Submitter : **Dr. robert meckelnburg** **Date: 10/02/2006**

Organization : **Dr. robert meckelnburg**

Category : **Physician**

Issue Areas/Comments

Background

Background

This ruling will effect medicare subscribers access to Dexa studies. Since this type of study is vital to the health of seniors especially the women, I believe this is a move in the wrong direction.

GENERAL

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I believe it is wrong to possibly restrict access to a study that has so much influence on the health of the patient, particulary when the impact of the disease in question can be so devasting to the individual,i.e. hip fracture with an almost 50% mortality in the first year after fracture.

Impact

Impact

the rule proposes a practice expense methodology change. The change is also part of adeficit reduction proposal. The conversionfactor reduction would now be increased from 4.6% to 5.1%

Provisions of the Proposed Rule

Provisions of the Proposed Rule

Under this guideline the bone mineral density testing technical component uses the hospital outpatient proposed amount of 2.53, as the proposed amount which islower than the physician fee schedule. Since the hospital is not involved in the deficit reduction this seems unfair.The reduction from the conversiop0n factor is proposed to be increased from4.6
Both the work component, including physician time and intensity and the technical component have significantly increased in the past few years We never previously performed vertebral assesement for fracture collapse and we never previously analysed the femoral shaft bone around a prosthesis, now all considered a standard part of the Dexa study.

Submitter :

Date: 10/02/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

"SEE ATTACHMENT"
Juan Salazar, MD

CMS-1321-P-372-Attach-1.DOC

Submitter :

Date: 10/02/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

"SEE ATTACHMENT"
Robert Murray, MD

CMS-1321-P-384-Attach-1.DOC

1H4CMS
384

MOSES CONE HEALTH SYSTEM
REGIONAL CANCER CENTER
501 North Elam Avenue
Greensboro, NC 27403-1199
Phone: 336.832.1100
Fax 336.832.0624

Radiation Oncology
Robert J. Murray, M.D.
James D. Kinard, PhD, M.D.
Justin J. Wu, M.D.
Matthew A. Manning, M.D.
Nancy M. Bednarz, M.D.

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 - Rule: Physician Fee Schedule

Dear Administrator,

Thank you for allowing me the opportunity to provide comments on file #CMS-1321-P for the CY 2007 / 2008 CMS proposed Physician Fee Schedule Rule. I have some serious concerns regarding your proposed changes.

Under the proposed rule, professional reimbursement (work RVU) is slated to be significantly reduced for Radiation Oncologists treating with brachytherapy services in the OP Hospital Setting (2006 work RVU = 0.53 -- 2007 work RVU cut proposed = 0.33). The work RVU is very important to treating Physicians because it makes up the greatest portion (52%) of the RBRVS system. The work RVU comprises the Physician's time to perform a service, technical skill & physical effort, mental effort & judgment, as well as psychological stress associated with the Physician's concern about iatrogenic risk to the patient. CMS must preserve the work RVU on the professional side for Medicare patients to continue to have brachytherapy services available.

Other anticipated reductions include CPT Code 77781 (proposed to reduce approximately 26%) and a proposed conversion factor reduction slated to decrease by 5.1%. These reductions will be a significant problem for remote afterloading high intensity brachytherapy; 1-4 source positions or catheters.

Brachytherapy is an important procedure offered to Medicare beneficiaries diagnosed with early stage breast cancer. Radiation Oncologists want to continue offering brachytherapy to the Medicare beneficiaries but will not be able to continue scheduling patients for this service if payment is reduced.

Medicare patients deserve the right to have access to brachytherapy services. CMS should set a goal to preserve the 2006 work RVU on the professional side and prevent any reductions on CPT code 77781. Thank you for heeding these recommendations. We would like to continue servicing your Medicare beneficiaries.

