Submitter : Mrs. Theresa Sikorski **Date:** 08/07/2006

Organization : TATUM OSTEO SCAN

Category : Other Health Care Professional

Issue Areas/Comments

Regulatory Impact Analysis

Regulatory Impact Analysis

ISCD,
CUTTING THE COST EVEN MORE THAN WHAT THE DEFICIT REDUCTION ACT 2005 WHICH WILL DECREASE BY 1/3 in the year 2007 through 2010 is wrong.CMS want us to go from 140.00 to 40.00 in 4 years.This will have a great effect on the poor and middle class people to go from Womem centers, clinics,and doctors office back to the big hospitals with higher copays or premiums. Healthcare providers in the last 10 years have been health awareness stay out of the hospital at lower cost to the patients. The modo was stay health at all cost. Now you want to take this high quality healthcare away from them. People can't afford to get sick and stay in the hospitals at the high cost of preiums.

Submitter : Mr. Henry Hershey **Date:** 08/07/2006

Organization : Hershey Physical Therapy Service

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

Having been a medicare provider of out patient physical therapy for the past 23 years, a 10% reduction in the physician's reimbursement schedule will likely be the nail in the coffin sealing the fate of our private practice; not economically viable.

One cannot balance continuously escallating prices for salary and overhead, continuously increasing demands for paperwork (monthly plan of care, encounter documentation,interval progress reports, monthly re-evaluations)with continuously decreasing reimbursement. If reductions are necessary for medicare viability, decrease the documentation requirements, and remove the need for a patient to see a Doctor, then be referred to a physical therapist who writes a plan of care, faxing it back to the physician, who may review the plan and fax it back, or may not, necessitating ungoing monitoring, and risk to the PT practice for not having currently signed plans of care, when the doctor has already written a prescription for physical therapy. Who thinks of these requirements?

Allow patients direct access to Physical Therapists, pay Physical Therapists a fee comensurate with their expertise, and eliminate unnecessary paperwork/documentation, eliminate physician referral for profit, and refuse to pay for any physical therapy, unless it is delivered by a physical therapist. Implementing these suggestions will result in greater than the proposed 10% reduction

Fail to implement common sense reform, and many communities will lose valuable resources of Physical Therapist owned private practices.

Henry Hershey, P.T.

Submitter : Mrs. Julie Gomez **Date:** 08/07/2006

Organization : Gomez Physical Therapy

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs,
I am a small private practice physical therapist. Please seriously consider your actions regarding outpatient PT fees. My patients and practice has already been impacted this year with the $1700 per year cap. Firstly, the elderly, the handicapped and the poor are the people to be the most effected. I will continue to provide needed services to these people, if they come. I have found that physicians are reluctantly prescribing less PT services, because of the new changes. Some, patients needed PT may not be receiving medically necessary treatments. Please consider your decisions. Julie
Gomez, PT.

Submitter : **Doug Hoeck** **Date: 08/07/2006**

Organization : **Hoeck Physical Therapy**

Category : **Physical Therapist**

Issue Areas/Comments

Other Issues

Other Issues

Dear sirs,
I am a private practitioner in San Diego, California. I recently opened my own center so I could have control over important patient related issues. I felt I had no control in my previous employment with a health care Corporation.
A reduction of this work relative value will seriously affect the way I treat my patient population. I run an individual PT owned PT center and just cover costs when I treat 1:1 for an hour per the recent 'group therapy' rules concerning Medicare patients. An increase in the E/M codes will not affect physical therapists so the proposed changes will make 2007 a make or break year for most private practitioners. Patient access to quality health care WILL be compromised. Please reconsider these changes in the work relative values.
Thank you.
Professionally,

