

Submitter : Dr. Russell Patterson, III
Organization : Surgery, Diseases of the Breast
Category : Physician

Date: 09/19/2006

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-198-Attach-1.DOC

September 19, 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.

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 6-8 weeks of Radiation Therapy. With partial breast irradiation (PBI), women complete radiation treatments in five days. Therefore I recommend PBI for carefully selected breast cancer patients. 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 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,

Russell H. Patterson, MD

Russell H. Patterson, MD, FACS
Surgery Diseases of the Breast
6215 Humphrey's Boulevard
Memphis, 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. Byron May
Organization : Wellmont Holston Valley Medical Center
Category : Physician

Date: 09/19/2006

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-199-Attach-1.DOC

September 18, 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. 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. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Byron C. May, MD

Byron May, MD
Wilmington-Holston Valley Medical Center
Kingsport, TN

cc. Senator Bill Frist, Majority Leader Bill Frist
Carolyn Mullen, Deputy Director, Division of Practitioner Services
James Rubenstein, MD, Chairman, American College of Radiation Oncology

Submitter : Dr. Scott Coen
Organization : Wellmont Holston Valley Medical Center
Category : Physician

Date: 09/19/2006

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-200-Attach-1.DOC

Attach#
200

September 18, 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. Although brachytherapy 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. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Scott D. Coen, MD

Scott Coen, MD
Wilmington-Holston Valley Medical Center
Kingsport, TN

cc. Senator Bill Frist, Majority Leader Bill Frist
Carolyn Mullen, Deputy Director, Division of Practitioner Services
James Rubenstein, MD, Chairman, American College of Radiation Oncology

Submitter : Dr. Roger Ove
Organization : Baptist Memorial Hospital, Memphis
Category : Physician

Date: 09/19/2006

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-201-Attach-I.DOC

September 18, 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 – within 5 days. Brachytherapy allows patients the ability to return to every day life or begin other treatments (chemotherapy) quickly, which is critical in breast cancer treatment. 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,

Roger Ove, MD

Roger Ove, MD, PhD
Baptist Memorial Hospital
Memphis, TN

cc. Senator Bill Frist, Majority Leader Bill Frist
Carolyn Mullen, Deputy Director, Division of Practitioner Services
James Rubenstein, MD, Chairman, American College of Radiation Oncology
W. Robert Lee, MD, President, American Brachytherapy Society (ABS)

Submitter : Dr. Suzanne Russo
Organization : Baptist Memorial Hospital, Memphis
Category : Physician

Date: 09/19/2006

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-202-Attach-1.DOC

September 18, 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 – within 5 days. I would like to continue to provide brachytherapy services to your Medicare beneficiaries. But with the new CMS proposed RVU reductions of 23% on CPT code 77781, the time, attention to detail and technical skill required to perform this procedure will no longer be compensated in a manner that will allow me and the hospital to continue to offer this service. 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,

Suzanne Russo, MD

Suzanne Russo, MD
Baptist Memorial Hospital
Memphis, TN

cc. Senator Bill Frist, Majority Leader Bill Frist
Carolyn Mullen, Deputy Director, Division of Practitioner Services
James Rubenstein, MD, Chairman, American College of Radiation Oncology
W. Robert Lee, MD, President, American Brachytherapy Society (ABS)

Submitter : Dr. Cam Nguyen
Organization : Creighton University Medical Center
Category : Physician

Date: 09/19/2006

Issue Areas/Comments

GENERAL

GENERAL

see attached

CMS-1321-P-203-Attach-1.DOC

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

RE: CMS-1321-P
Federal Register, August 23, 2006

Dear Administrator:

I am writing to express my concern regarding the proposed reduction in professional fees for brachytherapy services. Thank you for this opportunity to comment on The Centers for Medicare and Medicaid Services' proposed rule.

The proposed reduction to the work RVU's will significantly impact my ability to offer the most appropriate treatment options to my Medicare patients. Brachytherapy is an important treatment option for my breast cancer patients. The changes proposed may affect my ability to offer this treatment option to my Medicare patients. The preparation and effort to properly create a treatment plan is quite time consuming. Additionally, 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 even though those patients may meet the patient selection criteria.