Robert Murray, 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)

Submitter :

Date: 10/02/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

"see attachment"

Matt Manning, MD

CMS-1321-P-385-Attach-1.DOC

Attach 385

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Radiation Oncology
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Matthew Manning, MD

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Submitter :

Date: 10/02/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

"see attachment"
James Kinard, MD

CMS-1321-P-386-Attach-1.DOC

Submitter : **Dr. robert meckelnburg** **Date: 10/02/2006**

Organization : **Dr. robert meckelnburg**

Category : **Physician**

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Issue Areas/Comments

GENERAL

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"SEE ATTACHMENT"
Juan Salazar, MD

CMS-1321-P-372-Attach-1.DOC

salazar
santiago
villegas
sabates, & cabral, p.a.

CMS-1321-P
372

BRAULIO SABATES, M.D., F.A.C.S.
JUAN SALAZAR, M.D., F.A.C.S.
CARLOS SANTIAGO, M.D., F.A.C.S.
SERGIO VILLEGAS, M.D., F.A.C.S.
AMADEO H. CABRAL, M.D., F.A.C.S.
GENERAL, VASCULAR, ONCOLOGIC & LAPAROSCOPIC SURGERY

September 25, 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:

We appreciate the opportunity to provide comment on the CMS proposed Physician Rule #CMS-1321-P. We would like to highlight the negative impact these proposed rates will have on breast conservation therapy since we currently recommend a 5-day radiation therapy treatment option (balloon brachytherapy) for clinically specific Medicare beneficiaries.

CMS has proposed drastic cuts in the RVUs assigned to the global fee schedule for breast brachytherapy. The RVUs are scheduled to reduce each year in the transition period and the total reduction for this treatment is -31% as illustrated in the table below. This is unacceptable. We find the patients are more compliant with breast brachytherapy versus the standard course of radiation treatments which can run from 6-8 weeks.

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Because of the time involved in planning and catheter implantation along with device cost, the proposed RVU reduction will result in this procedure no longer being available as an option for Medicare women. The cost of the procedure will exceed the proposed reimbursement and the patient will be forced to have the procedure in the hospital – which is a significant waste of healthcare dollars. The office is the preferred site of service, and office placement should be the site of choice to reduce unnecessary Operating Room costs.

There are several RVUs that are decreasing by more than 5%. I recommend that CMS implement a floor of 5% reduction and this floor 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 am willing to provide data to my specialty society so that they may in turn provide the necessary data to CMS and the RUC. This will help CMS make a more informed proposal in the readjustment of the RVUs which apply to breast brachytherapy.

Thank you in advance for your assistance,

Juan Salazar, M.D. F.A.C.S.

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

Submitter :

Date: 10/02/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

"SEE ATTACHMENT"
Braulio Sabates, MD

CMS-1321-P-373-Attach-1.DOC

salazar
santiago
villegas
sabates, & cabral, p.a.

CMS-1321-P
372

BRAULIO SABATES, M.D., F.A.C.S.
JUAN SALAZAR, M.D., F.A.C.S.
CARLOS SANTIAGO, M.D., F.A.C.S.
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AMADEO H. CABRAL, M.D., F.A.C.S.
GENERAL, VASCULAR, ONCOLOGIC & LAPAROSCOPIC SURGERY

September 25, 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:

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Thank you in advance for your assistance.

Braulio Sabates, M.D., F.A.C.S.

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Senator Dianne Feinstein, Co-Chair, Senate Cancer Committee
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Helen Pass, MD, FACS, President, American Society of Breast Surgeons
Mark A. Malangoni, MD, FACS, Chair, American College of Surgeons

Submitter : **Dr. Dennis Olson** **Date: 10/02/2006**

Organization : **Dennis H. Olson, M.D.**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1321-P-374-Attach-1.DOC

Attachment
314

September 29, 2006

Mark B. McClellan, MD, PhD
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1512-PN
P.O. Box 8010
Baltimore, MD 21244-8010

RE: 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 – **"DRA Proposals."**

Dear Dr. McClellan:

As a vascular surgeon who practices in Wheat Ridge and Denver, CO and as a member of the Society for Vascular Surgery (SVS), I am writing in response to the publication of 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, specifically the section regarding implementation of Section 5102 (b) (1) of the Deficit Reduction Act (DRA) and the list of imaging services that the Centers for Medicare and Medicaid Services (CMS) has included within the scope of "imaging services" defined by the DRA provision.