Doug Hoeck PT Ca.10032

Submitter : Mr. Steven Scoggin **Date:** 08/08/2006

Organization : Mr. Steven Scoggin

Category : Physical Therapist

Issue Areas/Comments

Other Issues

Other Issues

Dear Sir/Maam: I am a physical therapist who has been practicing physical therapy for 7 years. I recently received my Medicare Part B provider number and opened an In Home Therapy Service. I provide needed therapy services to senior citizens in their homes when going to an outpatient clinic is impractical. I would like to comment on the June 29th proposed notice that sets forth proposed revisions to work relative value units and revises the methodology for calculating practice expense RVUs under the Medicare physican fee schedule. I strongly urge CMS to prevent Medicare payment cuts for physical therapist in 2007. Since I started my In Home Therapy Service I have received many positive comments from patients and family members stating their health and mobility would have continued to deteriorate if not for the services that I provided. With the rising costs of gasoline and the increased driving distances caused by the continued migration of the population into more distant suburbs in search of affordable housing, my cost of doing business is increasing. The proposed physicians fee schedule decreases in payments for physical therapy services of approximately 7% in 2007 will have a significant impact on my ability to provide In Home Therapy services (physical therapist can not bill for E/M codes and therefore will not benefit from the proposed increases in payments for the E/M codes). I beleive the value of physical therapy services in assisting patients to regain mobility and achieve higher levels of independence is somewhat underrated. We are the clinicans providing face-to-face consultation and treatments to patients, yet our services are being reduced in value! I strongly urge CMS to prevent the payment cuts in 2007. Thank you for your consideration. Sincerely, Steven Scoggin, MPT. e-mail: cscoggin@san.rr.com, phone: (858)335-4096.

Submitter : Mr. Russell Yamada **Date:** 08/08/2006

Organization : Total Fitness Physical Therapy, LLC

Category : Physical Therapist

Issue Areas/Comments

Discussion of comments-HCPAC Codes

Discussion of comments-HCPAC Codes

I have been a Physical Therapist for 18 years and in business for myself for 15 years. I have always tried to provide the best care possible for each and every one of my patients. However, it is getting dreadfully difficult to provide such service and personnel for my patients with the continued cuts of health care reimbursements. Business expenses including phone, electrical, security, supplies, internet, are all escalating far ahead of reimbursements. Each and everyoned of my patients depend on me and my staff to provide excellent care, but, it is impossible to continue it at this pace. My staff of 15 has been weaned down to 7, all part-timers only because I can't afford benefits. I am providing care in some remote places on the island so they don't have to come into town for therapy, but, it is my first clinic to shut down if costs continue to rise and reimbursement continues to dwindle. Please don't let this happen to us and my patients. All of the Medicare recepients are old and fragile so I hope they are not the first to get cut off from health care.
Thank you so much,
Russell K. Yamada, PT
Physical Therapist

Submitter : Dr. Gary Giordano **Date:** 08/08/2006

Organization : American Physicians Inc.

Category : Physician

Issue Areas/Comments

Background

Background

I am the Medical Director for the nineteen American Physician Internists and one Family Medicine Physician at Scottsdale-Osborn Medical Center in Arizona.

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

I feel that we in the Internal Medicine/Family Medicine field need an increase in reimbursement for E&M services. Physicians are leaving our field or not going into it after training.

In the late nineties many of us answered the call to enter Internal Medicine/Family Medicine because of a shortage in primary care physicians, and reimbursement has let us down. We do the majority of the diagnosing and workup on our patients. We then get the appropriate specialist if needed. We also take care of all the social aspects and coordination in the patient's care. If our RVU's don't increase, we will be in serious trouble trying to fill the ranks to take of the baby boomers.

