

Submitter : Dr. Gerald Ellison
Organization : Carolina Regional Radiology
Category : Radiologist

Date: 09/27/2006

Issue Areas/Comments

Background

Background

The first of the nine cuts slated to take place Jan. 1, 2007 results in 5% reduction in reimbursement. We estimate this to have a negative 17% impact on our outpatient Medicare patient payments in our practice initially, to say nothing of the eventual 40% reduction projected by 2015. 14% of the North Carolina population is on Medicare and these cuts will negatively impact 78,973 North Carolina employees. In addition, there are 460,660 TRICARE beneficiaries who will also have restricted access. This particularly affects our practice which serves a large military population (both retired and active) in Cumberland county, which is where Ft. Bragg and Pope Air Force Base are located. This will inevitably compromise our ability to provide care for this patient population and the patients will suffer in the end as a result of this limited access

GENERAL

GENERAL

We request that you consider co-sponsoring H.R. 5704, which calls for a two year moratorium on scheduled physician payment reductions for imaging services and requires further study on patient access to imaging services.

Maintaining access to medical imaging is a life-saving privilege, which every American enjoys. We hope that you will work with us to ensure this holds true for future generations.

Impact

Impact

The planned drastic reductions in the Medicare technical reimbursements for outpatient imaging included in the Deficit Reduction Act of 2005 (Section 5102(B)) are intolerable. Assuming private third party insurers and HMO's drop their reimbursements commensurately, we believe that many facilities similar to ours will be forced to close or severely limit their hours and/or services if these cuts take effect on January 1, 2007. The cuts found in the final version of the DRA were in neither the House nor the Senate versions of the legislation that passed each chamber, but were inserted into the bill during conference. Some of the payment cuts are as high as 50 percent for vitally important medical procedures such as MRI s of the brain which are used to diagnose brain tumors and PET/CT which could confirm that a mass is benign and obviate the need for expensive and unpleasant surgery. The DRA provision arbitrarily allows CMS to reimburse physicians for the technical component of imaging services at the lower of either the Medicare Physician Fee Schedule (MPFS) rate or the Hospital Outpatient Prospective Payment (HOPPS) rate. The HOPPS rate was never intended to reflect the costs of providing individual physician services and instead was developed to reimburse hospitals for related medical services, which are packaged and paid as a whole. The members of the North Carolina Radiological Society believe that picking and choosing between payment systems based on whichever is cheaper, invalidates and corrupts both systems, not only for imaging, but for all of medicine. This is not only bad policy, but methodologically unjustifiable.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

The physicians of Carolina Regional Radiology in Fayetteville, NC are comprised of 21 board certified radiologists serving 4 non-profit county hospitals in addition to 2 outpatient imaging centers in southeastern North Carolina. We perform approximately 475,000 procedures per year in at least 5 counties. This includes all diagnostic imaging modalities (CT, MRI, Ultrasound, Nuclear Medicine, Mammography, PET/CT) as well as interventional and therapeutic procedures along with a clinical practice of radiology. Our patients receive the highest quality of care utilizing cutting edge technology and sub specialized physician skill and expertise. As we are sure you are aware, the state of the art equipment needed to provide quality care for our patients is extremely expensive. Advances in diagnostic medical imaging have no doubt improved the quality of care provided to millions of Medicare beneficiaries over the last several years. A rise in the utilization of imaging has prevented the need for more costly and invasive procedures further down the line in the continuum of patient care.

Submitter : Dr. Richard Falter
Organization : Carolina Regional Radiology
Category : Radiologist

Date: 09/27/2006

Issue Areas/Comments

Background

Background

The first of the nine cuts slated to take place Jan. 1, 2007 results in 5% reduction in reimbursement. We estimate this to have a negative 17% impact on our outpatient Medicare patient payments in our practice initially, to say nothing of the eventual 40% reduction projected by 2015. 14% of the North Carolina population is on Medicare and these cuts will negatively impact 78,973 North Carolina employees. In addition, there are 460,660 TRICARE beneficiaries who will also have restricted access. This particularly affects our practice which serves a large military population (both retired and active) in Cumberland county, which is where Ft. Bragg and Pope Air Force Base are located. This will inevitably compromise our ability to provide care for this patient population and the patients will suffer in the end as a result of this limited access.

GENERAL

GENERAL

We request that you consider co-sponsoring H.R. 5704, which calls for a two year moratorium on scheduled physician payment reductions for imaging services and requires further study on patient access to imaging services.

Maintaining access to medical imaging is a life-saving privilege, which every American enjoys. We hope that you will work with us to ensure this holds true for future generations.

Impact

Impact

The planned drastic reductions in the Medicare technical reimbursements for outpatient imaging included in the Deficit Reduction Act of 2005 (Section 5102(B)) are intolerable. Assuming private third party insurers and HMO's drop their reimbursements commensurately, we believe that many facilities similar to ours will be forced to close or severely limit their hours and/or services if these cuts take effect on January 1, 2007. The cuts found in the final version of the DRA were in neither the House nor the Senate versions of the legislation that passed each chamber, but were inserted into the bill during conference. Some of the payment cuts are as high as 50 percent for vitally important medical procedures such as MRI s of the brain which are used to diagnose brain tumors and PET/CT which could confirm that a mass is benign and obviate the need for expensive and unpleasant surgery. The DRA provision arbitrarily allows CMS to reimburse physicians for the technical component of imaging services at the lower of either the Medicare Physician Fee Schedule (MPFS) rate or the Hospital Outpatient Prospective Payment (HOPPS) rate. The HOPPS rate was never intended to reflect the costs of providing individual physician services and instead was developed to reimburse hospitals for related medical services, which are packaged and paid as a whole. The members of the North Carolina Radiological Society believe that picking and choosing between payment systems based on whichever is cheaper, invalidates and corrupts both systems, not only for imaging, but for all of medicine. This is not only bad policy, but methodologically unjustifiable.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

The physicians of Carolina Regional Radiology in Fayetteville, NC are comprised of 21 board certified radiologists serving 4 non-profit county hospitals in addition to 2 outpatient imaging centers in southeastern North Carolina. We perform approximately 475,000 procedures per year in at least 5 counties. This includes all diagnostic imaging modalities (CT, MRI, Ultrasound, Nuclear Medicine, Mammography, PET/CT) as well as interventional and therapeutic procedures along with a clinical practice of radiology. Our patients receive the highest quality of care utilizing cutting edge technology and sub specialized physician skill and expertise. As we are sure you are aware, the state of the art equipment needed to provide quality care for our patients is extremely expensive. Advances in diagnostic medical imaging have no doubt improved the quality of care provided to millions of Medicare beneficiaries over the last several years. A rise in the utilization of imaging has prevented the need for more costly and invasive procedures further down the line in the continuum of patient care.

