lancaster, PA

cc. Senator Arlen Specter, Chairman, Appropriations Labor-HHS Subcommittee
Carolyn Mullen, Deputy Director, Division of Practitioner Services
Helen Pass, MD, FACS, President, American Society of Breast Surgeons
Mark A. Malangoni, MD, FACS, Chair, American College of Surgeons

Submitter : **Dr. Paul Newman**

Date: 09/13/2006

Organization : **Lancaster Surgical Group, PC**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-150-Attach-1.DOC

H-Hach 1F
150

September 12, 2006

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1321-P; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator:

Thank you for allowing me the opportunity to provide comment on the Centers for Medicare and Medicaid Services' proposed rule, published in the Federal Register on August 22, 2006. This letter is written to share my concern regarding the proposed RVU reduction for CPT19296, performed in-office, over the next few years.

The proposed reduction will have a detrimental impact on my practice, which focuses on the treatment of breast cancer. Access to partial breast irradiation (PBI) is crucial for my patient population. With a breast cancer diagnosis, it is imperative the tumor is removed and radiation therapy start as quickly as possible. PBI allows this process to move very quickly so that other treatments (chemotherapy) can be started as well. Unfortunately, if the proposed reduction takes place, I may no longer be able to provide PBI to my Medicare patients; therefore limiting access to treatments for this deadly disease. As a result, my Medicare patients may be required to have services scheduled at the hospital which will add a greater cost to the Medicare system, as well as impede quick access and scheduling for patients with a confirmed diagnosis of breast cancer.

As a practitioner focusing on breast cancer treatment, I urge CMS to reconsider the proposed RVU reductions. Please leave the RVU system as is, and if needed, make reductions to the conversion factor. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Paul Newman, MD

Paul G. Newman, MD
Lancaster Surgical Group, PC
Lancaster, PA

cc. Senator Arlen Specter, Chairman, Appropriations Labor-HHS Subcommittee
Carolyn Mullen, Deputy Director, Division of Practitioner Services
Helen Pass, MD, FACS, President, American Society of Breast Surgeons
Mark A. Malangoni, MD, FACS, Chair, American College of Surgeons

Submitter : **Dr. Thomas Bauer**

Date: 09/13/2006

Organization : **Apple Hill Surgical Associates**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-151-Attach-1.DOC

Attach #
151

September 13, 2006

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1321-P; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator:

Thank you for allowing me the opportunity to provide comment on the Centers for Medicare and Medicaid Services' proposed rule, published in the Federal Register on August 22, 2006. This letter is written to share my concern regarding the proposed RVU reduction for CPT19296, performed in-office, over the next few years.

Access to partial breast irradiation (PBI) is crucial for my patient population. With a breast cancer diagnosis, it is imperative the tumor is removed and radiation therapy start as quickly as possible. PBI allows this process to move very quickly so that other treatments (chemotherapy) can be started as well. Unfortunately, if the proposed reduction takes place, I may no longer be able to provide PBI to my Medicare patients; therefore limiting access to treatments for this deadly disease. As a result, my Medicare patients may be required to have services scheduled at the hospital which will add a greater cost to the Medicare system, as well as impede quick access and scheduling for patients with a confirmed diagnosis of breast cancer.

As a practitioner focusing on breast cancer treatment, I urge CMS to reconsider the proposed RVU reductions. Please leave the RVU system as is, and if needed, make reductions to the conversion factor. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Thomas L. Bauer, MD

Thomas L. Bauer, MD, FACS
Apple Hill Surgical Associates
York, PA

cc. Senator Arlen Specter, Chairman, Appropriations Labor-HHS Subcommittee
Carolyn Mullen, Deputy Director, Division of Practitioner Services
Helen Pass, MD, FACS, President, American Society of Breast Surgeons
Mark A. Malangoni, MD, FACS, Chair, American College of Surgeons

Submitter : **Dr. Dennis Johnson** **Date: 09/13/2006**

Organization : **Apple Hill Surgical Associates**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-152-Attach-1.DOC

Attach # 152

September 12, 2006

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1321-P; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator:

Thank you for allowing me the opportunity to provide comment on the Centers for Medicare and Medicaid Services' proposed rule, published in the Federal Register on August 22, 2006. This letter is written to share my concern regarding the proposed RVU reduction for CPT19296, performed in-office, over the next few years.

Roughly 170,000 women are diagnosed annually with early stage breast cancer. These patients move on to lumpectomy followed by radiation therapy; however, the statistics show many of these women do not complete their 6-8 weeks of Radiation Therapy. Therefore I recommend Partial Breast Irradiation (PBI) for carefully selected breast cancer patients. With PBI radiation therapy is completed in five days, and women can return to work and families in a timely fashion. Unfortunately, if the proposed reduction takes place, I may no longer be able to provide PBI to my Medicare patients; therefore limiting access to treatments for this deadly disease. As a result, my Medicare patients may be required to have services scheduled at the hospital which will add a greater cost to the Medicare system, as well as impede quick access and scheduling for patients with a confirmed diagnosis of breast cancer.