Submitter : **Mrs. Debra Virtanen** **Date: 08/08/2006**

Organization : **Riverfront Physical Therapy**

Category : **Physical Therapist**

Issue Areas/Comments

Practice Expense

Practice Expense

Dear Administrator:

I have been a physical therapist for 28 years. My private practice has been in existence in Troy, NY for 18 years. In that time, my patient population has aged and I have been fortunate enough to continue treating them into the years when they have become Medicare eligible. My population of Medicare clients has increased 20-30
%over the past 5 years.
I understand an adjustment to the RVU will result in a reduction in my general reimbursement for treatment of Medicare patients. The inflation for the E/M codes will not help to offset this reduction in my setting, since I cannot bill for E/M codes. This will serve to reduce my ability to adequately serve the elderly and disabled eligible for Medicare. I would no longer be able to keep my practice open if this were to occur.
I appreciate your willingness to review my comments. I hope you will consider this in your decision process regarding the Sustainable Growth Rate formulary revision.
Thank you.
Sincerly,
Debra Q. Virtanen, MS,PT

Submitter : **Mrs. christine ingram** **Date: 08/08/2006**

Organization : **north country health systems, inc**

Category : **Physical Therapist**

Issue Areas/Comments

GENERAL

GENERAL

I am a physical therapist practicing in the state of Vermont in a rural hospital setting with an outpatient clinic. I have been practicing as a physical therapist for 23 years.

I am commenting on the June 29th proposed notice that revises work relative value units and methodology for calculating practive expenses RVU's under the Medicare physician fee schedule.

Under this proposal, physical therapists will see a significant cut in payment of our services. By the nature of our practice, and Medicare regulations, Physical Therapists spend considerable face to face time with patients and in fact can only bill for that direct patient care time. Cutting the already low reimbursment for that direct patient care time will drastically affect economic stability of those practices that accept Medicare patients. Hospital based practices, whose caseloads are heavy with Medicare and Medicaid clients will struggle to continue to be able to provide services to those clients. Patient access to private practices will be jeopordized and the ability of our elderly to receive needed services will be jeopordized.

Physical Therapists are unable to bill for E/M codes and therefore will derive no benefit from those increased payments, to offset the cuts proposed.

I urge you to ensure that Medicare payment cuts for physical therapists and other health care providers do not occur so that our patients will continue to have access to valuable health care services.

Thank you for your time.
Sincerely,
Christine Ingram, PT

Submitter : Dr. Judith Pasnik **Date:** 08/08/2006

Organization : Somerset Hills Physical Therapy, PC

Category : Other

Issue Areas/Comments

Other Issues

Other Issues

I am a doctor of physical therapy and have been in practice since 1963. I have been a Medicare Provider since its inception in 1965 and therefore have treated thousands of people covered under the Medicare program. As of this month, I too am covered under Medicare. I still work full time and plan to continue for a minimum of 5 more years. I have literally lived through all the growing pains of Medicare.

I am now concerned that while the cost for a physical therapist to give care is continually going up, congress is, yet again, considering decreasing the reimbursement for the care we give by what will amount to a 10% decrease.

At our practice, we consider the patient's wellbeing #1. We give our patients the care they need to recover from their disability. We are working under the current $1740 CAP on physical therapy and find that only a small percentage (less than 10%) of our patients require therapy beyond that cap using the exception to the CAP enacted by congress.

We feel that the CAP, with the ability to use the exceptions for those patients who have more complex problems, will prove to allow a saving to the Medicare Program without compromising the care we give. I feel sure the majority of physical therapists in private practice find the same to be true.

If a 10% decrease in reimbursement is enacted, it will mean that, in order to stay viable, physical therapy practices will have to cut their costs of delivering the care in some manner, I fear this may mean that it will be to the detriment of the quality of care Medicare patients receive.

I know that This proposed decrease in reimbursement effects all areas of the Medicare program, and while I can only speak from the point of view of a physical therapist, I do fear that the same detrimental effect will spread across the continuum of care for Medicare patients.

Thank you for your attention to these remarks.