Submitter : Dr. Donald Farmer
Organization : Carolina Regional Radiology
Category : Radiologist

Date: 09/27/2006

Issue Areas/Comments

Background

Background

The physicians of Carolina Regional Radiology in Fayetteville, NC are comprised of 21 board certified radiologists serving 4 non-profit county hospitals in addition to 2 outpatient imaging centers in southeastern North Carolina. We perform approximately 475,000 procedures per year in at least 5 counties. This includes all diagnostic imaging modalities (CT, MRI, Ultrasound, Nuclear Medicine, Mammography, PET/CT) as well as interventional and therapeutic procedures along with a clinical practice of radiology. Our patients receive the highest quality of care utilizing cutting edge technology and sub specialized physician skill and expertise. As we are sure you are aware, the state of the art equipment needed to provide quality care for our patients is extremely expensive. Advances in diagnostic medical imaging have no doubt improved the quality of care provided to millions of Medicare beneficiaries over the last several years. A rise in the utilization of imaging has prevented the need for more costly and invasive procedures further down the line in the continuum of patient care.

GENERAL

GENERAL

We request that you consider co-sponsoring H.R. 5704, which calls for a two year moratorium on scheduled physician payment reductions for imaging services and requires further study on patient access to imaging services.

Maintaining access to medical imaging is a life-saving privilege, which every American enjoys. We hope that you will work with us to ensure this holds true for future generations.

Impact

Impact

The first of the nine cuts slated to take place Jan. 1, 2007 results in 5% reduction in reimbursement. We estimate this to have a negative 17% impact on our outpatient Medicare patient payments in our practice initially, to say nothing of the eventual 40% reduction projected by 2015. 14% of the North Carolina population is on Medicare and these cuts will negatively impact 78,973 North Carolina employees. In addition, there are 460,660 TRICARE beneficiaries who will also have restricted access. This particularly affects our practice which serves a large military population (both retired and active) in Cumberland county, which is where Ft. Bragg and Pope Air Force Base are located. This will inevitably compromise our ability to provide care for this patient population and the patients will suffer in the end as a result of this limited access.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

The planned drastic reductions in the Medicare technical reimbursements for outpatient imaging included in the Deficit Reduction Act of 2005 (Section 5102(B)) are intolerable. Assuming private third party insurers and HMO's drop their reimbursements commensurately, we believe that many facilities similar to ours will be forced to close or severely limit their hours and/or services if these cuts take effect on January 1, 2007. The cuts found in the final version of the DRA were in neither the House nor the Senate versions of the legislation that passed each chamber, but were inserted into the bill during conference. Some of the payment cuts are as high as 50 percent for vitally important medical procedures such as MRI s of the brain which are used to diagnose brain tumors and PET/CT which could confirm that a mass is benign and obviate the need for expensive and unpleasant surgery. The DRA provision arbitrarily allows CMS to reimburse physicians for the technical component of imaging services at the lower of either the Medicare Physician Fee Schedule (MPFS) rate or the Hospital Outpatient Prospective Payment (HOPPS) rate. The HOPPS rate was never intended to reflect the costs of providing individual physician services and instead was developed to reimburse hospitals for related medical services, which are packaged and paid as a whole. The members of the North Carolina Radiological Society believe that picking and choosing between payment systems based on whichever is cheaper, invalidates and corrupts both systems, not only for imaging, but for all of medicine. This is not only bad policy, but methodologically unjustifiable.

Submitter : Dr. Max Faykus
Organization : Carolina Regional Radiology
Category : Radiologist

Date: 09/27/2006

Issue Areas/Comments

Background

Background

The physicians of Carolina Regional Radiology in Fayetteville, NC are comprised of 21 board certified radiologists serving 4 non-profit county hospitals in addition to 2 outpatient imaging centers in southeastern North Carolina. We perform approximately 475,000 procedures per year in at least 5 counties. This includes all diagnostic imaging modalities (CT, MRI, Ultrasound, Nuclear Medicine, Mammography, PET/CT) as well as interventional and therapeutic procedures along with a clinical practice of radiology. Our patients receive the highest quality of care utilizing cutting edge technology and sub specialized physician skill and expertise. As we are sure you are aware, the state of the art equipment needed to provide quality care for our patients is extremely expensive. Advances in diagnostic medical imaging have no doubt improved the quality of care provided to millions of Medicare beneficiaries over the last several years. A rise in the utilization of imaging has prevented the need for more costly and invasive procedures further down the line in the continuum of patient care.

GENERAL

GENERAL

We request that you consider co-sponsoring H.R. 5704, which calls for a two year moratorium on scheduled physician payment reductions for imaging services and requires further study on patient access to imaging services.

Maintaining access to medical imaging is a life-saving privilege, which every American enjoys. We hope that you will work with us to ensure this holds true for future generations.

Impact

Impact

The first of the nine cuts slated to take place Jan. 1, 2007 results in 5% reduction in reimbursement. We estimate this to have a negative 17% impact on our outpatient Medicare patient payments in our practice initially, to say nothing of the eventual 40% reduction projected by 2015. 14% of the North Carolina population is on Medicare and these cuts will negatively impact 78,973 North Carolina employees. In addition, there are 460,660 TRICARE beneficiaries who will also have restricted access. This particularly affects our practice which serves a large military population (both retired and active) in Cumberland county, which is where Ft. Bragg and Pope Air Force Base are located. This will inevitably compromise our ability to provide care for this patient population and the patients will suffer in the end as a result of this limited access.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

The planned drastic reductions in the Medicare technical reimbursements for outpatient imaging included in the Deficit Reduction Act of 2005 (Section 5102(B)) are intolerable. Assuming private third party insurers and HMO's drop their reimbursements commensurately, we believe that many facilities similar to ours will be forced to close or severely limit their hours and/or services if these cuts take effect on January 1, 2007. The cuts found in the final version of the DRA were in neither the House nor the Senate versions of the legislation that passed each chamber, but were inserted into the bill during conference. Some of the payment cuts are as high as 50 percent for vitally important medical procedures such as MRI s of the brain which are used to diagnose brain tumors and PET/CT which could confirm that a mass is benign and obviate the need for expensive and unpleasant surgery. The DRA provision arbitrarily allows CMS to reimburse physicians for the technical component of imaging services at the lower of either the Medicare Physician Fee Schedule (MPFS) rate or the Hospital Outpatient Prospective Payment (HOPPS) rate. The HOPPS rate was never intended to reflect the costs of providing individual physician services and instead was developed to reimburse hospitals for related medical services, which are packaged and paid as a whole. The members of the North Carolina Radiological Society believe that picking and choosing between payment systems based on whichever is cheaper, invalidates and corrupts both systems, not only for imaging, but for all of medicine. This is not only bad policy, but methodologically unjustifiable.