As a practitioner focusing on breast cancer treatment, I urge CMS to reconsider the proposed RVU reductions. Please leave the RVU system as is, and if needed, make reductions to the conversion factor. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Dennis Johnson, MD

Dennis E. Johnson, MD
Apple Hill Surgical Associates
York, PA

cc. Senator Arlen Specter, Chairman, Appropriations Labor-HHS Subcommittee
Carolyn Mullen, Deputy Director, Division of Practitioner Services
Helen Pass, MD, FACS, President, American Society of Breast Surgeons
Mark A. Malangoni, MD, FACS, Chair, American College of Surgeons

Submitter : **Dr. Anthy Demestihas** **Date: 09/14/2006**

Organization : **Surgical Associates of Connecticut**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1321-P-153-Attach-1.DOC

CMS-1321-P-153-Attach-2.DOC

CMS-1321-P-153-Attach-3.DOC

Attach #
153

September 8, 2006

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1321-P; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator:

Thank you for allowing me the opportunity to provide comment on the Centers for Medicare and Medicaid Services' proposed rule, published in the Federal Register on August 22, 2006. This letter is written to share my concern regarding the proposed RVU reduction for CPT19296, performed in-office, over the next few years.

The proposed reduction of the conversion factor by 5.1%,which I am aware is tied to the cost of living, in conjunction with an RVU decrease will negatively impact medicare beneficiaries.

Access to partial breast irradiation (PBI) is crucial for my patient population. With a breast cancer diagnosis, it is imperative the tumor is removed and radiation therapy start as quickly as possible. PBI allows this process to move very quickly so that other treatments (chemotherapy) can be started as well. Unfortunately, if the proposed reduction takes place, I may no longer be able to provide PBI to my Medicare patients; therefore limiting access to treatments for this deadly disease. As a result, my Medicare patients may be required to have services scheduled at the hospital which will add a greater cost to the Medicare system, as well as impede quick access and scheduling for patients with a confirmed diagnosis of breast cancer.

As a practitioner focusing on breast cancer treatment, I urge CMS to reconsider the proposed RVU reductions. I recommend preserving RVUs system , and if needed, make reductions to the conversion factor. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact of the proposal.

Sincerely,

Anthy Demestihas MD

CC Senator Chris Dodd, Senate Health, Education, Labor Committee
Representative Rosa DeLauro, Appropriations Labor-HHS Subcommittee
Representative Nancy Johnson, Chair,Ways and Means Health Subcommittee
Representative Christopher Shays

Submitter : **Dr. Richard Yelovich** **Date: 09/14/2006**

Organization : **Comprehensive Cancer Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-154-Attach-1.DOC

HHacn IF
154

September 12, 2006

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1321-P; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator:

Thank you for allowing our facility the opportunity to provide comment on the Centers for Medicare and Medicaid Services' proposed rule, published in the Federal Register on August 22, 2006. This letter is written to share my concern regarding the proposed reduction in professional fees for radiation/oncology brachytherapy services.

The proposed reduction will have a detrimental impact on my ability to offer the most appropriate treatment options for my Medicare patients. Brachytherapy is a crucial treatment option for my breast cancer patients in that it allows the radiation process to move very quickly so that other treatments (chemotherapy) can be started as well. With that said, the preparation and effort to properly create a treatment plan is quite time consuming. In addition, I must reconfirm correct placement before each fraction is given. The proposed reduction to all brachytherapy codes will not adequately cover the time and involvement required to prepare a patient for brachytherapy. If the reduction does take place, CMS will be limiting access to brachytherapy for Medicare patients.

As a facility focusing on cancer treatment, we urge CMS to reconsider the proposed RVU reduction for brachytherapy. Please leave brachytherapy codes as is, and, if needed, make a reduction to the conversion factor. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Richard Yelovich, MD

Richard M. Yelovich, MD
Medical Director of Radiation Oncology
Comprehensive Cancer Care
Exton, PA

cc. Senator Arlen Specter, Chairman, Appropriations Labor-HHS Subcommittee
Carol Bazell, MD, MPH, Director, Division Outpatient Services
James Rubenstein, MD, Chairman, American College of Radiation Oncology
David J. Rice, MD, President, Association of Freestanding Radiation Oncology Centers

Submitter : **Dr. Richard Carella** **Date: 09/14/2006**

Organization : **Bryn Mawr Hospital**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-155-Attach-1.DOC

Attach #
155

September 12, 2006

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1321-P; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator:

Thank you for allowing me the opportunity to provide comment on the Centers for Medicare and Medicaid Services' proposed rule, published in the Federal Register on August 23, 2006. This letter is written to share my concern regarding the proposed reduction in professional fees for radiation/oncology brachytherapy services.