Judith L. Pasnik, PT, DPT

Submitter : Mr. Christopher Mulvey **Date:** 08/08/2006

Organization : Florida Fitness and Rehabilitation

Category : Physical Therapist

Issue Areas/Comments

Other Issues

Other Issues

Physical Therapy- As the practice owner of a small business open only 3 years the negative impact of a decreased payment by 6% to 10% in the physician fee schedule could close our practice.For 12 years I worked for a large rehabilitation company based out of Birmingham Alabama which was found guilty of securities fraud, Medicare fraud, bribery of Government officials to name only a few of their offences. For years I treated high volumes of patients and worked under their interpretation of the rules. Finally, three years ago I went out on my own and now treat mostly the Medicare population. With strict interpretation of the standards for care and billing rules, the profit margin is slim. Escalating costs of education, affordable housing and workforce shortages has significantly impacted salary costs. There is a movement within the profession for therapists to move into private practice. I believe this would improve the quality of care by increasing competition. By reducing reimbursement it would make it nearly impossible for any therapist to start a facility. As a result, they would be forced to find employment with large corporations whose profits dictate the standard of care!

Submitter : **Mrs. Debra Haworth** **Date: 08/08/2006**

Organization : **Sagamore Rehabilitation Center, Inc.**

Category : **Physical Therapist**

Issue Areas/Comments

GENERAL

GENERAL

I am a physical therapist in private practice. This practice opened in 1995. At that time, as a rehab agency we completed a cost report and our reimbursement from Medicare was based on our costs. Our initial reimbursement rate was 100% of our charges, our current reimbursement rate is about 30% of our charges - and our charges have not significantly increased.

Over the course of the last decade, we have seen the implementation of the physicians fee schedule - this has beed devastating to our business. The cost of providing the service was no longer an issue, reimbursement is now based on some unknown arbitray RVU that does not apply accross the board to everyone.

Medicare reimbursement for physical therapy services has not covered the cost of providing it. We have continued to provide services at a loss as we felt we were meeting the needs of so many people who needed it. With the proposed changes, we will not be able to continue our participation in the Medicare program.

One of the biggest problems will be that while we are providing a charitible service to Medicare recipients - most major for profit insurance companies will jump on the band wagon and reduce their fees. Yes there are actually companies who reimburse less than what medicare does.

Please do not cut the current fees. If anything, something should be done to increase them - to the point that it does not cost physical therapist to provide services.

In an environment where all costs are going up - how can we survive with further reductions.

If the proposed changes go into effect, this business will no longer be able to participate in the Medicare program.

Thank you for your time and for allowing me to express my concerns.

Sincerely,

Debra Haworth

Submitter : **Dr. Dimitrios Kostopoulos** **Date: 08/08/2006**

Organization : **Hands-On Physical Therapy**

Category : **Physical Therapist**

Issue Areas/Comments

GENERAL

GENERAL

My name is Dr Dimitrios Kostopoulos and I am a Physical Therapist and the owner of Hands-On Physical Therapy with 8 Physical Therapy offices in New York.
I wish to comment on the June 29 proposed notice that sets forth
proposed revisions to work relative value units and revises the methodology for calculating practice expense RVUs under the Medicare physician fee schedule.
I am strongly urging CMS to ensure that NO Medicare payment cuts for physical therapists and other health care professionals occur in 2007.
Ask the congress to find money from other sources and I am certain that THEY CAN if they want to.
Please note that:
1. Under current law, the Sustainable Growth Rate (SGR) formula is projected to trigger a 4.6% cut in payments in 2007. Similar cuts are forecasted to continue for the foreseeable future, totaling 37% by 2015. The impact of these cuts would be further compounded by a budget neutrality adjuster proposed in the 5-year review rule that would impose additional cuts on top of the SGR. It is unreasonable to propose policies that pile cuts on top of cuts.
2. Physical therapists cannot bill for E/M codes and will derive no benefit from increased payment. Therefore, 2007 will be a devastating year for physical therapists and other non-physicians who are not allowed to bill for these E/M services.
3. These proposed cuts undermine the goal of having a Medicare payment system that preserves patient access and achieves greater quality of care. If payment for these services is cut so severely, access to care for millions of the elderly and disabled will be jeopardized.
4. CMS emphasizes the importance of increasing payment for E/M services to allow physicians to manage illnesses more effectively and therefore result in better outcomes. Increasing payment for E/M services is important but the value of services provided by all Medicare providers should be acknowledged under this payment policy. Physical therapists spend a considerable amount of time in face-to-face consultation and treatment with patients, yet their services are being reduced in value.