Submitter : Dr. David Fisher
Organization : Carolina Regional Radiology
Category : Radiologist

Date: 09/27/2006

Issue Areas/Comments

Background

Background

The physicians of Carolina Regional Radiology in Fayetteville, NC are comprised of 21 board certified radiologists serving 4 non-profit county hospitals in addition to 2 outpatient imaging centers in southeastern North Carolina. We perform approximately 475,000 procedures per year in at least 5 counties. This includes all diagnostic imaging modalities (CT, MRI, Ultrasound, Nuclear Medicine, Mammography, PET/CT) as well as interventional and therapeutic procedures along with a clinical practice of radiology. Our patients receive the highest quality of care utilizing cutting edge technology and sub specialized physician skill and expertise. As we are sure you are aware, the state of the art equipment needed to provide quality care for our patients is extremely expensive. Advances in diagnostic medical imaging have no doubt improved the quality of care provided to millions of Medicare beneficiaries over the last several years. A rise in the utilization of imaging has prevented the need for more costly and invasive procedures further down the line in the continuum of patient care.

GENERAL

GENERAL

We request that you consider co-sponsoring H.R. 5704, which calls for a two year moratorium on scheduled physician payment reductions for imaging services and requires further study on patient access to imaging services.

Maintaining access to medical imaging is a life-saving privilege, which every American enjoys. We hope that you will work with us to ensure this holds true for future generations.

Impact

Impact

The first of the nine cuts slated to take place Jan. 1, 2007 results in 5% reduction in reimbursement. We estimate this to have a negative 17% impact on our outpatient Medicare patient payments in our practice initially, to say nothing of the eventual 40% reduction projected by 2015. 14% of the North Carolina population is on Medicare and these cuts will negatively impact 78,973 North Carolina employees. In addition, there are 460,660 TRICARE beneficiaries who will also have restricted access. This particularly affects our practice which serves a large military population (both retired and active) in Cumberland county, which is where Ft. Bragg and Pope Air Force Base are located. This will inevitably compromise our ability to provide care for this patient population and the patients will suffer in the end as a result of this limited access.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

The planned drastic reductions in the Medicare technical reimbursements for outpatient imaging included in the Deficit Reduction Act of 2005 (Section 5102(B)) are intolerable. Assuming private third party insurers and HMO's drop their reimbursements commensurately, we believe that many facilities similar to ours will be forced to close or severely limit their hours and/or services if these cuts take effect on January 1, 2007. The cuts found in the final version of the DRA were in neither the House nor the Senate versions of the legislation that passed each chamber, but were inserted into the bill during conference. Some of the payment cuts are as high as 50 percent for vitally important medical procedures such as MRI s of the brain which are used to diagnose brain tumors and PET/CT which could confirm that a mass is benign and obviate the need for expensive and unpleasant surgery. The DRA provision arbitrarily allows CMS to reimburse physicians for the technical component of imaging services at the lower of either the Medicare Physician Fee Schedule (MPFS) rate or the Hospital Outpatient Prospective Payment (HOPPS) rate. The HOPPS rate was never intended to reflect the costs of providing individual physician services and instead was developed to reimburse hospitals for related medical services, which are packaged and paid as a whole. The members of the North Carolina Radiological Society believe that picking and choosing between payment systems based on whichever is cheaper, invalidates and corrupts both systems, not only for imaging, but for all of medicine. This is not only bad policy, but methodologically unjustifiable.

Submitter : Dr. Sheryl Jordan
Organization : Carolina Regional Radiology
Category : Radiologist

Date: 09/27/2006

Issue Areas/Comments

Background

Background

The physicians of Carolina Regional Radiology in Fayetteville, NC are comprised of 21 board certified radiologists serving 4 non-profit county hospitals in addition to 2 outpatient imaging centers in southeastern North Carolina. We perform approximately 475,000 procedures per year in at least 5 counties. This includes all diagnostic imaging modalities (CT, MRI, Ultrasound, Nuclear Medicine, Mammography, PET/CT) as well as interventional and therapeutic procedures along with a clinical practice of radiology. Our patients receive the highest quality of care utilizing cutting edge technology and sub specialized physician skill and expertise. As we are sure you are aware, the state of the art equipment needed to provide quality care for our patients is extremely expensive. Advances in diagnostic medical imaging have no doubt improved the quality of care provided to millions of Medicare beneficiaries over the last several years. A rise in the utilization of imaging has prevented the need for more costly and invasive procedures further down the line in the continuum of patient care.

GENERAL

GENERAL

We request that you consider co-sponsoring H.R. 5704, which calls for a two year moratorium on scheduled physician payment reductions for imaging services and requires further study on patient access to imaging services.

Maintaining access to medical imaging is a life-saving privilege, which every American enjoys. We hope that you will work with us to ensure this holds true for future generations.

Impact

Impact

The first of the nine cuts slated to take place Jan. 1, 2007 results in 5% reduction in reimbursement. We estimate this to have a negative 17% impact on our outpatient Medicare patient payments in our practice initially, to say nothing of the eventual 40% reduction projected by 2015. 14% of the North Carolina population is on Medicare and these cuts will negatively impact 78,973 North Carolina employees. In addition, there are 460,660 TRICARE beneficiaries who will also have restricted access. This particularly affects our practice which serves a large military population (both retired and active) in Cumberland county, which is where Ft. Bragg and Pope Air Force Base are located. This will inevitably compromise our ability to provide care for this patient population and the patients will suffer in the end as a result of this limited access.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

The planned drastic reductions in the Medicare technical reimbursements for outpatient imaging included in the Deficit Reduction Act of 2005 (Section 5102(B)) are intolerable. Assuming private third party insurers and HMO's drop their reimbursements commensurately, we believe that many facilities similar to ours will be forced to close or severely limit their hours and/or services if these cuts take effect on January 1, 2007. The cuts found in the final version of the DRA were in neither the House nor the Senate versions of the legislation that passed each chamber, but were inserted into the bill during conference. Some of the payment cuts are as high as 50 percent for vitally important medical procedures such as MRI s of the brain which are used to diagnose brain tumors and PET/CT which could confirm that a mass is benign and obviate the need for expensive and unpleasant surgery. The DRA provision arbitrarily allows CMS to reimburse physicians for the technical component of imaging services at the lower of either the Medicare Physician Fee Schedule (MPFS) rate or the Hospital Outpatient Prospective Payment (HOPPS) rate. The HOPPS rate was never intended to reflect the costs of providing individual physician services and instead was developed to reimburse hospitals for related medical services, which are packaged and paid as a whole. The members of the North Carolina Radiological Society believe that picking and choosing between payment systems based on whichever is cheaper, invalidates and corrupts both systems, not only for imaging, but for all of medicine. This is not only bad policy, but methodologically unjustifiable.

Submitter : Dr. Jeffrey Kotzan
Organization : Carolina Regional Radiology
Category : Radiologist

Date: 09/27/2006

Issue Areas/Comments

Background

Background

The physicians of Carolina Regional Radiology in Fayetteville, NC are comprised of 21 board certified radiologists serving 4 non-profit county hospitals in addition to 2 outpatient imaging centers in southeastern North Carolina. We perform approximately 475,000 procedures per year in at least 5 counties. This includes all diagnostic imaging modalities (CT, MRI, Ultrasound, Nuclear Medicine, Mammography, PET/CT) as well as interventional and therapeutic procedures along with a clinical practice of radiology. Our patients receive the highest quality of care utilizing cutting edge technology and sub specialized physician skill and expertise. As we are sure you are aware, the state of the art equipment needed to provide quality care for our patients is extremely expensive. Advances in diagnostic medical imaging have no doubt improved the quality of care provided to millions of Medicare beneficiaries over the last several years. A rise in the utilization of imaging has prevented the need for more costly and invasive procedures further down the line in the continuum of patient care.

