

Submitter :

Date: 09/22/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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 CMS Administrator:

Thank you for allowing me to provide comments on Rule #CMS-1321-P for CMS proposed Physician Fee Schedule changes. I currently bill CPT codes 19296 & 19297 for Partial Breast Irradiation Therapy balloon placement. I have serious concerns about the proposed work RVU reductions related to the brachytherapy procedure.

If CMS moves forward with proposed Physician Fee Schedule reductions in relation to the work RVUs associated with CPT codes 19296 & 19297 (for any site of service), CMS will limit access to Partial Breast Irradiation Therapy treatment. With the proposed reductions, many Surgeons and Radiation Oncologists will no longer be able to offer Partial Breast Irradiation Therapy as an adjunct to breast conservation surgery for your Medicare beneficiaries.

Again, I appreciate the opportunity to comment on file #CMS-1321-P. I strongly urge CMS to not lower the work RVUs associated with CPT codes 19296 & 19297 or the work RVUs associated with Radiation Therapy for the brachytherapy procedure. CMS needs to consider the negative impact of the proposed changes and keep the current work RVUs in place so that Medicare patients may continue to have this very important treatment option.

Regards,

Charles E. Cox, M.D., F.A.C.S.
Comprehensive Breast Program
H. Lee Moffitt Cancer Center & Research Institute

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
Representative Michael Bilirakis, Energy and Commerce Health Subcommittee
Representative Ginny Brown-Waite, Co-Chair, Congressional Caucus for Women's Issues
Representative Katherine Harris, Member House Cancer Caucus
Representative Ileana Ros-Lehtinen, Vice Chair, Congressional Caucus for Women's Issues
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

CMS-1321-P-268-Attach-1.DOC

Attachment
268



The End Of Cancer Begins Here.
A National Cancer Institute
Comprehensive Cancer Center
At the University of South Florida

September 19, 2006

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Centers for Medicare and Medicaid Services
Department of Health and Human Services
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Charles E. Cox, M.D., F.A.C.S.
Comprehensive Breast Program
H. Lee Moffitt Cancer Center & Research Institute

- 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
- Representative Michael Bilirakis, Energy and Commerce Health Subcommittee
- Representative Ginny Brown-Waite, Co-Chair, Congressional Caucus for Women's Issues
- Representative Katherine Harris, Member House Cancer Caucus
- Representative Ileana Ros-Lehtinen, Vice Chair, Congressional Caucus for Women's Issues
- 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



12902 Magnolia Drive
Tampa, Florida 33612-9497
Phone (813) 972-4673
Fax (813) 972-6496
www.MoffittCancerCenter.org

Submitter : Bruce Waring
Organization : Foothills Surgical Assoc., PC
Category : Physician

Date: 09/22/2006

Issue Areas/Comments

GENERAL

GENERAL

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 (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,

Bruce J. Waring, MD

Bruce J. Waring, MD
Foothills Surgical Associates, PC
3555 Lutheran Pkwy., Ste. 380
Wheat Ridge, CO 80033
(303) 940-8200

Cc: Representative Diana DeGette, Energy and Commerce Health 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

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Dear Administrator:

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By reducing the RVU s for CPT 19296, CMS will cause unnecessary challenges in scheduling Medicare beneficiaries for surgery at the hospital because the facility may decline to offer the service altogether the catheter is priced higher than the proposed clinical APC payment rate. As a result, many Medicare beneficiaries diagnosed with breast cancer will be denied access to this safe and effective means of delivering radiation therapy.

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

It is imperative this hospital outpatient procedure be available to those women who are clinically eligible to receive BCS and are being offered APBI as a treatment option by their physician.