I am concerned that CMS has proposed to include non-invasive vascular diagnostic studies, CPT codes 93875 – 93990 and G-code 0365, in the list of imaging codes that are defined by Section 5102(b) of the DRA when in fact these studies contain no imaging or are predominately non-imaging in nature. Given the inclusion criteria that CMS has proposed, there are numerous reasons that these studies should not be listed in Addendum F.

The CPT manual is very clear that non-invasive physiologic studies are performed using equipment that is separate and distinct from the duplex scanner. In a vascular surgeon's practice, we perform physiologic studies on Medicare patients where there are signs and symptoms of peripheral arterial disease and we use physiologic vascular studies, CPT codes 93922, 93923 and 93924 to confirm presence of disease, assess the severity, allow accurate delineation of prognosis and provide a measure of effectiveness of treatments including exercise programs, percutaneous intervention and bypass surgery. Because these codes **do not contain imaging**, CMS should remove them from the list of services included under the imaging provisions of the DRA in the Final Rule, just as it has done in the proposed rule for nuclear medicine services that are "non-imaging diagnostic services" and radiation oncology services that are "not imaging services".

CMS should also exclude duplex scans of arteries (CPT codes 93880, 93883, 93925, 93926, 93930, 93931 and 93990) from DRA because the most important component of these procedures is collection of Doppler velocity data, **a non-imaging ultrasound modality**. For example, CPT 93880 is a non-invasive duplex scan of extracranial arteries; a complete bilateral study. B-mode imaging ultrasound is used to find the arteries in the neck, but non-imaging Doppler-based blood flow velocities are the most important data collected during the exam. Non-imaging Doppler-based blood flow velocities are the most important elements on which arterial stenosis measurements are based, and the stenosis determination is the criterion on which clinical treatment decisions are made. In summary, the single main reason for "imaging" in the carotid duplex scan is to find the correct location to obtain Doppler velocity measurements.

In addition, I believe there is confusion regarding the term "Doppler" and the information that this modality provides to a vascular surgeon for use in diagnosing vascular disease. There are several forms of Doppler ultrasound used in non-invasive vascular diagnosis (continuous-wave Doppler, pulsed-wave Doppler, color-flow Doppler velocity mapping), but all Doppler modalities have one thing in common – they measure blood flow. In the absence of blood flow, the Doppler measures nothing: there is no audible sound, velocity determination or flow mapping. The Doppler does not provide images of body parts. Thus, **Doppler techniques do not meet CMS's definition for inclusion, as these services do not provide "visual" information.** Duplex scans should be excluded from the DRA provisions in the Final Rule because the most important information provided by these tests is based on Doppler.

I recently participated in a survey conducted by the SVS of its members with office-based vascular labs regarding the impact of cuts on non-invasive vascular diagnostic studies, if they are erroneously included under DRA. The dramatic results demonstrate that Medicare beneficiaries' access to these services would be severely affected: 54 percent of vascular surgeons with office-based vascular labs would no longer provide or would reduce vascular laboratory services to Medicare beneficiaries and 24 percent would close the lab entirely or reduce services; 35 percent estimate that Medicare beneficiaries would wait three to four weeks to receive services if they had to go elsewhere and 22 percent estimate that patients would have to travel more than 20 miles to receive suitably high-quality vascular lab studies.

Given this level of impact and the fact that non-invasive vascular diagnostic studies do not meet CMS's proposed criteria for inclusion under DRA and instead meet the criteria CMS is proposing to exclude certain diagnostic services, I respectfully request that CMS remove these codes from Addendum F – Proposed CPT/HCPCS Imaging Codes Defined by Section 5102(b) of the DRA.

I greatly appreciate this opportunity to provide CMS with information and I would be happy to answer any questions. Please do not hesitate to contact me at 303-422-9600.

Sincerely,

Dennis H. Olson, M.D.

Submitter :

Date: 10/02/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

"SEE ATTACHMENT"
Amadeo H. Cabral, MD

CMS-1321-P-375-Attach-1.DOC

salazar
santiago
villegas
sabates, & cabral, p.a.