GENERAL

GENERAL

We request that you consider co-sponsoring H.R. 5704, which calls for a two year moratorium on scheduled physician payment reductions for imaging services and requires further study on patient access to imaging services.

Maintaining access to medical imaging is a life-saving privilege, which every American enjoys. We hope that you will work with us to ensure this holds true for future generations.

Impact

Impact

The first of the nine cuts slated to take place Jan. 1, 2007 results in 5% reduction in reimbursement. We estimate this to have a negative 17% impact on our outpatient Medicare patient payments in our practice initially, to say nothing of the eventual 40% reduction projected by 2015. 14% of the North Carolina population is on Medicare and these cuts will negatively impact 78,973 North Carolina employees. In addition, there are 460,660 TRICARE beneficiaries who will also have restricted access. This particularly affects our practice which serves a large military population (both retired and active) in Cumberland county, which is where Ft. Bragg and Pope Air Force Base are located. This will inevitably compromise our ability to provide care for this patient population and the patients will suffer in the end as a result of this limited access.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

The planned drastic reductions in the Medicare technical reimbursements for outpatient imaging included in the Deficit Reduction Act of 2005 (Section 5102(B)) are intolerable. Assuming private third party insurers and HMO's drop their reimbursements commensurately, we believe that many facilities similar to ours will be forced to close or severely limit their hours and/or services if these cuts take effect on January 1, 2007. The cuts found in the final version of the DRA were in neither the House nor the Senate versions of the legislation that passed each chamber, but were inserted into the bill during conference. Some of the payment cuts are as high as 50 percent for vitally important medical procedures such as MRI s of the brain which are used to diagnose brain tumors and PET/CT which could confirm that a mass is benign and obviate the need for expensive and unpleasant surgery. The DRA provision arbitrarily allows CMS to reimburse physicians for the technical component of imaging services at the lower of either the Medicare Physician Fee Schedule (MPFS) rate or the Hospital Outpatient Prospective Payment (HOPPS) rate. The HOPPS rate was never intended to reflect the costs of providing individual physician services and instead was developed to reimburse hospitals for related medical services, which are packaged and paid as a whole. The members of the North Carolina Radiological Society believe that picking and choosing between payment systems based on whichever is cheaper, invalidates and corrupts both systems, not only for imaging, but for all of medicine. This is not only bad policy, but methodologically unjustifiable.

Submitter : Dr. Thomas Meakem
Organization : Carolina Regional Radiology
Category : Radiologist

Date: 09/27/2006

Issue Areas/Comments

Background

Background

The physicians of Carolina Regional Radiology in Fayetteville, NC are comprised of 21 board certified radiologists serving 4 non-profit county hospitals in addition to 2 outpatient imaging centers in southeastern North Carolina. We perform approximately 475,000 procedures per year in at least 5 counties. This includes all diagnostic imaging modalities (CT, MRI, Ultrasound, Nuclear Medicine, Mammography, PET/CT) as well as interventional and therapeutic procedures along with a clinical practice of radiology. Our patients receive the highest quality of care utilizing cutting edge technology and sub specialized physician skill and expertise. As we are sure you are aware, the state of the art equipment needed to provide quality care for our patients is extremely expensive. Advances in diagnostic medical imaging have no doubt improved the quality of care provided to millions of Medicare beneficiaries over the last several years. A rise in the utilization of imaging has prevented the need for more costly and invasive procedures further down the line in the continuum of patient care.

GENERAL

GENERAL

We request that you consider co-sponsoring H.R. 5704, which calls for a two year moratorium on scheduled physician payment reductions for imaging services and requires further study on patient access to imaging services.

Maintaining access to medical imaging is a life-saving privilege, which every American enjoys. We hope that you will work with us to ensure this holds true for future generations.

Impact

Impact

The first of the nine cuts slated to take place Jan. 1, 2007 results in 5% reduction in reimbursement. We estimate this to have a negative 17% impact on our outpatient Medicare patient payments in our practice initially, to say nothing of the eventual 40% reduction projected by 2015. 14% of the North Carolina population is on Medicare and these cuts will negatively impact 78,973 North Carolina employees. In addition, there are 460,660 TRICARE beneficiaries who will also have restricted access. This particularly affects our practice which serves a large military population (both retired and active) in Cumberland county, which is where Ft. Bragg and Pope Air Force Base are located. This will inevitably compromise our ability to provide care for this patient population and the patients will suffer in the end as a result of this limited access.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

The planned drastic reductions in the Medicare technical reimbursements for outpatient imaging included in the Deficit Reduction Act of 2005 (Section 5102(B)) are intolerable. Assuming private third party insurers and HMO's drop their reimbursements commensurately, we believe that many facilities similar to ours will be forced to close or severely limit their hours and/or services if these cuts take effect on January 1, 2007. The cuts found in the final version of the DRA were in neither the House nor the Senate versions of the legislation that passed each chamber, but were inserted into the bill during conference. Some of the payment cuts are as high as 50 percent for vitally important medical procedures such as MRI s of the brain which are used to diagnose brain tumors and PET/CT which could confirm that a mass is benign and obviate the need for expensive and unpleasant surgery. The DRA provision arbitrarily allows CMS to reimburse physicians for the technical component of imaging services at the lower of either the Medicare Physician Fee Schedule (MPFS) rate or the Hospital Outpatient Prospective Payment (HOPPS) rate. The HOPPS rate was never intended to reflect the costs of providing individual physician services and instead was developed to reimburse hospitals for related medical services, which are packaged and paid as a whole. The members of the North Carolina Radiological Society believe that picking and choosing between payment systems based on whichever is cheaper, invalidates and corrupts both systems, not only for imaging, but for all of medicine. This is not only bad policy, but methodologically unjustifiable.

Submitter : Dr. Anna Miller

Date: 09/27/2006

Organization : Carolina Regional Radiology

Category : Radiologist

Issue Areas/Comments

Background

Background

The physicians of Carolina Regional Radiology in Fayetteville, NC are comprised of 21 board certified radiologists serving 4 non-profit county hospitals in addition to 2 outpatient imaging centers in southeastern North Carolina. We perform approximately 475,000 procedures per year in at least 5 counties. This includes all diagnostic imaging modalities (CT, MRI, Ultrasound, Nuclear Medicine, Mammography, PET/CT) as well as interventional and therapeutic procedures along with a clinical practice of radiology. Our patients receive the highest quality of care utilizing cutting edge technology and sub specialized physician skill and expertise. As we are sure you are aware, the state of the art equipment needed to provide quality care for our patients is extremely expensive. Advances in diagnostic medical imaging have no doubt improved the quality of care provided to millions of Medicare beneficiaries over the last several years. A rise in the utilization of imaging has prevented the need for more costly and invasive procedures further down the line in the continuum of patient care.