Sincerely,

Bruce J. Waring, MD

Bruce J. Waring, MD
Foothills Surgical Associates, PC
3555 Lutheran Pkwy., Ste. 380
Wheat Ridge, CO 80033
(303) 940-8200

Cc: Representative Diana DeGette, Energy and Commerce Health Subcommittee
Carol Bazell, MD, MPH, Director, Division of Outpatient Care
Helen Pass, MD, President, American Society of Breast Surgeons
Mark A. Malangoni, MD, FACS, Chair, American College of Surgeons

Submitter : William Schuh
Organization : Foothills Surg. Assoc., PC
Category : Physician

Date: 09/22/2006

Issue Areas/Comments

GENERAL

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September 14, 2006

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Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
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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,

William H. Schuh, MD

William H. Schuh, MD
Foothills Surgical Associates, PC
3555 Lutheran Pkwy., Ste. 380
Wheat Ridge, CO 80033
(303) 940-8200

Cc: Representative Diana DeGette, Energy and Commerce Health 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

Submitter : William Schuh
Organization : Foothills Surg. Assoc., PC
Category : Physician

Date: 09/22/2006

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Centers for Medicare and Medicaid Services
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By reducing the RVU s for CPT 19296, CMS will cause unnecessary challenges in scheduling Medicare beneficiaries for surgery at the hospital because the facility may decline to offer the service altogether the catheter is priced higher than the proposed clinical APC payment rate. As a result, many Medicare beneficiaries diagnosed with breast cancer will be denied access to this safe and effective means of delivering radiation therapy.

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

It is imperative this hospital outpatient procedure be available to those women who are clinically eligible to receive BCS and are being offered APBI as a treatment option by their physician.

Sincerely,

William H. Schuh, MD

William H. Schuh, MD
Foothills Surgical Associates, PC
3555 Lutheran Pkwy., Ste. 380
Wheat Ridge, CO 80033
(303) 940-8200

Cc: Representative Diana DeGette, Energy and Commerce Health Subcommittee
Carol Bazell, MD, MPH, Director, Division of Outpatient Care
Helen Pass, MD, President, American Society of Breast Surgeons
Mark A. Malangoni, MD, FACS, Chair, American College of Surgeons

Submitter : Dr. George Lynch
Organization : The Surgical Clinic
Category : Physician

Date: 09/22/2006

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-273-Attach-1.DOC

September 21, 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,

George Lynch, MD

George Lynch, MD
Baptist Hospital
Nashville, 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

Submitter : Dr. Ben Furman
Organization : Nashville Breast Center, PC
Category : Physician

Date: 09/22/2006

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-274-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 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.

With a breast cancer diagnosis, it is imperative the tumor is removed and radiation therapy start as quickly as possible. 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 a practitioner focusing on breast cancer treatment, I urge CMS to reconsider the proposed RVU reductions. Please leave the RVU system as is. I appreciate your careful consideration and review in this important matter and strongly urge CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Ben Furman, MD

Ben Furman, MD, FACS
Nashville Breast Center
Nashville, 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. Pat Whitworth
Organization : Nashville Breast Center
Category : Physician

Date: 09/22/2006

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-275-Attach-1.DOC

Attach #
275

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

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

Sincerely,

Pat W. Whitworth, MD

Pat W. Whitworth, MD, FACS
Nashville Breast Center
Nashville, 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 :

Date: 09/22/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

"see Attachment"

CMS-1321-P-276-Attach-1.DOC

CMS-1321-P-276-Attach-2.DOC

HITC 01/17
276

CHCA
Cancer Healthcare Associates

Martin Keisch, M.D.
Radiation Oncologist
Diplomate American Board of Radiology

Cedars Medical Center
1400 N.W. 12th Ave, Suite 104
Miami, FL 33136

September 21, 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 CMS Administrator:

As a Diplomate in the American Board of Radiology, practicing in a free-standing Radiation Oncology Center at Cedars Medical Center in Miami, FL, I appreciate the opportunity to provide comments on the CMS proposed Physician Rule # CMS-1321-P. I am very concerned about the impact these proposed rates will have on breast conservation therapy.

CMS has proposed drastic cuts in the RVUs assigned to the global fee schedule for HDR breast brachytherapy. They are scheduled to reduce by 20% each year in the transition period and the total reduction for this treatment is -55% as illustrated in the table below.