Thank you for your consideration of my comments.

Sincerely,
Dimitrios Kostopoulos, PT, PhD, DSc

Submitter : Dr. Michael Spradlin **Date:** 08/08/2006

Organization : Johnson County Anesthesiologists

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

This comment is regarding fair anesthesia reimbursement. As the policy currently stands, anesthesiologists face large payment cuts (10% over 4 years) to supplement the overhead increases for several other specialties. The proposed change is more penalizing for our specialty because the data that CMS uses to calculate overhead expenses is outdated and significantly underestimates actual expenses. CMS should gather new overhead expense data relative to current anesthesia practices. The ASA and AMA are committed to finacially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this survey which will greatly improve the accuracy for all practice expense payments. CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics and critical care medicine.

Submitter : Ms. Lisa Goss **Date:** 08/08/2006

Organization : Ms. Lisa Goss

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

Regarding CMS-1512-PN: I was shocked to learn that CMS is proposing a 14 percent Medicare reimbursement cut for Clinical Social Workers: a 7 percent reduction in work values and a 2 percent reduction in Practice Expense values effective January 1, 2007. An additional proposed 5 percent decrease in Practice Expense values would occur by 2010. I request that CMS not reduce work values by 7 % (effective January 1, 2007) for Clinical Social Workers, who provide the majority of the mental health care in this country.I am also asking CMS to withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers; and that CMS not approve the proposed "Top down" formula to calculate practice expense. It would be much more just for CMS to select a formula that does not create a negative impact for mental health providers.Thank you for your consideration, Lisa Goss, MSW, LICSW,
Clinical Social Worker, Stoneham, MA 02180

Submitter : Mr. William Tharp **Date:** 08/08/2006

Organization : University Hospital - Louisville KY

Category : Physical Therapist

Issue Areas/Comments

Other Issues

Other Issues

My name is Bill Tharp,I am director of Rehabilitation Services (Physical,Occupational,and Speech Therapy)at University Hospital in Louisville, KY. I am a Physical Therapist by license and have been in this field for over twenty years, both as a clinician and manager.

I am very concerned about the June 29th proposed notice that revises work relative value units and the methodology for calculating practice expense RVU's under the Medicare physician fee schedule.
I feel certain that rehabilitation therapist will not be able to provide the skilled care to those who qualify from a medical standpoint if the proposed Medicare payment cuts for 2007 occur.
I recommend that CMS transition the changes to the work realtive value units over a four or five year period to ensure patients continue to have access to valuable and life altering rehabilitation services.

As you are aware under current law the SGR formula is projected to reduce payments by approximately 4.6% in 2007,with similar cuts each year continuing until 2015. A budget neutrality adjuster proposed in the 5 year review will impose addittional cuts on top of the SGR, thus seems very unreasonable to propose policies that reduce payments already reduced in multiple other areas. I am aware of the overall health care crisis and the need to reduce medical spending but this has the potential and will increase cost as patients will not receive the therapy they need following injury,illness, or disease and only have to return to doctors or hospitals more often which is an extremely expensive way to provise healthcare.

I appreciate your time to review and consider my comments, I hope we as a nation can continue to provide patients with hope following an injury or illness, rather than despair, and live up to our responsibility as leaders in healthcare.

Sincerely,

Bill Tharp

Submitter : **Mr. Paul Smith** **Date: 08/08/2006**

Organization : **University Hosp. of Cleveland -Rehab**

Category : **Physical Therapist**

Issue Areas/Comments

Other Issues

Other Issues

See Attachment.

CMS-1512-PN-1081-Attach-1.DOC

H Hachmeat
#1081

UniversityHospitals HealthSystem

Rehabilitation
& Sports Medicine

August 8, 2006

Mark B. McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1512-PN
P.O. Box 8014
Baltimore, MD 21244-8014

Dr. McClellan,

I am a physical therapist with-in the University Hospital Health System and have been in practice in N.E. Ohio for 16 plus years. I am writing to comment on the June 29 proposed notice that sets forth proposed revisions to work relative value (RVUs) units and revises the methodology for calculating practice expense RVUs under the Medicare physician fee schedule.