GENERAL

GENERAL

We request that you consider co-sponsoring H.R. 5704, which calls for a two year moratorium on scheduled physician payment reductions for imaging services and requires further study on patient access to imaging services.

Maintaining access to medical imaging is a life-saving privilege, which every American enjoys. We hope that you will work with us to ensure this holds true for future generations.

Impact

Impact

The first of the nine cuts slated to take place Jan. 1, 2007 results in 5% reduction in reimbursement. We estimate this to have a negative 17% impact on our outpatient Medicare patient payments in our practice initially, to say nothing of the eventual 40% reduction projected by 2015. 14% of the North Carolina population is on Medicare and these cuts will negatively impact 78,973 North Carolina employees. In addition, there are 460,660 TRICARE beneficiaries who will also have restricted access. This particularly affects our practice which serves a large military population (both retired and active) in Cumberland county, which is where Ft. Bragg and Pope Air Force Base are located. This will inevitably compromise our ability to provide care for this patient population and the patients will suffer in the end as a result of this limited access.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

The planned drastic reductions in the Medicare technical reimbursements for outpatient imaging included in the Deficit Reduction Act of 2005 (Section 5102(B)) are intolerable. Assuming private third party insurers and HMO's drop their reimbursements commensurately, we believe that many facilities similar to ours will be forced to close or severely limit their hours and/or services if these cuts take effect on January 1, 2007. The cuts found in the final version of the DRA were in neither the House nor the Senate versions of the legislation that passed each chamber, but were inserted into the bill during conference. Some of the payment cuts are as high as 50 percent for vitally important medical procedures such as MRI s of the brain which are used to diagnose brain tumors and PET/CT which could confirm that a mass is benign and obviate the need for expensive and unpleasant surgery. The DRA provision arbitrarily allows CMS to reimburse physicians for the technical component of imaging services at the lower of either the Medicare Physician Fee Schedule (MPFS) rate or the Hospital Outpatient Prospective Payment (HOPPS) rate. The HOPPS rate was never intended to reflect the costs of providing individual physician services and instead was developed to reimburse hospitals for related medical services, which are packaged and paid as a whole. The members of the North Carolina Radiological Society believe that picking and choosing between payment systems based on whichever is cheaper, invalidates and corrupts both systems, not only for imaging, but for all of medicine. This is not only bad policy, but methodologically unjustifiable.

Submitter : Dr. Leroy Roberts
Organization : Carolina Regional Radiology
Category : Radiologist

Date: 09/27/2006

Issue Areas/Comments

Background

Background

The physicians of Carolina Regional Radiology in Fayetteville, NC are comprised of 21 board certified radiologists serving 4 non-profit county hospitals in addition to 2 outpatient imaging centers in southeastern North Carolina. We perform approximately 475,000 procedures per year in at least 5 counties. This includes all diagnostic imaging modalities (CT, MRI, Ultrasound, Nuclear Medicine, Mammography, PET/CT) as well as interventional and therapeutic procedures along with a clinical practice of radiology. Our patients receive the highest quality of care utilizing cutting edge technology and sub specialized physician skill and expertise. As we are sure you are aware, the state of the art equipment needed to provide quality care for our patients is extremely expensive. Advances in diagnostic medical imaging have no doubt improved the quality of care provided to millions of Medicare beneficiaries over the last several years. A rise in the utilization of imaging has prevented the need for more costly and invasive procedures further down the line in the continuum of patient care.

GENERAL

GENERAL

We request that you consider co-sponsoring H.R. 5704, which calls for a two year moratorium on scheduled physician payment reductions for imaging services and requires further study on patient access to imaging services.

Maintaining access to medical imaging is a life-saving privilege, which every American enjoys. We hope that you will work with us to ensure this holds true for future generations.

Impact

Impact

The first of the nine cuts slated to take place Jan. 1, 2007 results in 5% reduction in reimbursement. We estimate this to have a negative 17% impact on our outpatient Medicare patient payments in our practice initially, to say nothing of the eventual 40% reduction projected by 2015. 14% of the North Carolina population is on Medicare and these cuts will negatively impact 78,973 North Carolina employees. In addition, there are 460,660 TRICARE beneficiaries who will also have restricted access. This particularly affects our practice which serves a large military population (both retired and active) in Cumberland county, which is where Ft. Bragg and Pope Air Force Base are located. This will inevitably compromise our ability to provide care for this patient population and the patients will suffer in the end as a result of this limited access.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

The planned drastic reductions in the Medicare technical reimbursements for outpatient imaging included in the Deficit Reduction Act of 2005 (Section 5102(B)) are intolerable. Assuming private third party insurers and HMO's drop their reimbursements commensurately, we believe that many facilities similar to ours will be forced to close or severely limit their hours and/or services if these cuts take effect on January 1, 2007. The cuts found in the final version of the DRA were in neither the House nor the Senate versions of the legislation that passed each chamber, but were inserted into the bill during conference. Some of the payment cuts are as high as 50 percent for vitally important medical procedures such as MRI s of the brain which are used to diagnose brain tumors and PET/CT which could confirm that a mass is benign and obviate the need for expensive and unpleasant surgery. The DRA provision arbitrarily allows CMS to reimburse physicians for the technical component of imaging services at the lower of either the Medicare Physician Fee Schedule (MPFS) rate or the Hospital Outpatient Prospective Payment (HOPPS) rate. The HOPPS rate was never intended to reflect the costs of providing individual physician services and instead was developed to reimburse hospitals for related medical services, which are packaged and paid as a whole. The members of the North Carolina Radiological Society believe that picking and choosing between payment systems based on whichever is cheaper, invalidates and corrupts both systems, not only for imaging, but for all of medicine. This is not only bad policy, but methodologically unjustifiable.

Submitter : Hsin Lu
Organization : Methodist Hospital Radiation Oncology Associated
Category : Physician

Date: 09/27/2006

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-328-Attach-1.DOC

September 22, 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.

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 56%, as illustrated in Table 1.

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 higher than HDR Breast Brachytherapy. HDR treatment is extremely beneficial for the patient because it irradiates considerably less healthy tissue and allows the patient 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 and calculate the patient's treatment. The proposed cuts in RVUs are insufficient to cover the cost and time required to administer HDR breast brachytherapy and will result in limited access to this radiation treatment for women who are Medicare beneficiaries.

