

Submitter : Dr. Megan Crider
Organization : Orlando Regional Healthcare
Category : Physician

Date: 06/30/2006

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir/Madam:

On behalf of myself and the patients I serve, I urge CMS to implement the proposed E/M work RVUs into the 2007 Medicare Physician Fee Schedule.

As you know, these changes were initially proposed by an AMA-sponsored workgroup of primary care, surgical, and other specialty physicians. It is impressive that a workgroup with such disparate membership has this emerged with the consensus that the current RVU rates for these services is grossly inadequate and therefore discourages physicians from providing the type of follow-up care that represents the best practice of medicine. By accepting the proposed changes, CMS would be encouraging physicians to provide the best care possible.

I urge CMS to accept the proposed changes and incorporate them into the 2007 Medicare Physician Fee Schedule.

Thank you!
Megan Crider, MD

Submitter : Dr. Corey Howard

Date: 06/30/2006

Organization : Dr. Corey Howard

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Dermatology and Plastic Surgery**

Discussion of Comments-Dermatology and Plastic Surgery

Singling out dermatology has become so ridiculous. It is a field that can literally prevent thousands from a deadly melanoma and millions from other cancers. We need to find a way to work with dermatologists to ensure the safety of all americans.

Practice Expense

Practice Expense

I would be encouraged to see an increase in payment for physicians. I am double board certified and had to drop GI because of the abismal fees and now I need to drop internal medicine as well since I am unwilling to run a factory like practice. With continued cuts medicine will not continue to attract the best when they see that the actual cost of running the business exceeds what is collected. People will make choices for themselves and their families. Please support the increase.

Submitter : Dr. Vilmar Abelardo
Organization : Dr. Vilmar Abelardo
Category : Physician

Date: 06/30/2006

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Submitter : Dr. Christy Cugini Jr
Organization : Dr. Christy Cugini Jr
Category : Physician

Date: 06/30/2006

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Submitter : Dr. Niurka Alley
Organization : ALLEY & ALLEY
Category : Physician

Date: 06/30/2006

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Submitter : Dr. John Alley

Date: 06/30/2006

Organization : Dr. John Alley

Category : Physician

Issue Areas/Comments

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Submitter : Dr. David Alley
Organization : ALLEY & ALLEY
Category : Physician

Date: 06/30/2006

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Submitter : Dr. Harry Overby
Organization : Boca Raton Medical Group
Category : Physician

Date: 06/30/2006

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Submitter : Dr. James Janotta
Organization : Boca Raton Community Hospital
Category : Physician

Date: 06/30/2006

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Submitter : Dr. elisa sottile

Date: 06/30/2006

Organization : Dr. elisa sottile

Category : Physician

Issue Areas/Comments

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Submitter : Dr. David Sommerfeld
Organization : Dr. David Sommerfeld
Category : Physician

Date: 06/30/2006

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Submitter : Dr.
Organization : Dr.
Category : Physician

Date: 06/30/2006

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Submitter :

Date: 06/30/2006

Organization :

Category : Physician

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Submitter : Dr. Valerie Bagwan
Organization : Dr. Valerie Bagwan
Category : Physician

Date: 06/30/2006

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Submitter :

Date: 06/30/2006

Organization : Tidewater Integrated Medical Specialist

Category : Physician

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Submitter : Dr. Wayne Burr
Organization : Dr. Wayne Burr
Category : Physician

Date: 06/30/2006

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Submitter : Dr. Deanna Springer
Organization : Deanna K. Springer, MD,PA
Category : Physician

Date: 06/30/2006

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Submitter : Mr. Nghia Giang
Organization : ID Consultants PA
Category : Other Health Care Professional

Date: 06/30/2006

Issue Areas/Comments

**Discussion of Comments-
Evaluation and Management
Services**

Discussion of Comments- Evaluation and Management Services

The proposed changes outlined in Docket CMS-1512-PN finally bring a much-needed correction to the MPFS. Evaluation & Management codes should have always been assigned a higher RVU than what has been assigned in the past, as recommended by RUC for 2007. These codes are most representative of the "core" services of most physicians since many specialists also bill for E&M codes in addition to billing for procedures. The higher RVUs for E&Ms more accurately reflect physicians' education, training, skill, and mental effort in evaluating patient health. Theoretically, higher RVUs to E&M services should, to a limited extent, relieve physicians from feeling the need to see patients in an "assembly-line" fashion so they can increase their patient volume to meet their production goals. Perhaps more physician time with patients will promote better patient general health if the doctor has more time to instruct his patients on a healthier lifestyle.

From a layperson's perspective, it has always seemed ludicrous to me to receive a payer remittance notice (albeit not Medicare's) in which routine clinical items were sometimes valued at a higher allowable rate than the E&M service. This not only demeans the value of a physician's service to a patient but could be taken as a personal insult by physicians in general. Plumbers, electricians, appliance repairmen, and auto technicians all receive more for their services than physicians who bill a 99213 do from CMS, which is currently valued at \$50.13 for the state of NC. When one considers the fact that the physician's office receives only 80% of \$50.18 from CMS and then has to risk bad debt with the remaining 20%, one should come to the swift conclusion that it is time to make the RUC recommendation to CMS for 2007 a reality...not to mention the charity care that many physicians voluntarily provide. It is probably a safe assumption that other service industries mentioned above do not provide the level of charity service that physicians do, yet their remittance is greater despite a much lower level of education and training.