Brachytherapy is a crucial treatment option for my breast cancer patients in that it allows the radiation process to move very quickly so that other treatments (chemotherapy) can be started as well. With that said, the preparation and effort to properly create a treatment plan is quite time consuming. In addition, I must reconfirm correct catheter placement before each fraction is given. The proposed reduction to all brachytherapy codes, especially CPT 77781, will not adequately cover the time and involvement required to prepare a patient for brachytherapy. If the reduction does take place, CMS will be limiting access to brachytherapy for Medicare patients.

As a practitioner focusing on breast cancer treatment, I urge CMS to reconsider the proposed Work RVU reduction for brachytherapy. Please leave brachytherapy codes as is, and, if needed, make a reduction to the conversion factor. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Richard Carella, MD

Richard J. Carella, MD
Bryn Mawr Hospital
Bryn Mawr, PA

cc. Senator Arlen Specter, Chairman, Appropriations Labor-HHS Subcommittee
Carol Bazell, MD, MPH, Director, Division Outpatient Services
James Rubenstein, MD, Chairman, American College of Radiation Oncology

Submitter : **Dr. Thomas Frazier**

Date: 09/14/2006

Organization : **Thomas G. Frazier, MD, FACS**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-156-Attach-1.DOC

Attach # 156

September 14, 2006

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1321-P; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator:

Thank you for allowing me the opportunity to provide comment on the Centers for Medicare and Medicaid Services' proposed rule, published in the Federal Register on August 22, 2006. This letter is written to share my concern regarding the proposed RVU reduction for CPT19296, performed in-office, over the next few years.

The proposed reduction will have a detrimental impact on my practice, which focuses on the treatment of breast cancer. Access to partial breast irradiation (PBI) is crucial for my patient population. With a breast cancer diagnosis, it is imperative the tumor is removed and radiation therapy start as quickly as possible. PBI allows this process to move very quickly so that other treatments (chemotherapy) can be started as well. Unfortunately, if the proposed reduction takes place, I may no longer be able to provide PBI to my Medicare patients; therefore limiting access to treatments for this deadly disease. As a result, my Medicare patients may be required to have services scheduled at the hospital which will add a greater cost to the Medicare system, as well as impede quick access and scheduling for patients with a confirmed diagnosis of breast cancer.

As a practitioner focusing on breast cancer treatment, I urge CMS to reconsider the proposed RVU reductions. Please leave the RVU system as is, and if needed, make reductions to the conversion factor. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Thomas G. Frazier, MD

Thomas Frazier, MD
Bryn Mawr, PA

cc. Senator Arlen Specter, Chairman, Appropriations Labor-HHS Subcommittee
Carolyn Mullen, Deputy Director, Division of Practitioner Services
Helen Pass, MD, FACS, President, American Society of Breast Surgeons
Mark A. Malangoni, MD, FACS, Chair, American College of Surgeons

Submitter : **Dr. John Glina**

Organization : **Dr. John Glina**

Category : **Federal Government**

Date: 09/15/2006

Issue Areas/Comments

GENERAL

GENERAL

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.
Anesthesiologists face a 10% cut in Medicare payment over the next four years due to changes in practice expense and work values. Potential SGR-related reductions, on top of further proposed cuts, could irreparably damage the medical specialty of anesthesiology.
The current SGR formula, based as it is on changes in the gross domestic product, has proven unworkable essentially because changes in economic growth have little to do with the demand for medical services or the increasing cost of delivering them.
If payments are cut in 2007, Medicare physician payment rates will have fallen 20 percent below the government s conservative measure of inflation in medical practice costs in just six years.
As recommended by MedPAC, the SGR should be replaced by a system that reflects increases in practice costs and other medical inflation variables.

Submitter :

Date: 09/15/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Thank you for the opportunity to provide comments on file #CMS-1321-P for CMS proposed Physician Fee Schedule changes. I currently bill CPT codes 19296 & 19297 when clinically indicated for Medicare beneficiaries.

CPT codes 19296 & 19297 refer to the Mammosite Partial Breast Irradiation Therapy procedure. Mammosite is a balloon catheter device that is used to deliver a radiation seed (two times per day for five days) exactly where the radiation needs to be. We are treating the disease closest to the tumor bed where the patient is at greatest risk for breast cancer recurrence.

Partial Breast Irradiation Therapy is of particular importance for Medicare age woman. Breast Cancer is prevalent in this age population and radiation therapy is extremely necessary to prevent recurrence of disease.
It is imperative that radiation therapy begin as quickly as possible, but with standard radiation modalities, many Medicare age women do not complete their 6-8 weeks of Radiation Therapy. The National Cancer Institute reports that an estimated 25% of women who opt for breast conservation treatment (lumpectomy) do not receive radiation therapy which significantly increases their risk for recurrence. A five-day radiation treatment option would increase compliance and thus reduce the risk of recurrence.