As a radiation oncologist focused on breast cancer treatment, I urge CMS to reconsider the proposed Work RVU reduction for brachytherapy. Please leave brachytherapy codes as they currently stand, so that I can continue to offer this choice to my patients as appropriate. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Cam Nguyen, MD

Cam Nguyen, MD
Division of Radiation Oncology
Creighton University Medical Center
601 N. 30th Street, Ste 2565
Omaha, NE 68131
402-449-4062

cc. Carolyn Mullen, Deputy Director, Division of Practitioner Services
Prabhakar Tripuraneni, MD, Chair, American Society of Therapeutic Radiation
and Oncology
James Rubenstein, MD, Chairman, American College of Radiation Oncology
W. Robert Lee, MD, President, American Brachytherapy Society

Submitter : Dr. Patrick McKenna

Date: 09/19/2006

Organization : McKenna Radiation Oncology Group, PC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1321-P-204-Attach-1.DOC

A Hach #
204

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

RE: CMS-1321-P; Physician Fee Schedule

Dear Administrator:

I am writing to express my concern regarding the proposed reduction in professional fees for radiation brachytherapy services. I appreciate the opportunity to comment before CMS would enact these proposed changes for 2007.

Reducing the work RVU's will significantly impact my ability to offer the option of breast brachytherapy to my Medicare patients. Brachytherapy is an important treatment option for my breast cancer patients in part because it offers treatment in a shorter time frame so that other treatments (chemotherapy) may be initiated as well. The changes proposed may affect my ability to offer this treatment option to my Medicare patients. The preparation and effort to properly create a treatment plan is quite time consuming. Additionally, 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 even though those patients may meet the patient selection criteria.

I urge CMS to reconsider the proposed Work RVU reduction for brachytherapy. Please leave brachytherapy codes as is so that I can continue to offer this choice to my patients as appropriate. I appreciate your careful consideration and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Patrick J. McKenna, MD

Patrick J. McKenna, MD
McKenna Radiation Oncology Group
7500 Mercy Road
Omaha, NE 68124
402-398-6485

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

W. Robert Lee, MD, President, American Brachytherapy Society
James Rubenstein, MD, Chairman, American College of Radiation Oncology
Prabhakar Tripuraneni, MD, Chair, American Society of Therapeutic Radiation and Oncology

Submitter : Dr. Stephen Dick
Organization : Methodist Hospital
Category : Physician

Date: 09/19/2006

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1321-P-205-Attach-1.DOC

Attach #
205-

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

RE: CMS-1321-P; Physician Fee Schedule

Dear Administrator:

I am writing to express my concern regarding the proposed reduction in professional fees for radiation brachytherapy services. Thank you for this opportunity to comment on The Centers for Medicare and Medicaid Services' proposed rule, as published in the Federal Register on August 23, 2006.

The proposed reduction to the work RVU's will significantly impact my ability to offer the most appropriate treatment options to my Medicare patients. Brachytherapy is an important treatment option for my breast cancer patients in that it allows the radiation process to move very quickly so that other treatments (chemotherapy) may be initiated as well. The changes proposed may affect my ability to offer this treatment option to my Medicare patients. The preparation and effort to properly create a treatment plan is quite time consuming. Additionally, 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 even though those patients may meet the patient selection criteria.

As a physician focused on breast cancer treatment, I urge CMS to reconsider the proposed Work RVU reduction for brachytherapy. Please leave brachytherapy codes as is so that I can continue to offer this choice to my patients as appropriate. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Stephen J. Dick, MD, MPH

Stephen J. Dick, MD, MPH
Radiation Oncologist
Methodist Hospital
8303 Dodge Street
Omaha, NE 68114
402-354-4104

cc. Carolyn Mullen, Deputy Director, Division of Practitioner Services
W. Robert Lee, MD, President, American Brachytherapy Society
James Rubenstein, MD, Chairman, American College of Radiation Oncology
Prabhakar Tripuraneni, MD, Chair, American Society of Therapeutic Radiation
and Oncology

Submitter : Dr. Marcos Chertman
Organization : Marcos M. Chertman MD.,PA
Category : Physician

Date: 09/20/2006

Issue Areas/Comments

Background

Background

I am commenting on coverage of Bone mass Measurements (BMM) Tests.