HHS-1115
375

BRAULIO SABATES, M.D., F.A.C.S.
JUAN SALAZAR, M.D., F.A.C.S.
CARLOS SANTIAGO, M.D., F.A.C.S.
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AMADEO H. CABRAL, M.D., F.A.C.S.
GENERAL, VASCULAR, ONCOLOGIC & LAPAROSCOPIC SURGERY

September 25, 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:

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There are several RVUs that are decreasing by more than 5%. I recommend that CMS implement a floor of 5% reduction and this floor 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 am willing to provide data to my specialty society so that they may in turn provide the necessary data to CMS and the RUC. This will help CMS make a more informed proposal in the readjustment of the RVUs which apply to breast brachytherapy.

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

Submitter : **Dr. Alan Pocinki** **Date: 10/02/2006**

Organization : **Dr. Alan Pocinki**

Category : **Physician**

Issue Areas/Comments

Background

Background

The RUC has recommended a significant reduction in the RVU for bone mineral density (DXA) scans, "because they believed that the actual work is less intense and more mechanical than the specialty society's description." I"m not sure which specialty society provided input, but altough this is considered a radiologic procedure many of these scans are done by rheumatologists and internists. In fact, I am a general internist, and my practice bought its own scanner because we were not satisfied with the "mechanical" way that many of these scans were being read. When we read scans, we are reviewing 4 pages of data, and often comparing these to the results of previous scan, to provide an accurate interpretation of the results. This takes considerable time and expertise.
Because we are a small practice, however, we do not do a large volume of scans, so we cannot absorb a significant reduction in payment and are considering selling our machine after the first of the year, which will impact the availability of high-quality scans to our 5000 patients. In general lowering payment rates will force physicians who spend extra time reading these scans to abandon them, leaving only the low-overhead fast-turnover "mechanical" facilities to provide a lower quality service.

GENERAL

GENERAL

Millions of Americans with osteoporosis remain undiagnosed and untreated because of lack of access to bone density scans. Reducing payments for such scans will only make them harder to get, and the hip and spine fractures resulting from untreated osteoporosis will cost Medicare much more than a bone density scan. In fact, with hip fracture the fourth-leading cause of death in older women, a bone density scan could truly be life-saving for many.

Submitter :

Date: 10/02/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

"SEE ATTACHMENT"
CARLOS SANTIAGO, MD

CMS-1321-P-377-Attach-1.DOC

salazar
santiago
villegas
sabates, & cabral, p.a.

BRAULIO SABATES, M.D., F.A.C.S.
JUAN SALAZAR, M.D., F.A.C.S.
CARLOS SANTIAGO, M.D., F.A.C.S.
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GENERAL, VASCULAR, ONCOLOGIC & LAPAROSCOPIC SURGERY

September 25, 2006

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
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Thank you in advance for your assistance,

Carlos Santiago, M.D. F.A.C.S.

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
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Carol Bazell, MD, Director, Division of Outpatient Care
Carolyn Mullen, Deputy Director, Division of Practitioner Service
Helen Pass, MD, FACS, President, American Society of Breast Surgeons
Mark A. Malangoni, MD, FACS, Chair, American College of Surgeons

Submitter :

Date: 10/02/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

"SEE ATTACHMENT"
REGGIE SIGMON, MD RAD ONC

CMS-1321-P-378-Attach-1.DOC

Hickory, N
318

Sigmon Radiation Oncology, PA
Post Office Box 2654
Hickory, North Carolina 28603
Telephone (828) 322-7747

W. Reggie Sigmon, Jr., M.D. **John O. delCharco, M.D.** **Shannon K. Tomlinson, M.D.**

Dear Administrator,

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

The proposed reduction will have a detrimental impact on my ability to offer the most appropriate treatment options for my Medicare patients. Brachytherapy is a crucial treatment option for our patients, but the proposed reduction will impede our ability to provide this service.

In calculating our time, brachytherapy constitutes the following:

CT Simulation, very complicated planning, dose requirements, constraints of normal surrounding tissues, reviewing daily simulation films, monitoring sites for infection, using antibiotics as needed, and removal of device with appropriate wound care.