I am urging CMS to ensure that severe Medicare payment cuts for physical therapists and other health care professionals do not occur in 2007. I recommend that CMS transition the changes to the work RVUs over a four-year period to ensure that patients continue to have access to valuable health care services.

Under current law, the "Sustainable Growth Rate" (SGR) formula is projected to trigger a 4.6% cut in payments in 2007. Similar cuts are forecasted to continue for the foreseeable future, totaling 37% by 2015. A budget neutrality adjuster proposed in the 5-year review rule that would impose additional cuts on top of the SGR would further compound the impact of these cuts. It seems to me to be unreasonable and punitive to propose policies that pile cuts on top of cuts. Although there is a proposed increase for evaluation and management (E/M) codes, physical therapists and other non-physicians are not allowed to bill for these E/M services. Therefore, 2007 will be a devastating year for physical therapists and other non-physicians.

Highlands (Corporate)
4480 Richmond Rd.
Warrensville Hts. OH 44128
216-595 - 2880

Mentor Med Center
9000 Mentor Ave.
Mentor OH 44060
440-974 – 4433

Chesterland
8055 Mayfield Road #101.
Chesterland OH 44026
440-729 - 7077

Willoughby (in Fitworks)
34881 Euclid Ave
Willoughby, OH 44094
440-942-4520

North Royalton
14200 Ridge Rd.
North Royalton OH 44133
440-877 – 0170

Westlake
960 Clague Rd. Suite 3100
Westlake OH 44145
440-250 – 2040

Shaker
St. Luke's MOB
11201 Shaker Blvd #322
Cleveland OH 44104
216-707-9232

I realize that CMS emphasizes the importance of increasing payment for E/M services to allow physicians to manage illnesses more effectively and therefore result in better outcomes. Increasing payment for E/M services is important – but the value of services provided by all Medicare providers should be acknowledged under this payment policy. Physical therapists spend a considerable amount of time in face-to-face consultation and treatment with patients, yet their services are being reduced in value.

These proposed cuts undermine the goal of having a Medicare payment system that preserves patient access and achieves greater quality of care. If payment for these services is cut so severely, access to care for millions of the elderly and disabled will be jeopardized.

Thank you for your consideration of the above comments.

Sincerely,

Paul M. Smith, PT, MS, ATC
Clinical Operations Manager
University Hospital Health System
Rehabilitation and Sports Medicine
9000 Mentor Avenue; Suite #206
Mentor, OH 44060
440-974-4104
paulm.smith@uhhs.com

Submitter : **Dr. Peter Dempsey** **Date: 08/08/2006**

Organization : **U.T. M.D. Anderson Cancer Center**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

Peter J. Dempsey, M.D., F.A.C.R.
Division of Diagnostic Imaging
Chief: Breast Imaging Section
U.T. M.D. Anderson Cancer Center
Houston, Texas 77030

August 8, 2006

Senator Kay Bailey Hutchison
Centers for Medicare & Medicaid Services
Department of Health & Human Services
Baltimore, MD

Re: CMS-1512-PN
Issue: Proposed Practice Expense Methodology

Dear Senator Hutchison:

I am writing to express my concern regarding several reimbursement cuts outlined in the Proposed Rule referenced above. If implemented, these cuts, especially those to Computer Aided Detection and Stereotactic Biopsy, would have a detrimental effect on women s healthcare, would result in a greater economic burden on the healthcare system, and ultimately may significantly decrease a woman s access to the potential life saving study of an annual screening mammogram.