If CMS moves forward with proposed Physician Fee Schedule reductions with the RVUs associated with 19296 & 19297 for site of service 11, CMS will limit access to the partial breast irradiation therapy treatment option. With the proposed reductions, many Surgeons and Radiation Oncologists will no longer be able to offer Breast Conservation Surgery with Partial Breast Irradiation Therapy to your Medicare patients. I am requesting that CMS please not lower the RVUs associated with CPT codes 19296 & 19297 or the RVUs associated with Radiation Therapy regarding this procedure in relation to the Global Fee Schedule.

Again, I appreciate the opportunity to comment on file #CMS-1321-P. I strongly urge CMS to reconsider the proposed changes and keep the current RVUs in place so that Medicare patients may continue to have this very important treatment option.

David R. Carr, MD, FACS

Submitter :

Date: 09/15/2006

Organization :

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear CMS Administrator:

Thank you for allowing me the opportunity to provide comments on the CMS proposed Physician Fee Schedule changes, file #CMS-1231-P. As a Surgeon specializing in diseases of the breast, I am extremely concerned about the proposed work RVU changes.

Roughly 170,000 women are diagnosed annually with early stage breast cancer. These patients move on to lumpectomy followed by Radiation Therapy. However, statistics show many of these women do not complete their 6-8 weeks of Radiation Therapy. Therefore I recommend Partial Breast Irradiation Therapy for carefully selected Breast Cancer patients. With Partial Breast Irradiation Therapy, a woman can complete her Radiation treatments in five days. The women are more compliant and can return to their normal work and family duties in a timely fashion.

With the proposed Physician Fee Schedule changes, specifically, the proposed changes to the work RVUs associated with 19296 and 19297, I will no longer be able to offer Breast Conservation Surgery with Partial Breast Irradiation Therapy to your Medicare patients. I recommend that CMS not reduce the work RVUs for 19296 and 19297 in both sites of service (11 and 22).

Again, I appreciate the opportunity to comment and request careful consideration in this very important matter. I strongly urge CMS to reconsider the proposed changes and keep the current work RVUs in tact for the foreseeable future.

Respectfully,

Christina L. Dial, D.O.

cc: Senator Mike Enzi, Chair, Senate Health, Education, Labor and Pensions Committee

Senator Dianne Feinstein, Co-Chair, Senate Cancer Committee

Senator Sam Brownback, Co-Chair, Senate Cancer Committee

Senator Thad Cochran, Chairman, Senate Appropriations Committee

Carolyn Mullen, Deputy Director, Division of Practitioner Services

Helen Pass, MD, FACS, President, American Society of Breast Surgeons

Submitter :

Date: 09/15/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Attention: CMS-1321-P; Medicare Program, Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator / CMS:

Thank you for the opportunity to provide comments on file #CMS-1321-P for CMS proposed Physician Fee Schedule changes. I currently bill CPT codes 19296 & 19297 when clinically indicated for Medicare beneficiaries.

CPT codes 19296 & 19297 refer to the Mammosite Partial Breast Irradiation Therapy procedure. Mammosite is a balloon catheter device that is used to deliver a radiation seed (two times per day for five days) exactly where the radiation needs to be. We are treating the disease closest to the tumor bed where the patient is at greatest risk for breast cancer recurrence.

Partial Breast Irradiation Therapy is of particular importance for Medicare age woman. Breast Cancer is prevalent in this age population and radiation therapy is extremely necessary to prevent recurrence of disease.
It is imperative that radiation therapy begin as quickly as possible, but with standard radiation modalities, many Medicare age women do not complete their 6-8 weeks of Radiation Therapy. The National Cancer Institute reports that an estimated 25% of women who opt for breast conservation treatment (lumpectomy) do not receive radiation therapy which significantly increases their risk for recurrence. A five-day radiation treatment option would increase compliance and thus reduce the risk of recurrence.

If CMS moves forward with proposed Physician Fee Schedule reductions with the RVUs associated with 19296 & 19297 for site of service 11, CMS will limit access to the partial breast irradiation therapy treatment option. With the proposed reductions, many Surgeons and Radiation Oncologists will no longer be able to offer Breast Conservation Surgery with Partial Breast Irradiation Therapy to your Medicare patients. I am requesting that CMS please not lower the RVUs associated with CPT codes 19296 & 19297 or the RVUs associated with Radiation Therapy regarding this procedure in relation to the Global Fee Schedule.

Again, I appreciate the opportunity to comment on file #CMS-1321-P. I strongly urge CMS to reconsider the proposed changes and keep the current RVUs in place so that Medicare patients may continue to have this very important treatment option.