TABLE 1

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%
TOTALS				\$12,562		(\$7,049)	-56%

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

In summary, 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 time necessary 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 professional society so that they may 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,

Hsin Lu, MD

Hsin Lu, MD
 Methodist Hospital
 6565 Fannin, MS 121B
 Houston, TX 77030
 (713) 790-2637, ext. 123

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

W. Robert Lee, MD, President, American Brachytherapy Society

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

Prabhakar Tripuraneni, M.D., Chair, American Society of Therapeutic Radiation
and Oncology

Submitter : Dr. Richard Roux
Organization : Carolina Regional Radiology
Category : Radiologist

Date: 09/27/2006

Issue Areas/Comments

Background

Background

The physicians of Carolina Regional Radiology in Fayetteville, NC are comprised of 21 board certified radiologists serving 4 non-profit county hospitals in addition to 2 outpatient imaging centers in southeastern North Carolina. We perform approximately 475,000 procedures per year in at least 5 counties. This includes all diagnostic imaging modalities (CT, MRI, Ultrasound, Nuclear Medicine, Mammography, PET/CT) as well as interventional and therapeutic procedures along with a clinical practice of radiology. Our patients receive the highest quality of care utilizing cutting edge technology and sub specialized physician skill and expertise. As we are sure you are aware, the state of the art equipment needed to provide quality care for our patients is extremely expensive. Advances in diagnostic medical imaging have no doubt improved the quality of care provided to millions of Medicare beneficiaries over the last several years. A rise in the utilization of imaging has prevented the need for more costly and invasive procedures further down the line in the continuum of patient care.

GENERAL

GENERAL

We request that you consider co-sponsoring H.R. 5704, which calls for a two year moratorium on scheduled physician payment reductions for imaging services and requires further study on patient access to imaging services.

Maintaining access to medical imaging is a life-saving privilege, which every American enjoys. We hope that you will work with us to ensure this holds true for future generations.

Impact

Impact

The first of the nine cuts slated to take place Jan. 1, 2007 results in 5% reduction in reimbursement. We estimate this to have a negative 17% impact on our outpatient Medicare patient payments in our practice initially, to say nothing of the eventual 40% reduction projected by 2015. 14% of the North Carolina population is on Medicare and these cuts will negatively impact 78,973 North Carolina employees. In addition, there are 460,660 TRICARE beneficiaries who will also have restricted access. This particularly affects our practice which serves a large military population (both retired and active) in Cumberland county, which is where Ft. Bragg and Pope Air Force Base are located. This will inevitably compromise our ability to provide care for this patient population and the patients will suffer in the end as a result of this limited access.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

The planned drastic reductions in the Medicare technical reimbursements for outpatient imaging included in the Deficit Reduction Act of 2005 (Section 5102(B)) are intolerable. Assuming private third party insurers and HMO's drop their reimbursements commensurately, we believe that many facilities similar to ours will be forced to close or severely limit their hours and/or services if these cuts take effect on January 1, 2007. The cuts found in the final version of the DRA were in neither the House nor the Senate versions of the legislation that passed each chamber, but were inserted into the bill during conference. Some of the payment cuts are as high as 50 percent for vitally important medical procedures such as MRI s of the brain which are used to diagnose brain tumors and PET/CT which could confirm that a mass is benign and obviate the need for expensive and unpleasant surgery. The DRA provision arbitrarily allows CMS to reimburse physicians for the technical component of imaging services at the lower of either the Medicare Physician Fee Schedule (MPFS) rate or the Hospital Outpatient Prospective Payment (HOPPS) rate. The HOPPS rate was never intended to reflect the costs of providing individual physician services and instead was developed to reimburse hospitals for related medical services, which are packaged and paid as a whole. The members of the North Carolina Radiological Society believe that picking and choosing between payment systems based on whichever is cheaper, invalidates and corrupts both systems, not only for imaging, but for all of medicine. This is not only bad policy, but methodologically unjustifiable.

Submitter : Dr. James Shearer
Organization : Carolina Regional Radiology
Category : Radiologist

Date: 09/27/2006

Issue Areas/Comments

Background

Background

The physicians of Carolina Regional Radiology in Fayetteville, NC are comprised of 21 board certified radiologists serving 4 non-profit county hospitals in addition to 2 outpatient imaging centers in southeastern North Carolina. We perform approximately 475,000 procedures per year in at least 5 counties. This includes all diagnostic imaging modalities (CT, MRI, Ultrasound, Nuclear Medicine, Mammography, PET/CT) as well as interventional and therapeutic procedures along with a clinical practice of radiology. Our patients receive the highest quality of care utilizing cutting edge technology and sub specialized physician skill and expertise. As we are sure you are aware, the state of the art equipment needed to provide quality care for our patients is extremely expensive. Advances in diagnostic medical imaging have no doubt improved the quality of care provided to millions of Medicare beneficiaries over the last several years. A rise in the utilization of imaging has prevented the need for more costly and invasive procedures further down the line in the continuum of patient care.

GENERAL

GENERAL

We request that you consider co-sponsoring H.R. 5704, which calls for a two year moratorium on scheduled physician payment reductions for imaging services and requires further study on patient access to imaging services.

Maintaining access to medical imaging is a life-saving privilege, which every American enjoys. We hope that you will work with us to ensure this holds true for future generations.

Impact

Impact

The first of the nine cuts slated to take place Jan. 1, 2007 results in 5% reduction in reimbursement. We estimate this to have a negative 17% impact on our outpatient Medicare patient payments in our practice initially, to say nothing of the eventual 40% reduction projected by 2015. 14% of the North Carolina population is on Medicare and these cuts will negatively impact 78,973 North Carolina employees. In addition, there are 460,660 TRICARE beneficiaries who will also have restricted access. This particularly affects our practice which serves a large military population (both retired and active) in Cumberland county, which is where Ft. Bragg and Pope Air Force Base are located. This will inevitably compromise our ability to provide care for this patient population and the patients will suffer in the end as a result of this limited access.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

The planned drastic reductions in the Medicare technical reimbursements for outpatient imaging included in the Deficit Reduction Act of 2005 (Section 5102(B)) are intolerable. Assuming private third party insurers and HMO's drop their reimbursements commensurately, we believe that many facilities similar to ours will be forced to close or severely limit their hours and/or services if these cuts take effect on January 1, 2007. The cuts found in the final version of the DRA were in neither the House nor the Senate versions of the legislation that passed each chamber, but were inserted into the bill during conference. Some of the payment cuts are as high as 50 percent for vitally important medical procedures such as MRI s of the brain which are used to diagnose brain tumors and PET/CT which could confirm that a mass is benign and obviate the need for expensive and unpleasant surgery. The DRA provision arbitrarily allows CMS to reimburse physicians for the technical component of imaging services at the lower of either the Medicare Physician Fee Schedule (MPFS) rate or the Hospital Outpatient Prospective Payment (HOPPS) rate. The HOPPS rate was never intended to reflect the costs of providing individual physician services and instead was developed to reimburse hospitals for related medical services, which are packaged and paid as a whole. The members of the North Carolina Radiological Society believe that picking and choosing between payment systems based on whichever is cheaper, invalidates and corrupts both systems, not only for imaging, but for all of medicine. This is not only bad policy, but methodologically unjustifiable.