I am not in favor of proposed changes ,including the following:

Changes to the relative value unit (RVU) to calculate the physician fee schedule.including the CMS-1512-PN changes

10% reduction to all work components, reducing the current value of 3.20 to a value of 2.57, meaning 18% decrease

These reductions are in addition to the impact of the Deficit Reduction Act

Proposed changes will negatively impact medicare reimbursements for DXA procedures and will negatively impact patient access to BMD screening

My field of practice is Endocrinology for the last 25 years

I may not be able to perform DXA

At the same time I will have to reduced the number of Medicare patients that I see and screen for Osteoporosis

I want to remind the CMS that DXA was recently added as a preventive service and the cuts proposed go against CMS own initiative to increase utilization

The cuts diminish the impact of their own "Health People 2010" initiative

At the same time I agree with the requirements for steroid dosage reduction to 5.0 mg

It takes years of experience and training to assess those patients that are at risk for Osteoporosis and to choose not only the studies needed to identify secondary causes of Osteoporosis but the right treatment

I will give an example:68 years old caucasian lady who sustain several rib fractures after an episode of a pulmonary infection with persistent cough

It was noted that patient had a premature menopause at age 32 related to severe endometriosis leading to a total hysterectomy and not replacement with estrogens.

Patient had been on prednisone because of eczema for 3 years and loop diuretics because of pedal edema,AS you can see this si a complicated patient with multiple riks factors and takes time and expertises to put this information together and eventually after confirming the diagnosis with DXA developed a pain of acyion and treatment

Impact

Impact

Changes to the Relative Value units(RVU) to calculate physician fee schedule,including the CMS-1512-PN change

Impact of the Deficit Reduction act

Any additional payment changes

5 years Review and the changes in methodology to the practice expense(technical) including work component .physican time,intensity and skill level,technical component includes the methodology for calculation of practice expense

Submitter :

Date: 09/20/2006

Organization :

Category : Nurse Practitioner

Issue Areas/Comments

Background

Background

I am a nurse Practitioner in a busy OB/GYN office. Many of these patients are seen for their DEXA scans on the same day that I perform their yearly exam. It was only recent that the preventative service of a bone dexa screen was added to the services we could provide to the Medicare patient. These changes in reimbursement will affect my ability to see and treat my Medicare patients. I think that this is a skilled test for which we have trained radiology technicians and need to be able to continue this service. This will allow us therefore to also continue to treat patients for Osteoporosis a disease which has many life affecting problems.

Submitter : Ms. Bonnie McGowan
Organization : Marian Medical Center
Category : Nurse Practitioner

Date: 09/20/2006

Issue Areas/Comments

GENERAL

GENERAL

The NBCHPN has provided valid documentation for inclusion as a recognized and approved national certifying body. Their inclusion is particularly important as those certified under NBCHPN represent and provide mid-level practice for a vulnerable population in which there are few specialists with appropriate training. Inclusion would allow those certified to maintain and/or establish new practices that will focus on care of a growing population, those with advance chronic diseases.

Submitter : Dr. Eugene Chang
Organization : Delta Surgical Oncology
Category : Physician

Date: 09/20/2006

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-209-Attach-1.DOC

September 20, 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,

Eugene Chang, MD

Eugene Y. Chang, MD, FACS
Delta Surgical Oncology
Portsmouth, VA

cc. 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. Lydia Hernandez

Date: 09/20/2006

Organization : Dr. Lydia Hernandez

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1321-P-210-Attach-1.DOC

September 20, 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 the opportunity to provide comment on the proposed revisions to the Physician Fee Schedule for 2007 and especially to voice concern regarding the impact these proposed rates will have on breast conservation therapy in those patients diagnosed with breast cancer.