Thank you in advance for your assistance,

David R. Carr, MD, FACS

cc: Representative Sue Myrick, Energy and Commerce Health Subcommittee, Co-Chair, House Cancer Caucus

Senator Richard Burr, Senate Health, Education, Labor and Pensions Committee

Carolyn Mullen, Deputy Director, Division of Practitioner Services

Boyd Honeycutt, Carrier Medical Director, Part-B, Cigna Government Services

Helen Pass, MD, FACS, President, American Society of Breast Surgeons

Mark A. Malangoni, MD, FACS, Chair, American College of Surgeons

Submitter : **Dr. Johannes Czernin** **Date: 09/15/2006**

Organization : **Academy of Molecular Imaging**

Category : **Device Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment.

PARTMENT OF HEALTH AND HUMAN SERVICES
NTERS FOR MEDICARE AND MEDICAID SERIVICES
FICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

ease note: We did not receive the attachment that was cited in
is comment. We are not able to receive attachments that have been
epared in excel or zip files. Also, the commenter must click the
llow "Attach File" button to forward the attachment.

ease direct your questions or comments to 1 800 743-3951.

Submitter : Dr. Joseph Meyer

Date: 09/15/2006

Organization : Volunteer Radiation Group, PC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-162-Attach-1.DOC

Attach # 162

September 15, 2006

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1321-P; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator:

Thank you for allowing me the opportunity to provide comment on the Centers for Medicare and Medicaid Services proposed rule, published in the Federal Register on August 23, 2006. This letter is written to share my concern regarding the proposed reduction in professional fees for radiation/oncology brachytherapy services.

The proposed reduction will have a detrimental impact on my ability to offer the most appropriate treatment options for my Medicare patients. Brachytherapy is a crucial treatment option for my breast cancer patients in that it allows the radiation process to move very quickly so that other treatments (chemotherapy) can be started as well. Although bracytherapy is an excellent treatment option for breast cancer patients, we must insure that treatment is delivered appropriately, since small errors can result in significant differences in the dose administered with dire consequences for the patient. With that said, the preparation and effort to properly create a treatment plan is quite time consuming. In addition, I must reconfirm correct catheter placement before each radiation treatment is given and be physically present, directly supervising all aspects of treatment. The proposed reduction to all brachytherapy codes, especially CPT 77781, will not adequately cover the time and involvement required to prepare a patient for brachytherapy. If the reduction does take place, CMS will be limiting access to brachytherapy for Medicare patients.

As a practitioner focusing on breast cancer treatment, I urge CMS to reconsider the proposed Work RVU reduction for brachytherapy. Please leave brachytherapy codes as is, and, if needed, make a reduction to the conversion factor. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Joseph Meyer, MD

Joseph Meyer, MD
Medical Director, Radiation Oncology
Baptist Regional Cancer Center
137 Blount Avenue
Knoxville, TN

cc. Senator Bill Frist, Majority Leader Bill Frist
Carol Bazell, MD, MPH, Director, Division Outpatient Services
James Rubenstein, MD, Chairman, American College of Radiation Oncology

Submitter : **Dr. Deanna Attai**

Date: 09/15/2006

Organization : **Dr. Deanna Attai**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

"See Attachment"

CMS-1321-P-163-Attach-1.DOC

Attach
163

Office of The Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1321-P; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator,

I appreciate the opportunity to share my comments on the Center for Medicare and Medicaid Services' proposed rule, which was published in the Federal Register on August 22, 2006. I would like to share my concerns regarding the proposed reduction of the RVUs of greater than 10 units when CPT code 19296 is performed in the office over the next few years as well as the proposed reduction of the conversion factor by 5.1%.

Reducing the RVUs it will negatively affect my ability as a Breast Surgeon to treat Medicare beneficiaries in the office. The cost will be far too great for me to incur to implant the catheter in my office - therefore the beneficiary will be required to have the services performed in the operating room at a local hospital. This will lead to greater costs to the Medicare system as well as impede quick access and scheduling of the beneficiary. By reducing the RVUs for this procedure, CMS is limiting access to partial breast irradiation therapy and could affect a woman's decisions to undergo radiation therapy as a part of breast conserving therapy for breast cancer.

I believe that it is very important that CMS keep the RVUs stable or minimally adjust them, but not to the degree of the current proposal. My recommendation is to maintain the current RVUs and if need be reduce the conversion factor.

I appreciate your careful review of this matter and strongly urge CMS to reconsider the significant impact the proposal may have for your Medicare beneficiaries. Thank you for your time.

Sincerely,

Deanna Attai, M.D.

Deanna Attai, M.D.
222 W. Eulalia St., Suite 315
Glendale, CA 91204
818-243-5640

cc: Senator Barbara Boxer, CA (D)
Senator Diane Feinstein, CA (D)
Congresswoman Lucille Roybal-Allard

cc: American College of Breast Surgeons
Mark A. Malangoni, MD, Chair, American College of Surgeons

cc: American Society of Breast Surgeons
Helen Pass, M.D. President ASBS

Submitter : **Dr. George Webber**

Date: 09/15/2006

Organization : **Knoxville Comprehensive Breast Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-164-Attach-1.DOC

Attach #
164

September 15, 2006

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1321-P; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator:

Thank you for allowing me the opportunity to provide comment on the Centers for Medicare and Medicaid Services' proposed rule, published in the Federal Register on August 22, 2006. This letter is written to share my concern regarding the proposed RVU reduction for CPT 19296, performed in-office, over the next few years.