Medicare patients deserve the right to have access to brachytherapy services. We urge CMS to reconsider and leave brachytherapy codes as they currently stand.

Thank you for heeding these recommendations,

Sincerely,

W. Reggie Sigmon, Jr., M.D.

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

Submitter :

Date: 10/02/2006

Organization :

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

"see attachment"

CMS-1321-P-379-Attach-1.DOC

379

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Submitter :

Date: 10/02/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

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"see attachment"
Shannon Tomlinson, MD

CMS-1321-P-380-Attach-1.DOC

Attachment 380

Sigmon Radiation Oncology, PA
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Shannon K. Tomlinson, M.D.

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

Submitter :

Date: 10/02/2006

Organization :

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

"SEE ATTACHMENT"

CMS-1321-P-381-Attach-1.DOC

HHS-P
381

UNIVERSITY OF SOUTH ALABAMA
MITCHELL CANCER INSTITUTE

September 25, 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:

We appreciate the opportunity to provide comment on the CMS proposed Physician Rule #CMS-1321-P. CMS has proposed drastic cuts in the RVUs assigned to the global fee schedule for breast brachytherapy. We would like to highlight the negative impact these proposed rates will have on breast conservation therapy since we currently recommend a 5-day radiation therapy treatment option (balloon brachytherapy) for clinically specific Medicare beneficiaries.

The RVUs are scheduled to reduce each year in the transition period and the total reduction for this treatment is -31% as illustrated in the table below. This is unacceptable. We find the patients are more compliant with 5-day breast brachytherapy versus the standard course of radiation treatments which can run from 6-8 weeks.

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%

This procedure takes place in the procedure room in our office. A patient must meet strict selection criteria before we surgically implant the balloon catheter that delivers the radiation; and because of the time involved in planning, catheter implantation and device cost, the proposed RVU reduction will result in this procedure no longer being available for Medicare women. The cost of the procedure will exceed the proposed reimbursement and every patient will be forced to have the procedure in the hospital – which is a significant waste of healthcare dollars. The office is the preferred site of service, and office placement should be the site of service used to reduce unnecessary Operating Room costs.

Additionally, the opening of the NSABP-B-39 trial has also allowed us to accrue patients who have node-positive disease, yet another important indication for patients desiring to have partial breast irradiation.

There are several RVUs that are decreasing by more than 5%. I recommend that CMS implement a floor equal to a 5% reduction and that this floor remain in effect during the time required for CMS and the RUC to re-evaluate the data applicable to these RVUs, specifically, 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. This will help CMS prepare a more informed proposal in the readjustment of RVUs that pertain to breast brachytherapy.

Respectfully,

Adam Riker M.D.

Adam Riker M.D., F.A.C.S.
Chief of Surgical Oncology
USA-Mitchell Cancer 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
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Helen Pass, MD, FACS, President, American Society of Breast Surgeons
Mark A. Malangoni, MD, FACS, Chair, American College of Surgeons

Submitter :

Date: 10/02/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

"SEE ATTACHMENT"

CMS-1321-P-382-Attach-1.DOC

RADIATION ONCOLOGY
John R. Russell, M.D., M.S.
Diplomate in Radiation Oncology
Fellow, American College of Radiation Oncology

E. Henry Amos, M.D., F.A.C.R.
Diplomate in Radiation Oncology
Fellow, American College of Radiology

THE CANCER CENTER
of Southern Alabama

MEDICAL PHYSICS
Michael D. Williams, Ph.D.
Diplomate in Medical Physics
Matthew D. Williams, M.S.

PROGRAM DEVELOPMENT
Cathy C. Tinnea, L.P.N.

3 Mobile Infirmary Circle, Suite 306 Mobile, AL 36607-3515 Phone: (251) 544-5400 Fax: (251) 433-3122

September 25, 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:

As a Board Certified Radiation Oncologist practicing at THE CANCER CENTER OF SOUTHERN ALABAMA, I would like to thank you for the opportunity 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. This letter is written to share my concerns about the overall proposed reduction in professional fees for Radiation / Oncology Brachytherapy services.