CPT Code	Description	Units	2006 RVU	2006 Average Rate	2010 RVU	Variance 2010 to 2006	Variance 2010 to 2006
99245	office consult, comprehensive	1	5.91	\$224	6.25	\$1	0%
77263	physician treatment planning, complex	1	4.41	\$167	4.16	(\$18)	-10%
77470	special treatment procedure	1	14.64	\$555	4.55	(\$391)	-71%
76370	CT for planning	1	4.29	\$163	5.48	\$35	21%
77370	special medical physics consult	1	3.68	\$139	2.51	(\$49)	-35%
77290	simulation, complex (contour volumes)	1	9.02	\$342	15.22	\$206	60%
77326	Brachytherapy isodose plan	1	3.78	\$143	3.89	(\$3)	-2%
77300	dose calc	10	2.26	\$856	1.80	(\$209)	-24%
77336	weekly medical physics consult	1	3.15	\$119	1.08	(\$81)	-67%
77280	simulation, simple	5	4.62	\$875	5.27	\$72	8%
77781	Afterloading HDR brachy (1-4 source positions)	10	23.69	\$8,978	6.58	(\$6,511)	-74%
						(\$7,049)	-56%

NOTE: 2006 CF is \$37,8975 with assumption for 2010 using proposed CF of \$35,9647; applicable to Physician Fees

Submitter :

Date: 09/22/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

"see Attachment"

CMS-1321-P-276-Attach-1.DOC

CMS-1321-P-276-Attach-2.DOC

HITC 11
276

CHCA
Cancer Healthcare Associates

Martin Keisch, M.D.
Radiation Oncologist
Diplomate American Board of Radiology

Cedars Medical Center
1400 N.W. 12th Ave. Suite 104
Miami, FL 33136

September 21, 2006

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Centers for Medicare and Medicaid Services
Department of Health and Human Services
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CMS has proposed drastic cuts in the RVUs assigned to the global fee schedule for HDR breast brachytherapy. They are scheduled to reduce by 20% each year in the transition period and the total reduction for this treatment is -55% as illustrated in the table below:

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77470	special treatment procedure	1	14.64	\$555	4.55	(\$391)	-71%
76370	CT for planning	1	4.29	\$163	5.48	\$35	21%
77370	special medical physics consult	1	3.68	\$139	2.51	(\$49)	-35%
77290	simulation, complex (contour volumes)	1	9.02	\$342	15.22	\$206	60%
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NOTE: 2006 CF is \$37,8975 with assumption for 2010 using proposed CF of \$35,9647, applicable to Physician Fees

Submitter :

Date: 09/22/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

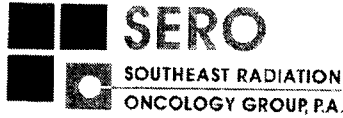
GENERAL

"SEE ATTACHMENT"

CMS-1321-P-277-Attach-1.DOC

H44: 10/06
277

TIMOTHY E. CLONINGER, M.D.
ROBERT W. FRASEK, III, M.D., F.A.C.R.
MARK KIRSCH, M.D., F.A.C.R.
STEVEN R. PLUNKETT, M.D.
MARK J. LIANO, M.D.
JOHN B. KONEFAL, M.D.
MICHAEL R. HAAKE, M.D.
DONNA J. GIRARD, M.D.
CATHY H. SEYMORE, M.D.
L. SCOTT MCINNIS, III, M.D.
CHARLES J. MIAKIN, III, M.D.
BRADLEY T. MCCALL, M.D.
YVONNE MACK, M.D.



200 Queens Road, Suite 400 • Charlotte, N.C. 28204
Phone (704) 333-7376 • Fax (704) 333-7386 • www.treatcancer.com

THOMAS G. TRAUTMANN, M.D.
SCOTT P. LANFORD, M.D.
ROBERT M. DOLINE, M.D.
STUART H. BURRI, M.D.
ARTHUR W. CHANEY, III, M.D.
GREGORY C. MITRO, M.D.
HELEN R. MADDOX, M.D.
WILLIAM B. WARLICK, M.D.
WILLIAM E. BORO, M.D.
KEVIN S. ROOF, M.D.
B. ZACH FOWLER, M.D.
HEATHER D. PACHOLKE, M.D.
ANTHONY J. CRIMALDI, II, M.D.

Paul A. Williams, M.S.P.H.
Administrator

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: Physician Fee Schedule Rule# CMS-1321-P

Dear Administrator:

Thank you for allowing me to provide comments about the Centers for Medicare and Medicaid Services' proposed rule #CMS-1321-P published in the Federal Register on August 23, 2006. I am very troubled with the proposed reduction in professional fees for Radiation Oncology brachytherapy services.