The proposed reduction will have a detrimental impact on my practice, which focuses on the treatment of breast cancer. Access to partial breast irradiation (PBI) is crucial for my patient population. With a breast cancer diagnosis, it is imperative the tumor is removed and radiation therapy start as quickly as possible. PBI allows this process to move very quickly so that other treatments (chemotherapy) can be started as well. Unfortunately, if the proposed reduction takes place, I may no longer be able to provide PBI to my Medicare patients; therefore limiting access to treatments for this deadly disease. As a result, my Medicare patients may be required to have services scheduled at the hospital which will add a greater cost to the Medicare system, as well as impede quick access and scheduling for patients with a confirmed diagnosis of breast cancer.

As a practitioner focusing on breast cancer treatment, I urge CMS to reconsider the proposed RVU reductions. Please leave the RVU system as is, and if needed, make reductions to the conversion factor. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

George Webber, MD

George R. Webber, MD, FACS
Knoxville Comprehensive Breast Center
6307 Lonas Drive
Knoxville, TN

cc. Senator Bill Frist, Majority Leader Bill Frist
Carolyn Mullen, Deputy Director, Division of Practitioner Services
Helen Pass, MD, FACS, President, American Society of Breast Surgeons
Mark A. Malangoni, MD, FACS, Chair, American College of Surgeons

Submitter : **Dr. Andrea Metkus**

Organization : **Dr. Andrea Metkus**

Category : **Physician**

Date: 09/15/2006

Issue Areas/Comments

GENERAL

GENERAL

"See Attachment"

CMS-1321-P-165-Attach-1.DOC

Attach # 165

Office of The Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1321-P; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator,

I want to first thank the Center for Medicare and Medicaid Services for the opportunity to share my thoughts on the proposed rule, which was published in the Federal Register on August 22, 2006. The current proposal is to reduce the RVUs by greater than 10 units when CPT code 19296 is performed in the office over the next few years. The proposal also is to reduce the conversion factor by 5.1%. I am very concerned with this new rule proposal.

Placement of the catheters in the office for Breast Brachytherapy is a very important procedure that can reduce the delay and costs of having services performed in the hospital. This new rule change would not allow me to provide this procedure for your Medicare beneficiaries in my office. CMS is limiting patient access to breast brachytherapy by reducing the RVUs and making it cost prohibitive for my practice to offer this option. Patient access and availability is important for women with a confirmed diagnosis of breast cancer. The Surgeon's office provides Medicare patients the benefit of standard of care technologies and cost effective treatment. Maintaining the current RVUs supports my ability to continue to offer breast brachytherapy.

I am firmly recommending that CMS preserve the RVUs that have already been established for this CPT code. If a reduction is necessary then I propose a slight reduction in the RVUs or only reduce the conversion factor.

I appreciate your consideration of this recommendation and thank you for the opportunity to voice my comments.

Sincerely,

Andrea Metkus, M.D.
Surgeon
100 San Mateo Dr.
San Mateo, CA 94401

cc: Senator Barbara Boxer, CA (D)
Senator Diane Feinstein, CA (D)
Congresswoman Nancy Pelosi (D)

cc: Carolyn Mullen, Deputy Director,
Division of Practitioner Services

cc: American College of Surgeons
Mark A. Malangoni, MD, Chair, American College of Surgeons

Submitter : **Dr. Robert Wollman**

Organization : **Dr. Robert Wollman**

Category : **Physician**

Date: 09/15/2006

Issue Areas/Comments

GENERAL

GENERAL

"See Attachment"

CMS-1321-P-166-Attach-1.DOC

Attach # 166

September 8, 2006

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1321-P; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator:

I appreciate the opportunity to provide comment on the Centers for Medicare and Medicaid Services' proposed rule, published in the Federal Register on August 23, 2006. This letter is written to share my concern regarding the proposed reduction in professional fees for radiation/oncology brachytherapy services.

The proposed reduction to the RVUs especially the Work RVU will have a negative impact on my ability to offer Medicare patients the most appropriate therapy options. Brachytherapy is an important treatment option for my breast cancer patients and Medicare patients may suffer the greatest consequences by not having this service available due to the reduction of RVUs. Partial breast irradiation allows the radiation process to move very quickly so that other treatments (chemotherapy) can be started as well. The time, skills and effort to properly create a treatment plan is quite time consuming. The proposed reduction to all brachytherapy codes, especially CPT 77781 which is to be reduced by 23%, will not adequately cover the time and involvement required to prepare a patient for brachytherapy. If the reduction does take place, then I will not be able to offer or treat Medicare patients APBI.