Submitter : Dr. Bryant Thorpe
Organization : Carolina Regional Radiology
Category : Radiologist

Date: 09/27/2006

Issue Areas/Comments

Background

Background

The physicians of Carolina Regional Radiology in Fayetteville, NC are comprised of 21 board certified radiologists serving 4 non-profit county hospitals in addition to 2 outpatient imaging centers in southeastern North Carolina. We perform approximately 475,000 procedures per year in at least 5 counties. This includes all diagnostic imaging modalities (CT, MRI, Ultrasound, Nuclear Medicine, Mammography, PET/CT) as well as interventional and therapeutic procedures along with a clinical practice of radiology. Our patients receive the highest quality of care utilizing cutting edge technology and sub specialized physician skill and expertise. As we are sure you are aware, the state of the art equipment needed to provide quality care for our patients is extremely expensive. Advances in diagnostic medical imaging have no doubt improved the quality of care provided to millions of Medicare beneficiaries over the last several years. A rise in the utilization of imaging has prevented the need for more costly and invasive procedures further down the line in the continuum of patient care.

GENERAL

GENERAL

We request that you consider co-sponsoring H.R. 5704, which calls for a two year moratorium on scheduled physician payment reductions for imaging services and requires further study on patient access to imaging services.

Maintaining access to medical imaging is a life-saving privilege, which every American enjoys. We hope that you will work with us to ensure this holds true for future generations.

Impact

Impact

The first of the nine cuts slated to take place Jan. 1, 2007 results in 5% reduction in reimbursement. We estimate this to have a negative 17% impact on our outpatient Medicare patient payments in our practice initially, to say nothing of the eventual 40% reduction projected by 2015. 14% of the North Carolina population is on Medicare and these cuts will negatively impact 78,973 North Carolina employees. In addition, there are 460,660 TRICARE beneficiaries who will also have restricted access. This particularly affects our practice which serves a large military population (both retired and active) in Cumberland county, which is where Ft. Bragg and Pope Air Force Base are located. This will inevitably compromise our ability to provide care for this patient population and the patients will suffer in the end as a result of this limited access.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

The planned drastic reductions in the Medicare technical reimbursements for outpatient imaging included in the Deficit Reduction Act of 2005 (Section 5102(B)) are intolerable. Assuming private third party insurers and HMO's drop their reimbursements commensurately, we believe that many facilities similar to ours will be forced to close or severely limit their hours and/or services if these cuts take effect on January 1, 2007. The cuts found in the final version of the DRA were in neither the House nor the Senate versions of the legislation that passed each chamber, but were inserted into the bill during conference. Some of the payment cuts are as high as 50 percent for vitally important medical procedures such as MRI s of the brain which are used to diagnose brain tumors and PET/CT which could confirm that a mass is benign and obviate the need for expensive and unpleasant surgery. The DRA provision arbitrarily allows CMS to reimburse physicians for the technical component of imaging services at the lower of either the Medicare Physician Fee Schedule (MPFS) rate or the Hospital Outpatient Prospective Payment (HOPPS) rate. The HOPPS rate was never intended to reflect the costs of providing individual physician services and instead was developed to reimburse hospitals for related medical services, which are packaged and paid as a whole. The members of the North Carolina Radiological Society believe that picking and choosing between payment systems based on whichever is cheaper, invalidates and corrupts both systems, not only for imaging, but for all of medicine. This is not only bad policy, but methodologically unjustifiable.

Submitter : Dr. Terri Zacco
Organization : Carolina Regional Radiology
Category : Radiologist

Date: 09/27/2006

Issue Areas/Comments

Background

Background

The physicians of Carolina Regional Radiology in Fayetteville, NC are comprised of 21 board certified radiologists serving 4 non-profit county hospitals in addition to 2 outpatient imaging centers in southeastern North Carolina. We perform approximately 475,000 procedures per year in at least 5 counties. This includes all diagnostic imaging modalities (CT, MRI, Ultrasound, Nuclear Medicine, Mammography, PET/CT) as well as interventional and therapeutic procedures along with a clinical practice of radiology. Our patients receive the highest quality of care utilizing cutting edge technology and sub specialized physician skill and expertise. As we are sure you are aware, the state of the art equipment needed to provide quality care for our patients is extremely expensive. Advances in diagnostic medical imaging have no doubt improved the quality of care provided to millions of Medicare beneficiaries over the last several years. A rise in the utilization of imaging has prevented the need for more costly and invasive procedures further down the line in the continuum of patient care.

GENERAL

GENERAL

We request that you consider co-sponsoring H.R. 5704, which calls for a two year moratorium on scheduled physician payment reductions for imaging services and requires further study on patient access to imaging services.

Maintaining access to medical imaging is a life-saving privilege, which every American enjoys. We hope that you will work with us to ensure this holds true for future generations.

Impact

Impact

The first of the nine cuts slated to take place Jan. 1, 2007 results in 5% reduction in reimbursement. We estimate this to have a negative 17% impact on our outpatient Medicare patient payments in our practice initially, to say nothing of the eventual 40% reduction projected by 2015. 14% of the North Carolina population is on Medicare and these cuts will negatively impact 78,973 North Carolina employees. In addition, there are 460,660 TRICARE beneficiaries who will also have restricted access. This particularly affects our practice which serves a large military population (both retired and active) in Cumberland county, which is where Ft. Bragg and Pope Air Force Base are located. This will inevitably compromise our ability to provide care for this patient population and the patients will suffer in the end as a result of this limited access.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

The planned drastic reductions in the Medicare technical reimbursements for outpatient imaging included in the Deficit Reduction Act of 2005 (Section 5102(B)) are intolerable. Assuming private third party insurers and HMO's drop their reimbursements commensurately, we believe that many facilities similar to ours will be forced to close or severely limit their hours and/or services if these cuts take effect on January 1, 2007. The cuts found in the final version of the DRA were in neither the House nor the Senate versions of the legislation that passed each chamber, but were inserted into the bill during conference. Some of the payment cuts are as high as 50 percent for vitally important medical procedures such as MRI s of the brain which are used to diagnose brain tumors and PET/CT which could confirm that a mass is benign and obviate the need for expensive and unpleasant surgery. The DRA provision arbitrarily allows CMS to reimburse physicians for the technical component of imaging services at the lower of either the Medicare Physician Fee Schedule (MPFS) rate or the Hospital Outpatient Prospective Payment (HOPPS) rate. The HOPPS rate was never intended to reflect the costs of providing individual physician services and instead was developed to reimburse hospitals for related medical services, which are packaged and paid as a whole. The members of the North Carolina Radiological Society believe that picking and choosing between payment systems based on whichever is cheaper, invalidates and corrupts both systems, not only for imaging, but for all of medicine. This is not only bad policy, but methodologically unjustifiable.