The reduction CMS is proposing will have a detrimental impact on my ability to offer the Brachytherapy or Partial Breast Irradiation Therapy treatment option to my Medicare patients.

Access to Brachytherapy is critical. Brachytherapy allows the radiation process to move quickly so that other treatments such as chemotherapy can be started in a timely fashion. The entire procedure is quite time consuming. The CMS proposed reduction to all brachytherapy codes, especially CPT 77781, will not adequately cover the time and technical skill required to prepare a patient for brachytherapy. If the reduction does take place, CMS will be limiting access to brachytherapy for Medicare patients.

With the prevalence of breast cancer, I urge CMS to reconsider the proposed Work RVU reduction for brachytherapy. Please leave the Work RVUs associated with brachytherapy codes as they currently stand, and, if needed, make a reduction to the conversion factor. I appreciate your careful review and analysis of this important matter. I strongly urge CMS to reconsider the significant, negative impact that would result from the proposed reductions.

Sincerely,

Donna J. Girard, MD

- cc: Representative Sue Myrick, Energy and Commerce Health Subcommittee, Co-Chair, House Cancer Caucus
- Senator Richard Burr, Senate Health, Education, Labor and Pensions Committee
- Carol Bazell, MD, MPH, Director, Division Outpatient Services
- Prabhakar Tripuraneni, MD, Chair, American Society of Therapeutic Radiation and Oncology (ASTRO)
- James Rubenstein, MD, Chairman, American College of Radiation Oncology (ACRO)
- W. Robert Lee, MD, President, American Brachytherapy Society (ABS)

CAHOON'S MEDICAL CENTER • PRESBYTERIAN HOSPITAL • GASTON MEMORIAL HOSPITAL • NORTHEAST MEDICAL CENTER • WATAUGA MEDICAL CENTER • CENTENNIAL REGIONAL MEDICAL CENTER
ROCKAWAY REGIONAL • STANLEY MEMORIAL • LINCOLN REGIONAL • ROCK HILL RADIATION THERAPY CENTER • MATTHEWS RADIATION ONCOLOGY CENTER • UNIVERSITY RADIATION ONCOLOGY CENTER

Submitter : Dr. Audrey SaittamETORPOLITAN R
Organization : Dr. Audrey SaittamETORPOLITAN R
Category : Physician

Date: 09/22/2006

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1321-P-278-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

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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.

CMS has proposed drastic cuts in th RVUs assigned to the global fee schedule for HDR breast brachytherapy. They are scheduled to reduce by 20% each year in the transition period and the total reduction for this treatment is -55% as illustrated in the table below.

CPT Code	Description	Units	2006 RVU	2006 Average Rate	2010 RVU	Variance 2010 to 2006	Variance 2010 to 2006
99245	office consult, comprehensive	1	5.91	\$224	6.25	\$1	0%
77263	physician treatment planning, complex	1	4.41	\$167	4.16	(\$18)	-10%
77470	special treatment procedure	1	14.64	\$555	4.55	(\$391)	-71%
76370	CT for planning	1	4.29	\$163	5.48	\$35	21%
77370	special medical physics consult	1	3.68	\$139	2.51	(\$49)	-35%

77290	simulation, complex (contour volumes)	1	9.02	\$342	15.22	\$206	60%
77326	Brachytherapy isodose plan	1	3.78	\$143	3.89	(\$3)	-2%
77300	dose calc	10	2.26	\$856	1.80	(\$209)	-24%
77336	weekly medical physics consult	1	3.15	\$119	1.08	(\$81)	-67%
77280	simulation, simple	5	4.62	\$875	5.27	\$72	8%
77781	Afterloading HDR brachy (1-4 source positions)	10	23.69	\$8,978	6.58	(\$6,611)	-74%
						(\$7,049)	-56%

NOTE: 2006 CF is \$37.8975 with assumption for 2010 using proposed CF of \$35.9647; applicable to Physician Fees