I am happy to see the changes proposed and believe that these changes bring wonderful news to physicians at a time when news in the industry are seldom positive.

Submitter : Dr. Aris Assimacopoulos
Organization : Infectious Disease Specialists, PC
Category : Physician

Date: 06/30/2006

Issue Areas/Comments

**Discussion of Comments-
Evaluation and Management
Services**

Discussion of Comments- Evaluation and Management Services

I wholeheartedly support the increased RVUs for E&M services. It is time that cognitive services were valued more appropriately alongside procedural services. It has been rather depressing watching highly qualified medical students flock to procedural specialties for big salaries while I remain embarrassed to even suggest that maybe they would want to look into a subspecialty like Infectious Disease which is dependent solely on E&M coding reimbursement. We are working harder and harder for less and less. At a recent gathering of professionals in my field, I found that most all of them were thinking about how they might be able to retire early or get out of medicine all together. This is a fairly sad state of affairs. I don't think anyone who is dependent on E&M coding wants to make millions like the average Orthopedic Surgeon, but we do want to be paid enough so that we can take the time to do a good job and provide appropriate services to our patients. Seriously, when I call a plumber or carpenter or similarly skilled worker to my home to provide a service, the bill gets very high very quickly, in some cases being more than a physician would be able to bill for the same amount of time. And then try to get them after hours, the cost goes up but not so for a physician the price is the same no matter what time of day. Thank you for making these needed adjustments. Please continue to re-assess the reimbursement for these codes so that we can continue to have a viable workforce of cognitively oriented physicians.

Submitter : Dr. Nhan Anh Nguyen Khoa

Date: 07/01/2006

Organization : central florida hospitalists

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Evaluation and Management
Services**

Discussion of Comments- Evaluation and Management Services

Dear Sir/Madam:

On behalf of myself and the patients I serve, I urge CMS to implement the proposed E/M work RVUs into the 2007 Medicare Physician Fee Schedule.

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Submitter : Dr. Jeffrey Gally
Organization : Jeffrey P. Gally, M.D.,P.A.
Category : Physician

Date: 07/01/2006

Issue Areas/Comments

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Submitter : Dr. Eric Mueller
Organization : Dr. Eric Mueller
Category : Physician

Date: 07/01/2006

Issue Areas/Comments

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I strongly support the increase in work related value units for internists and other primary care physicians. Increasing the reimbursement for non-procedure related care is vital to changing the cost of medicine today. Many times in medical school I heard the phrase, "If the field doesn't involve procedures it's not worth pursuing". With the increasing cost of medical education, this philosophy is becoming reality for U.S. born medical graduates. Too often my colleagues have abandoned careers in fields they always dreamed such as internal medicine, family practice, obstetrics to follow the path of the dollar - orthopedic surgery, radiology, anesthesiology, dermatology, etc.. Unfortunately this bodes poorly for the future care of our nation. Intelligent, caring individuals are unable to pursue their dreams due to the expense. Some medical schools are charging \$50,000 or more in tuition each year, causing physicians to be in debt greater than \$200,000 plus their living expenses and undergraduate loans by the time they graduate. No wonder they are forced into more procedure-related fields. Hopefully, the continued impetus to increase the RVUs for E/M service will eventually equal the fields between procedure-based medicine and evaluation and management-based medicine. Increasing the number of physicians in non-procedure-based areas may lead to a decrease in the amount of spending as physicians may seek alternate approaches to diagnosis and treatment rather than immediate surgery or expensive diagnostic testing.

I hope you will change the work RVUs for E/M and will continue to do so in the future.

Sincerely,

Eric C. Mueller, MD

Submitter :

Date: 07/01/2006

Organization :

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Evaluation and Management
Services**

Discussion of Comments- Evaluation and Management Services

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Submitter : Dr. David Tanner
Organization : Dr. David Tanner
Category : Physician

Date: 07/01/2006

Issue Areas/Comments

**Discussion of Comments-
Evaluation and Management
Services**

Discussion of Comments- Evaluation and Management Services

I am writing in support of the changes outlined in Docket CMS-1512-PN. I am an infectious disease physician and have long been concerned over the inequities between reimbursements for procedure based specialties versus those of the cognitive specialties. As a result of these inequities the highly reimbursed, procedure oriented specialties are attracting the best and the brightest medical students while the cognitive specialties such as internal medicine and sub-specialties such as infectious diseases are no longer able to fill residency and fellowship slots with graduates of U.S. medical schools. This is in stark contrast to the situation when I graduated medical school over 2 decades ago when internal medicine residencies attracted the most graduates selected by the AOA honor society. In that same time period the complexity of the medical problems faced by my sub-specialty has increased exponentially; yet we are now supplying fewer and less well qualified individuals to provide care for these complex patients. I was an honor graduate and if I were graduating now I would not choose to train as long as I trained, work as hard as I work, shoulder the responsibility of caring for the sickest of the sick for vastly lower reimbursements than more procedure based specialties receive while enjoying a much better life-style.

I believe the proposal for increased reimbursement for E&M of complex patients is a long over due first step to get medical care back on the right track. The value of what I do and other internal medicine specialties do lies in solving and managing complex problems. By rewarding thoughtful medical care I suspect in the long run costs will be reduced by reducing unnecessary, overvalued procedures.