The changes as proposed would have a significant impact on my practice, and particularly on the treatment options I would be able to present to my breast cancer patients. Access to partial breast irradiation which is delivered in the course of 5 days as opposed to whole breast irradiation over 6-7 weeks is an important treatment option for these patients. CMS has proposed drastic cuts in the RVUs assigned to the global fee schedule for breast brachytherapy, making this option almost impossible to preserve. As currently planned, CMS is scheduled to reduce each year in the transition period and the total reduction for this treatment is -31% as illustrated in the table below.

CPT Code	Description	2006 RVUs	2010 RVUs	Variance
19296	Placement of a radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application	129.74	89.31	-31%

Once it is determined women are eligible for breast brachytherapy based on strict patient selection criteria, the catheter that delivers this radiation must be surgically implanted. This procedure may take place in the operating room or, in some cases, in the physician's office in the procedure room. Because of the time involved in planning and implanting the catheter, as well as the cost of the device, the proposed RVU reduction will result in this procedure no longer being available as an option for insertion in the physician's office, since the cost of the procedure will exceed the proposed reimbursement. The office is a preferred site of service for some women and this option should be available for them.

There are several RVUs that are decreasing by more than 5%. I recommend that CMS implement a floor of 5% reduction and this floor should remain in effect during the required time for CMS and the RUC to re-evaluate the data applicable to these RVUs, specifically, breast brachytherapy. I may be willing to

provide data to my specialty society so that they may in turn provide the necessary data to CMS and the RUC in order to make a more informed proposal in the readjustment of these RVUs applicable to breast brachytherapy.

Sincerely,

Lydia Hernandez, MD

Lydia Hernandez, MD
4850 Red Bank Expressway
Cincinnati, OH 45227
513-221-2544

- cc. Carolyn Mullen, Deputy Director, Division of Practitioner Services
Helen Pass, MD, FACS, American Society of Breast Surgeons
Mark A. Malangoni, MD, FACS, Chair, American College of Surgeons

Submitter : Lynn Canavan
Organization : Texas Breast Surgeons
Category : Physician
Issue Areas/Comments

Date: 09/20/2006

GENERAL

GENERAL

See Attachment

CMS-1321-P-211-Attach-1.DOC

Attach#
211

September 16, 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 (CMS-1321-P), published in the Federal Register on August 22, 2006.

By reducing the RVU's for CPT 19296, CMS will significantly limit the number of Medicare beneficiaries who will receive this important procedure in my office. As a result, many Medicare beneficiaries will have to schedule this procedure in the hospital, which will burden the Medicare system with unnecessary costs, as well as impede/delay the treatment process of Medicare beneficiaries diagnosed with breast cancer. These patients must undergo catheter implantation and radiation therapy as quickly as possible.

In order for me to continue to provide access and availability of this procedure in my office for Medicare beneficiaries, I am requesting that CMS stabilize or freeze the current RVU's for CPT 19296.

Thank you for your careful consideration of the impact your decision will make on Medicare beneficiaries with regard to access to this very important procedure in the treatment of breast cancer. I urge you to reconsider your proposal or run the risk of severely limiting access to partial breast irradiation for Medicare beneficiaries.

Sincerely,

Lynn Canavan, MD

Lynn Canavan, MD
Texas Breast Surgeons
4510 Medical Center Dr., Ste. 108
McKinney, TX 75069
(972) 562-5999

Cc: Senator Kay Bailey Hutchison, Senate Appropriations Labor-HHS
Subcommittee
Representative Joe Barton, Chairman, Energy and Commerce Committee
Representative Michael Burgess, Energy and Commerce Health
Subcommittee
Representative Kay Granger, Appropriations Labor-HHS Subcommittee
Carolyn Mullen, Deputy Director, Division of Practitioner Services
Helen Pass, MD, President, American Society of Breast Surgeons
Mark A. Malangoni, MD, FACS, Chair, American College of Surgeons