The alternative radiation treatment is Whole Beam External Radiation Therapy (WBXTR) where women must endure 6 weeks of radiation. Alternatively, the RVUs for WBXRT increase by 55% or \$6,000 during the transition period and will be reimbursed at a proposed rate of more than \$9,000 than HDR Breast Brachytherapy. This treatment is extremely beneficial for the patient in that it irradiates less healthy tissue and allows them to return back to their life activities in just five days, however, HDR breast brachytherapy does require more time for the radiation oncologist to plan, calculate and treat with HDR breast brachytherapy. These proposed cuts in RVUs are insufficient to cover the cost and time required to administer HDR breast brachytherapy and will result in the limiting access to this radiation treatment for women who are Medicare beneficiaries.

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, HDR breast brachytherapy. I am 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 HDR breast brachytherapy.

Sincerely,

Audret Saitta MD
Chief, Radiation Oncology

Metropolitan Radiology
800 Poly Place
Brooklyn; NY 11209

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

James Rubenstein, MD Chairman James Rubenstein, MD, Chairman, American College of Radiation Oncology

Submitter : Dr. Katherine Barton
Organization : Dr. Katherine Barton
Category : Physician

Date: 09/22/2006

Issue Areas/Comments

GENERAL

GENERAL

"See Attachment"

CMS-1321-P-279-Attach-1.DOC

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-I321-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%.

By reducing the RVUs it will negatively affect my ability as a Physician to treat Medicare beneficiaries with breast cancer in the office. Placement of catheters in the office for breast brachytherapy is beneficial for Medicare patients because it allows them to begin radiation treatment in a timely manner and it gives them access to an important technology. The cost to provide this procedure in the office will soon surpass the reimbursement if the proposed RVU reduction is upheld. I will then not be able to provide breast brachytherapy for Medicare patients. The additional costs of moving these patients to the hospital for services could impact the Medicare system. CMS must consider the impact on patients if Physicians are not able to provide standard of care technology in their office due to cost restrictions and reductions in RVU values.

The best solution that I can offer is to retain the current RVU values for CPT code 19296 and then in order to balance the budget reduce the conversion factor slightly. This will allow for CMS time to research this subject in greater detail.

Thank you again for providing me the means to voice my concerns and recommendations.

Sincerely,

Katherine Barton, M.D.
Surgeon
216I Colorado Ave, Suite A
Turlock, CA 95382

- cc: Senator Barbara Boxer, CA (D)
Senator Diane Feinstein, CA (D)
Congresswoman Nancy Pelosi (D)
- cc: Carolyn Mullen, Deputy Director,
Division of Practitioner Services

Submitter :

Date: 09/23/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

"see attachment"

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: Physician Fee Schedule Rule# CMS-1321-P

Dear Administrator:

Thank you for allowing me to provide comments about the Centers for Medicare and Medicaid Services proposed rule #CMS-1321-P published in the Federal Register on August 23, 2006. I am very troubled with the proposed reduction in professional fees for Radiation Oncology brachytherapy services.

The reduction CMS is proposing will have a detrimental impact on my ability to offer the Brachytherapy or Partial Breast Irradiation Therapy treatment option to my Medicare patients.

Access to Brachytherapy is critical. Brachytherapy allows the radiation process to move quickly so that other treatments such as chemotherapy can be started in a timely fashion. The entire procedure is quite time consuming. The CMS proposed reduction to all brachytherapy codes, especially CPT 77781, will not adequately cover the time and technical skill required to prepare a patient for brachytherapy. If the reduction does take place, CMS will be limiting access to brachytherapy for Medicare patients.

With the prevalence of breast cancer, I urge CMS to reconsider the proposed Work RVU reduction for brachytherapy. Please leave the Work RVUs associated with brachytherapy codes as they currently stand, and, if needed, make a reduction to the conversion factor. I appreciate your careful review and analysis of this important matter. I strongly urge CMS to reconsider the significant, negative impact that would result from the proposed reductions.