I recommend CMS to reconsider the proposed Work RVU reduction for brachytherapy. Please leave brachytherapy codes as is, and, if needed, make a reduction to the conversion factor. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Robert Wollman, MD
Medical Director of Radiation Oncology
St. John's Hospital
1328 Twenty-Second Street
Santa Monica, CA 90404

cc: Senator Barbara Boxer, CA (D)
Senator Diane Feinstein, CA (D)
Congressman Henry Waxman, CA (D)

cc: Carolyn Mullen, Deputy Director,
Division of Practitioner Services

cc: American Society of Therapeutic Radiation and Oncology
Prabhakar Tripuraneni, MD, Chair, American Society of Therapeutic Radiation and Oncology

Submitter : Dr. Mark Widick

Date: 09/15/2006

Organization : ENT Associates of South Florida

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERIVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

Please note: We did not receive the attachment that was cited in this comment. We are not able to receive attachments that have been prepared in excel or zip files. Also, the commenter must click the yellow "Attach File" button to forward the attachment.

Please direct your questions or comments to 1 800 743-3951.

CMS-1321-P-173

Submitter : Dr. Stanley Pollack

Date: 09/15/2006

Organization : Surgical Breast Care Specialist

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1321-P-173-Attach-1.DOC

Attachmt
173

September 15, 2006

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1321-P; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator:

Thank you for allowing me the opportunity to provide comment on the Centers for Medicare and Medicaid Services' proposed rule, published in the Federal Register on August 22, 2006. This letter is written to share my concern regarding the proposed RVU reduction for CPT19296, performed in-office, over the next few years.

The proposed reduction of the conversion factor by 5.1%,which I am aware is tied to the cost of living, in conjunction with an RVU decrease will negatively impact medicare beneficiaries.

Access to partial breast irradiation (PBI) is crucial for many of my patients patients. It is imperative the tumor is removed and radiation therapy start as quickly as possible for breast cancer patients. Partial Breast Irradiation (PBI) allows this process to move very quickly so that other treatments (chemotherapy) can be started as well. Unfortunately, if the proposed reduction takes place, I may no longer be able to provide PBI to my Medicare patients; therefore limiting access to treatments for this deadly disease. As a result, my Medicare patients may be required to have services scheduled at the hospital which will add a greater cost to the Medicare system, as well as impede quick access and scheduling for patients with a confirmed diagnosis of breast cancer.

I am a practitioner focusing on breast cancer treatment, I strongly urge CMS to reconsider the proposed RVU reductions. I recommend preserving RVUs system , and if needed, make reductions to the conversion factor. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact of the proposal.

Sincerely,

Stanley B. Pollack MD

Surgical Breast Care Specialist
200 North Village Ave Suite 210
Rockville Center, NY 11570

CC Senator Hillary Clinton, Senate Health, Education, Labor and Pensions Committee

Submitter : **Dr. Deborah Fang**

Date: 09/15/2006

Organization : **St Vincents Medical Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1321-P-174-Attach-1.DOC

Attach #
174

September 8, 2006

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1321-P; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator:

Thank you for allowing me the opportunity to provide comment on the Centers for Medicare and Medicaid Services' proposed rule, published in the Federal Register on August 22, 2006. This letter is written to share my concern regarding the proposed reduction in professional fees for radiation/oncology brachytherapy services.

The proposed reduction will have a detrimental impact on my ability to offer the most appropriate treatment options for my Medicare patients. Brachytherapy is a crucial treatment option for my breast and prostate cancer patients in that it allows the radiation process to move very quickly so that other treatments (chemotherapy) can be started as well. With that said, the preparation and effort to properly create a treatment plan is quite time consuming. In addition, I must reconfirm correct placement before each fraction is given. The proposed reduction to all brachytherapy codes, especially CPT 77781, will not adequately cover the time and involvement required to prepare a patient for brachytherapy. If the reduction does take place, CMS will be limiting access to brachytherapy for Medicare patients.

As a practitioner focusing on cancer treatment, I urge CMS to reconsider the proposed RVU reduction for brachytherapy. Please leave brachytherapy codes as is, and, if needed, make a reduction to the conversion factor. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Deborah Fang, MD
2800 Main St
Bridgeport, Connecticut 06606
203 576-5085

CC Senator Chris Dodd, Senate Health, Education, Labor Committee
Representative Rosa DeLauro, Appropriations Labor-HHS Subcommittee
Representative Nancy Johnson, Chair,Ways and Means Health Subcommittee
Representative Christopher Shays

Submitter : **Dr. Susan Lee**

Date: 09/15/2006

Organization : **New York Hospital Queens**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1321-P-175-Attach-1.DOC

Attach # 175

September 15, 2006

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1506-P; Medicare Program; Hospital Outpatient Prospective Payment System and CY 2007 Payment Rates

Dear Administrator:

Thank you for allowing our facility the opportunity to provide comment on the Centers for Medicare and Medicaid Services' proposed rule, published in the Federal Register on August 23, 2006. This letter is written to share concern regarding the proposed RVU reduction for CPT19296 and CPT 19297, when performed in the hospital, and the reassignment of these codes from the New Technology to the Clinical payment rate.