Submitter : Dr. Mark Zalaznik
Organization : Carolina Regional Radiology
Category : Radiologist

Date: 09/27/2006

Issue Areas/Comments

Background

Background

The physicians of Carolina Regional Radiology in Fayetteville, NC are comprised of 21 board certified radiologists serving 4 non-profit county hospitals in addition to 2 outpatient imaging centers in southeastern North Carolina. We perform approximately 475,000 procedures per year in at least 5 counties. This includes all diagnostic imaging modalities (CT, MRI, Ultrasound, Nuclear Medicine, Mammography, PET/CT) as well as interventional and therapeutic procedures along with a clinical practice of radiology. Our patients receive the highest quality of care utilizing cutting edge technology and sub specialized physician skill and expertise. As we are sure you are aware, the state of the art equipment needed to provide quality care for our patients is extremely expensive. Advances in diagnostic medical imaging have no doubt improved the quality of care provided to millions of Medicare beneficiaries over the last several years. A rise in the utilization of imaging has prevented the need for more costly and invasive procedures further down the line in the continuum of patient care.

GENERAL

GENERAL

We request that you consider co-sponsoring H.R. 5704, which calls for a two year moratorium on scheduled physician payment reductions for imaging services and requires further study on patient access to imaging services.

Maintaining access to medical imaging is a life-saving privilege, which every American enjoys. We hope that you will work with us to ensure this holds true for future generations.

Impact

Impact

The first of the nine cuts slated to take place Jan. 1, 2007 results in 5% reduction in reimbursement. We estimate this to have a negative 17% impact on our outpatient Medicare patient payments in our practice initially, to say nothing of the eventual 40% reduction projected by 2015. 14% of the North Carolina population is on Medicare and these cuts will negatively impact 78,973 North Carolina employees. In addition, there are 460,660 TRICARE beneficiaries who will also have restricted access. This particularly affects our practice which serves a large military population (both retired and active) in Cumberland county, which is where Ft. Bragg and Pope Air Force Base are located. This will inevitably compromise our ability to provide care for this patient population and the patients will suffer in the end as a result of this limited access.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

The planned drastic reductions in the Medicare technical reimbursements for outpatient imaging included in the Deficit Reduction Act of 2005 (Section 5102(B)) are intolerable. Assuming private third party insurers and HMO's drop their reimbursements commensurately, we believe that many facilities similar to ours will be forced to close or severely limit their hours and/or services if these cuts take effect on January 1, 2007. The cuts found in the final version of the DRA were in neither the House nor the Senate versions of the legislation that passed each chamber, but were inserted into the bill during conference. Some of the payment cuts are as high as 50 percent for vitally important medical procedures such as MRI s of the brain which are used to diagnose brain tumors and PET/CT which could confirm that a mass is benign and obviate the need for expensive and unpleasant surgery. The DRA provision arbitrarily allows CMS to reimburse physicians for the technical component of imaging services at the lower of either the Medicare Physician Fee Schedule (MPFS) rate or the Hospital Outpatient Prospective Payment (HOPPS) rate. The HOPPS rate was never intended to reflect the costs of providing individual physician services and instead was developed to reimburse hospitals for related medical services, which are packaged and paid as a whole. The members of the North Carolina Radiological Society believe that picking and choosing between payment systems based on whichever is cheaper, invalidates and corrupts both systems, not only for imaging, but for all of medicine. This is not only bad policy, but methodologically unjustifiable.

Submitter : Dr. Jeffrey Demanes
Organization : Dr. Jeffrey Demanes
Category : Physician

Date: 09/27/2006

Issue Areas/Comments

GENERAL

GENERAL

"See Attachment"

CMS-1321-P-334-Attach-1.DOC

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 opinion 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 vital therapy 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 encompasses Breast and Prostrate cancer. 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. 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.

I strongly recommend that CMS maintain the brachytherapy codes as is, and, if needed, make alternative adjustments in the physician fee schedule to manage budgetary concerns. 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 Demanes, MD

Jeffrey Demanes, MD
Radiation Oncologist
California Endocurietherapy
3012 Summit Street
Suite 2675
Oakland, CA 94609

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

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

cc: American Brachytherapy Society
W. Robert Lee, MD, President, American Brachytherapy Society

Submitter : Dr. Eric Olyejar
Organization : Ironwood Cancer and Research Center
Category : Physician

Date: 09/27/2006

Issue Areas/Comments

GENERAL

GENERAL

"See Attachment"

CMS-1321-P-335-Attach-1.DOC

1770007
335

September 28, 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.

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, would make it impossible 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, gynecological, head and neck, lung, and esophageal cancers. 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.

The CPT 77781 code requires a tremendous amount of staff and physician time and work, not to mention overhead associated with each delivery. For example, both the NRC and our state (rightly so) require that a medical physicist and physician be present for all remote afterloader deliveries. Additionally the source requires frequent (typically quarterly) replacement which is a tremendous expense, recovered solely within the 77781 code. A 74% reduction in 77781 is absolutely unreasonable and will preclude the vast majority of centers, including ours, from offering high dose rate brachytherapy to Medicare beneficiaries.

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	1	4.41	\$167	4.16	(\$18)	-10%

	treatment planning, complex						
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 Breast External Beam Radiation Therapy where women must endure 6 weeks of radiation. Alternatively, the RVUs for a course of External Beam will 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 limiting access to this radiation treatment for women who are Medicare beneficiaries. Comparatively, equal or more work is involved for a patient treated with brachytherapy when compared to an entire course with External Beam Radiation and each should be given at least equal RVU weight.

My recommendation is that CMS reconsider the proposed RVU reduction for brachytherapy. Please consider an increase in the brachytherapy codes, or if needed at most, 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,

S. Eric Olyejar, MD

S. Eric Olyejar, MD
Radiation Oncologist
Ironwood Cancer and Research Center
695 S Dobson Rd
Chandler, AZ 85224

cc: Senator John Kyl, AZ, (R)

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. Peter Sien
Organization : Prigge Radiation Oncology Center
Category : Physician

Date: 09/27/2006

Issue Areas/Comments

GENERAL

GENERAL

"See Attachment"

CMS-1321-P-336-Attach-1.DOC

ATTN#
336

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 time 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 reductions in RVUs along with the conversion factor reduction will make 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. Brachytherapy is a valuable and important service that must be available to Medicare beneficiaries when clinically appropriate. I strongly urge CMS 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. 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.

I formally recommend that CMS reconsider the proposed RVU reduction for brachytherapy. Please maintain the current brachytherapy codes at their value, and, if needed, make a reduction to the conversion factor. I appreciate your careful consideration and review in this important matter and request CMS to reconsider the significant impact the proposal outlines.

Sincerely,

Peter Sien, MD

Peter Sien, MD
Radiation Oncologist
Prigge Radiation Oncology Ctr
1316 Nelson Avenue
Modesto, CA 95350

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

Submitter : Dr. Laura Della Vecchia

Date: 09/27/2006

Organization : Dr. Laura Della Vecchia

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1321-P-337-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,

Laura Della Vecchia, MD

Laura Della Vecchia, MD
43331 Commons Drive
Clinton Twp, MI 48038
586-263-5410

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 : Dr. Laura Della Vecchia

Date: 09/27/2006

Organization : Dr. Laura Della Vecchia

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1321-P-337-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,

Laura Della Vecchia, MD

Laura Della Vecchia, MD
43331 Commons Drive
Clinton Twp, MI 48038
586-263-5410

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