Sincerely,

Robert W. Fraser, MD, FACR

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

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

Carol Bazell, MD, MPH, Director, Division Outpatient Services

Prabhakar Tripuraneni, MD, Chair, American Society of Therapeutic Radiation and Oncology (ASTRO)

James Rubenstein, MD, Chairman, American College of Radiation Oncology (ACRO)

W. Robert Lee, MD, President, American Brachytherapy Society (ABS)

CMS-1321-P-280-Attach-1.DOC

TIMOTHY E. CLONINGER, M.D.
ROBERT W. FRASER, III, M.D., F.A.C.R.
MARK KIESCH, M.D., F.A.C.R.
STEVEN R. PLUNKETT, M.D.
MARK J. LIANG, M.D.
JOHN B. KONEPAL, M.D.
MICHAEL E. HAARKE, M.D.
DONNA J. GIRARD, M.D.
CATHY H. SEYMORE, M.D.
L. SCOTT MCGINNIS, III, M.D.
CHARLES J. MEAKIN, III, M.D.
BRADLEY T. MCCALL, M.D.
YVONNE MADG, M.D.



200 Queens Road, Suite 400 • Charlotte, N.C. 28204
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THOMAS G. TRAUTMANN, M.D.
SCOTT R. LANKFORD, M.D.
ROBERT M. DOLINE, M.D.
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KEVIN S. ROOF, M.D.
B. ZACH FOWLER, M.D.
HEATHER D. PACHOLKE, M.D.
ANTHONY J. CRIMALDI, II, M.D.

Paul A. Williams, M.S.P.H.
Administrator

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: Physician Fee Schedule Rule# CMS-1321-P

Dear Administrator:

Thank you for allowing me to provide comments about the Centers for Medicare and Medicaid Services' proposed rule #CMS-1321-P published in the Federal Register on August 23, 2006. I am very troubled with the proposed reduction in professional fees for Radiation Oncology brachytherapy services.

The reduction CMS is proposing will have a detrimental impact on my ability to offer the Brachytherapy or Partial Breast Irradiation Therapy treatment option to my Medicare patients.

Access to Brachytherapy is critical. Brachytherapy allows the radiation process to move quickly so that other treatments such as chemotherapy can be started in a timely fashion. The entire procedure is quite time consuming. The CMS proposed reduction to all brachytherapy codes, especially CPT 77781, will not adequately cover the time and technical skill required to prepare a patient for brachytherapy. If the reduction does take place, CMS will be limiting access to brachytherapy for Medicare patients.

With the prevalence of breast cancer, I urge CMS to reconsider the proposed Work RVU reduction for brachytherapy. Please leave the Work RVUs associated with brachytherapy codes as they currently stand, and, if needed, make a reduction to the conversion factor. I appreciate your careful review and analysis of this important matter. I strongly urge CMS to reconsider the significant, negative impact that would result from the proposed reductions.

Sincerely,

Robert W. Fraser, MD, FACR

- cc: Representative Sue Myrick, Energy and Commerce Health Subcommittee, Co-Chair, House Cancer Caucus
- Senator Richard Burr, Senate Health, Education, Labor and Pensions Committee
- Carol Bazell, MD, MPH, Director, Division Outpatient Services
- Prabhakar Tripuraneni, MD, Chair, American Society of Therapeutic Radiation and Oncology (ASTRO)
- James Rubenstein, MD, Chairman, American College of Radiation Oncology (ACRO)
- W. Robert Lee, MD, President, American Brachytherapy Society (ABS)

Submitter :

Date: 09/23/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

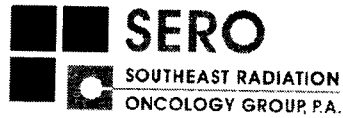
GENERAL

"see attachment"

CMS-1321-P-281-Attach-1.DOC

ATTACH #
281

TIMOTHY E. CLONINGER, M.D.
ROBERT W. FRASER, III, M.D., F.A.C.R.
MARK KIRSCH, M.D., F.A.C.R.
STEVEN R. PLUNKETT, M.D.
MARK J. LIANG, M.D.
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CHARLES J. MEAKIN, III, M.D.
BRADLEY T. MCCALL, M.D.
YVONNE MACK, M.D.



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SCOTT P. LANEFORD, M.D.
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HEATHER D. PACHOLKE, M.D.
ANTHONY J. CRIMALDI, II, M.D.