Our facility opposes this proposal and requests CMS reconsider maintaining assignment of the New Technology APC for an additional year. The proposed reduction and reassignment will have a detrimental impact for Medicare patients with a breast cancer diagnosis. Partial breast irradiation (PBI) allows the radiation process to move very quickly so that other treatments (chemotherapy) can be started as well. Unfortunately, if the proposed reduction and reassignment takes place, our facility may not be able to cover the cost of the procedure, which requires a device with a cost of $2750. Our procedure costs are more than the proposed Clincal APC is reimbursing.

We urge CMS to reconsider the proposed RVU reduction and the reassignment to the Clinical payment rate. Please leave CPT 19296 and CPT 19297 in the New Technology rate for another year so that CMS can collect the correct supporting cost documentation. Thank you for your careful consideration and review in this important matter.

Sincerely,

CC

Submitter : Dr. Karen Karsif

Organization : NY Hospital Queens

Category : Physician

Date: 09/15/2006

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1321-P-176-Attach-1.DOC

AHachH#
176

September 15, 2006

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1321-P; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator:

Thank you for allowing me the opportunity to provide comment on the Centers for Medicare and Medicaid Services' proposed rule, published in the Federal Register on August 22, 2006. This letter is written to share my concern regarding the proposed RVU reduction for CPT19296, performed in-office, over the next few years.

The proposed reduction of the conversion factor by 5.1%,which I am aware is tied to the cost of living, in conjunction with an RVU decrease will negatively impact medicare beneficiaries.

Access to partial breast irradiation (PBI) is crucial for many patients. With a breast cancer diagnosis, it is imperative the tumor is removed and radiation therapy start as quickly as possible. PBI allows this process to move very quickly so that other treatments (chemotherapy) can be started as well. Unfortunately, if the proposed reduction takes place, I may no longer be able to provide PBI to my Medicare patients; therefore limiting access to treatments for this deadly disease. As a result, my Medicare patients may be required to have services scheduled at the hospital which will add a greater cost to the Medicare system, as well as impede quick access and scheduling for patients with a confirmed diagnosis of breast cancer.

I am a practitioner focusing on breast cancer treatment, I strongly urge CMS to reconsider the proposed RVU reductions. I recommend preserving RVUs system , and if needed, make reductions to the conversion factor. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact of the proposal.

Sincerely,

Karen Karsif MD

New York Hospital Queens
56-45 Main St
Flushing, NY 11355

CC Senator Hillary Clinton, Senate Health, Education, Labor and Pensions Committee

Submitter : **Dr. Kenneth Tokita**

Organization : **Dr. Kenneth Tokita**

Category : **Physician**

Date: 09/15/2006

Issue Areas/Comments

GENERAL

GENERAL

"See Attachment"

CMS-1321-P-177-Attach-1.DOC

Attach #
177

September 8, 2006

Kenneth Tokita, MD
Radiation Oncologist
Cancer Center of Irvine
16100 Sand Canyon Ave.
Ste. 130
Irvine, CA 92618

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: CMS-1321-P; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B

Dear Administrator:

Thank you for allowing me the opportunity to provide comment on the Centers for Medicare and Medicaid Services' proposed rule, published in the Federal Register on August 22, 2006. This letter is written to share my concern regarding the proposed reduction in professional fees for radiation/oncology brachytherapy services.

Brachytherapy is a valuable and important service that must be available to Medicare beneficiaries when clinically appropriate. However with the proposed reductions in RVUs along with the conversion factor reduction, makes it difficult to run a free standing center and offer the full scope of radiation services to Medicare beneficiaries. Brachytherapy is not only an alternative to Breast cancer, but also prostate cancer as well. CMS is urged to consider the importance and value of the free standing center and the cost effective efficiencies it can extend to the system especially when compared to the Outpatient Hospital setting. With that said, the preparation and effort to properly create a treatment plan is quite time consuming. In addition, I must reconfirm correct placement before each fraction is given. The proposed reduction to all brachytherapy codes, especially CPT 77781, will not adequately cover the time and involvement required to prepare a patient for brachytherapy. If the reduction does take place, CMS will be limiting access to brachytherapy for Medicare patients.

My recommendation is that CMS reconsider the proposed RVU reduction for brachytherapy. Please leave brachytherapy codes as is, and, if needed, make a reduction to the conversion factor. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Kenneth Tokita, MD

cc: Senator Barbara Boxer, CA (D)

Senator Diane Feinstein, CA (D)
Congressman Henry Waxman

cc: Carolyn Mullen, Deputy Director,
Division of Practitioner Services