CMS is proposing a 2007 work RVU slated to be 0.33 (reduced down from 0.53 in 2006). This would be a drastic cut in the professional component for breast brachytherapy services. This proposed reimbursement reduction will have a detrimental impact on my ability to offer the Brachytherapy / Partial Breast Irradiation Therapy treatment to my Medicare patients. With the prevalence of breast cancer, I urge CMS to reconsider the proposed Work RVU reduction for Brachytherapy.

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 preparation and effort for planning & treatment is quite time consuming. Proper catheter placement must be confirmed before each fraction is given. The CMS proposed reduction to all Brachytherapy codes, especially CPT 77781, will not adequately cover the time and involvement required to prepare a patient for Brachytherapy. I must stress that if the reduction does take place, CMS will be limiting access to Brachytherapy for Medicare patients.

CMS should implement a goal is to preserve the Work RVU on the professional side. Brachytherapy treatment of breast cancer patients has been well received by our patients especially the elderly and frail and those who live in rural areas. I am requesting that the reimbursement remain constant for this procedure. 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.

Regards,

John R. Russell

John R. Russell, M.D., M.S., FACRO

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

Submitter :

Date: 10/02/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

"SEE ATTACHMENT"

CMS-1321-P-383-Attach-1.DOC

383

MOSES CONE HEALTH SYSTEM
REGIONAL CANCER CENTER
501 North Elam Avenue
Greensboro, NC 27403-1199
Phone: 336.832.1100
Fax 336.832.0624

Radiation Oncology
Robert J. Murray, M.D.
James D. Kinard, PhD, M.D.
Justin J. Wu, M.D.
Matthew A. Manning, M.D.
Nancy M. Bednarz, M.D.

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 - Rule: Physician Fee Schedule

Dear Administrator,

Thank you for allowing me the opportunity to provide comments on file #CMS-1321-P for the CY 2007 / 2008 CMS proposed Physician Fee Schedule Rule. I have some serious concerns regarding your proposed changes.

Under the proposed rule, professional reimbursement (work RVU) is slated to be significantly reduced for Radiation Oncologists treating with brachytherapy services in the OP Hospital Setting (2006 work RVU = 0.53 -- 2007 work RVU cut proposed = 0.33). The work RVU is very important to treating Physicians because it makes up the greatest portion (52%) of the RBRVS system. The work RVU comprises the Physician's time to perform a service, technical skill & physical effort, mental effort & judgment, as well as psychological stress associated with the Physician's concern about iatrogenic risk to the patient. CMS must preserve the work RVU on the professional side for Medicare patients to continue to have brachytherapy services available.

Other anticipated reductions include CPT Code 77781 (proposed to reduce approximately 26%) and a proposed conversion factor reduction slated to decrease by 5.1%. These reductions will be a significant problem for remote afterloading high intensity brachytherapy; 1-4 source positions or catheters.

Brachytherapy is an important procedure offered to Medicare beneficiaries diagnosed with early stage breast cancer. Radiation Oncologists want to continue offering brachytherapy to the Medicare beneficiaries but will not be able to continue scheduling patients for this service if payment is reduced.

Medicare patients deserve the right to have access to brachytherapy services. CMS should set a goal to preserve the 2006 work RVU on the professional side and prevent any reductions on CPT code 77781. Thank you for heeding these recommendations. We would like to continue servicing your Medicare beneficiaries.

Nancy Bednarz MD

Nancy Bednarz, 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)

Submitter :

Date: 10/02/2006

Organization :

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

"SEE ATTACHMENT"
Robert Murray, MD

CMS-1321-P-384-Attach-1.DOC

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384

MOSES CONE HEALTH SYSTEM
REGIONAL CANCER CENTER
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Radiation Oncology
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Submitter :

Organization :

Date: 10/02/2006

Category : Physician

Issue Areas/Comments

GENERAL

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"see attachment"

Matt Manning, MD

CMS-1321-P-385-Attach-1.DOC

Attach
385

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Submitter :

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James Kinard, MD

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Medicare beneficiaries.

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