Paul A. Wilkins, M.S.P.H.
Administrator

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: Physician Fee Schedule Rule# CMS-1321-P

Dear Administrator:

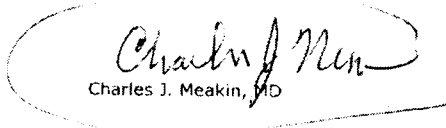
Thank you for allowing me to provide comments about the Centers for Medicare and Medicaid Services' proposed rule #CMS-1321-P published in the Federal Register on August 23, 2006. I am very troubled with the proposed reduction in professional fees for Radiation Oncology brachytherapy services.

The reduction CMS is proposing will have a detrimental impact on my ability to offer the Brachytherapy or Partial Breast Irradiation Therapy treatment option to my Medicare patients.

Access to Brachytherapy is critical. Brachytherapy allows the radiation process to move quickly so that other treatments such as chemotherapy can be started in a timely fashion. The entire procedure is quite time consuming. The CMS proposed reduction to all brachytherapy codes, especially CPT 77781, will not adequately cover the time and technical skill required to prepare a patient for brachytherapy. If the reduction does take place, CMS will be limiting access to brachytherapy for Medicare patients.

With the prevalence of breast cancer, I urge CMS to reconsider the proposed Work RVU reduction for brachytherapy. Please leave the Work RVUs associated with brachytherapy codes as they currently stand, and, if needed, make a reduction to the conversion factor. I appreciate your careful review and analysis of this important matter. I strongly urge CMS to reconsider the significant, negative impact that would result from the proposed reductions.

Sincerely,


Charles J. Meakin, MD

- cc: Representative Sue Myrick, Energy and Commerce Health Subcommittee, Co-Chair, House Cancer Caucus
- Senator Richard Burr, Senate Health, Education, Labor and Pensions Committee
- Carol Bazell, MD, MPH, Director, Division Outpatient Services
- Prabhakar Tripurenani, MD, Chair, American Society of Therapeutic Radiation and Oncology (ASTRO)
- James Rubenstein, MD, Chairman, American College of Radiation Oncology (ACRO)
- W. Robert Lee, MD, President, American Brachytherapy Society (ABS)

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Submitter :

Date: 09/23/2006

Organization :

Category : Physician Assistant

Issue Areas/Comments

GENERAL

GENERAL

"see attachement"

CMS-1321-P-282-Attach-1.DOC

H-1 of 10
283



The End Of Cancer Begins Here.
A National Cancer Institute
Comprehensive Cancer Center
At the University of South Florida

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 CMS Administrator:

Thank you for allowing me to provide comments on Rule #CMS-1321-P for CMS proposed Physician Fee Schedule changes. I currently bill CPT codes 19296 & 19297 for Partial Breast Irradiation Therapy balloon placement. I have serious concerns about the proposed work RVU reductions related to the brachytherapy procedure.

If CMS moves forward with proposed Physician Fee Schedule reductions in relation to the work RVUs associated with CPT codes 19296 & 19297 (for any site of service), CMS will limit access to Partial Breast Irradiation Therapy treatment. With the proposed reductions, many Surgeons and Radiation Oncologists will no longer be able to offer Partial Breast Irradiation Therapy as an adjunct to breast conservation surgery for your Medicare beneficiaries.

Again, I appreciate the opportunity to comment on file #CMS-1321-P. I strongly urge CMS to not lower the work RVUs associated with CPT codes 19296 & 19297 or the work RVUs associated with Radiation Therapy for the brachytherapy procedure. CMS needs to consider the negative impact of the proposed changes and keep the current work RVUs in place so that Medicare patients may continue to have this very important treatment option.

Regards,

April Slone, PA
Comprehensive Breast Program
H. Lee Moffitt Cancer Center & Research Institute

- 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
- Representative Michael Bilirakis, Energy and Commerce Health Subcommittee
- Representative Ginny Brown-Waite, Co-Chair, Congressional Caucus for Women's Issues
- Representative Katherine Harris, Member House Cancer Caucus
- Representative Ileana Ros-Lehtinen, Vice Chair, Congressional Caucus for Women's Issues
- 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



12962 Magnolia Drive
Tampa, Florida 33612-9407
Phone (813) 972-4670
Fax (813) 972-8496
www.MoffittCancerCenter.org

Submitter :

Date: 09/23/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

"SEE ATTACHMENT"

CMS-1321-P-283-Attach-1.DOC



Surgical Associates of West Florida

General, Vascular, Thoracic, Oncologic and Endocrine Surgery
Laparoscopy and Gastrointestinal Endoscopy
Colorectal Surgery

David C. Berry, M.D.
Peter W. Blumenkrantz, M.D.
Robert S. Davidson, M.D.

William S. Maistrellis, M.D.
Allan H. Hayton, Ph.D., M.D.
Rick J. Schmidt, M.D.

Farnsworth R. May, M.D.
Gregg I. Shore, M.D.
Theodore R. Small, M.D.

Kurt V. Erickson, M.D.
Richard Rodriguez, D.O., M.P.H.
Mark A. Zuzga, D.O.

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 CMS Administrator:

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If CMS moves forward with proposed Physician Fee Schedule reductions in relation to the work RVUs associated with CPT codes 19296 & 19297 (for any site of service), CMS will limit access to Partial Breast Irradiation Therapy treatment. With the proposed reductions, many Surgeons and Radiation Oncologists will no longer be able to offer Partial Breast Irradiation Therapy as an adjunct to breast conservation surgery for your Medicare beneficiaries.

Again, I appreciate the opportunity to comment on file #CMS-1321-P. I strongly urge CMS to not lower the work RVUs associated with CPT codes 19296 & 19297 or the work RVUs associated with Radiation Therapy for the brachytherapy procedure. CMS needs to consider the negative impact of the proposed changes and keep the current work RVUs in place so that Medicare patients may continue to have this very important treatment option.

Regards,

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
Representative Michael Bilirakis, Energy and Commerce Health Subcommittee
Representative Ginny Brown-Waite, Co-Chair, Congressional Caucus for Women's Issues
Representative Katherine Harris, Member House Cancer Caucus
Representative Ileana Ros-Lehtinen, Vice Chair, Congressional Caucus for Women's Issues
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

303 Pinellas Street, Suite 310 • Clearwater, Florida 33756
(727) 462-2131 • Fax (727) 462-2115
email: info@westfloridasurgery.com

Submitter : Dr. Joseph Comfort
Organization : American Society of Anesthesiologists
Category : Physician

Date: 09/23/2006

Issue Areas/Comments

Impact

Impact

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. Surgical services at all hospitals will be severely curtailed and/or the quality severely reduced.

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. Compliance with legal mandates for provision of services to all in need will become impossible. Many hospitals will close.

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 : Dr. Linda Han
Organization : Dr. Linda Han
Category : Physician

Date: 09/23/2006

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1321-P-285-Attach-1.DOC

Attach #
285

September 21, 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

Dear Administrator:

I have recently become aware of the proposed RVU reduction for CPT 19296, performed in-office, over the next several years. Obviously this reduction would be a significant financial disincentive for me to offer placement of the catheter in the office setting and as a result, I would schedule this service in the hospital or ambulatory surgery setting, which will add a greater cost and burden to Medicare. Access to partial breast irradiation (PBI) is an important option for my patient population. Unfortunately, if the proposed reduction takes place, I may no longer be able to provide PBI to my Medicare patients; effectively limiting access to treatment for this disease.

I would also point out that a great deal more time and discussion is necessary to prepare the patient for PBI and the current RVU reflects this intense preparatory work as well as the technical expertise required to place the radiotherapy catheter. The proposed reduction will affect my ability to offer Medicare patients appropriate care in my office.

As a busy breast surgeon, I am writing today to ask CMS to reconsider the proposed RVU reductions. Please leave the RVU's assigned to CPT 19296 as they currently stand. I appreciate your careful consideration of the issues presented here. Thank you.

Sincerely,

Linda K. Han, MD, FACS

Linda K. Han, MD FACS
Breast Care Specialists, Inc.
495 Cooper Road
Suite 225
Westerville, OH 43081

cc. Senator Mike DeWine, Senate Appropriations Labor-HHS Sub-committee and Senate Health,
Education, Labor and Pensions Committee
Representative Deborah Pryce, Co-Chair, House Cancer Caucus
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