The following is a brief summary of these cuts:

Osteoporosis Screening - The proposal to reduce the RVUs for central DXA by 75% and Vertebral Fracture Assessment by 50% will make it impossible for most physicians offices to justify the cost of equipment and manpower required to perform these exams. This will inevitably lead to reduced utilization and lost opportunities for early diagnosis and treatment, with a resultant rise in osteoporosis-related fractures. In addition to the pain, suffering, and increased mortality these patients will face, the already enormous cost ($19+ billion annually) of caring for fragility fractures will rise significantly.

Computer Aided Detection (CAD) as an adjunct to mammography - Decreasing reimbursement for this tool by 52% will make its use economically infeasible in many practices. Limiting access to CAD, which has been shown in multiple peer-reviewed studies to significantly increase the detection rate of breast cancer at an earlier stage, has serious consequences in terms of quality of care, reduced survival, and increased costs associated with the more aggressive therapeutic interventions necessary when breast cancer is detected at a later stage.

Stereotactic Guidance for minimally invasive breast biopsies - Reducing reimbursement for this procedure by 80% will significantly increase the number of unnecessary open surgical biopsies performed on an annual basis. It will essentially provide a financial incentive to perform an expensive open surgical biopsy with its inherent risks, when a simple 25 minute stereotactic biopsy done under a local anesthetic would produce equal diagnostic results. Many breast imagers will no longer be able to offer this service due to inadequate reimbursement, and thus many Medicare beneficiaries may be unable to travel long distances to gain access to this safer, less invasive and less traumatic procedure at those few centers still offering this service, though at a financial loss. In addition to increased morbidity for patients, costs to the healthcare system will rise significantly, as the cost for an open surgical biopsy is substantially greater than for the preferred, minimally invasive alternative.

As a radiologist, Section Chief of Breast Imaging, and career-long champion of women s preventive healthcare, I cannot express my opposition to these proposed cuts strongly enough. The benefits of screening for osteoporosis and breast cancer are well documented. Congress has mandated implementation of screening programs for Medicare beneficiaries, yet these reimbursement cuts threaten the viability of these programs and carry serious implications for the delivery of quality care to our most vulnerable patient population. If the CMS plans are carried out, Congress will, in essence, have enacted not simply an un-funded mandate , but far worse, a money losing mandate .

I urge you to carefully reconsider and then hopefully withdraw these proposed cuts.

Sincerely,
Peter J. Dempsey, M.D.

Attachment
1082

Peter J. Dempsey, M.D., F.A.C.R.
Division of Diagnostic Imaging
Chief: Breast Imaging Section
U.T. M.D. Anderson Cancer Center
Houston, Texas 77030

August 8, 2006

Senator Kay Bailey Hutchison
Centers for Medicare & Medicaid Services
Department of Health & Human Services
Baltimore, MD

Re: CMS-1512-PN
Issue: Proposed Practice Expense Methodology

Dear Senator Hutchison:

I am writing to express my concern regarding several reimbursement cuts outlined in the Proposed Rule referenced above. If implemented, these cuts, especially those to Computer Aided Detection and Stereotactic Biopsy, would have a detrimental effect on women's healthcare, would result in a greater economic burden on the healthcare system, and ultimately may significantly decrease a woman's access to the potential life saving study of an annual screening mammogram.

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incentive to perform an expensive open surgical biopsy with its inherent risks, when a simple 25 minute stereotactic biopsy done under a local anesthetic would produce equal diagnostic results. Many breast imagers will no longer be able to offer this service due to inadequate reimbursement, and thus many Medicare beneficiaries may be unable to travel long distances to gain access to this safer, less invasive and less traumatic procedure at those few centers still offering this service, though at a financial loss. In addition to increased morbidity for patients, costs to the healthcare system will rise significantly, as the cost for an open surgical biopsy is substantially greater than for the preferred, minimally invasive alternative.

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I urge you to carefully reconsider and then hopefully withdraw these proposed cuts.

Sincerely,
Peter J. Dempsey, M.D.

Submitter : **Mrs. Anita Mulcahey** **Date: 08/08/2006**

Organization : **National Association of Social Workers**

Category : **Social Worker**

Issue Areas/Comments

GENERAL

GENERAL

Regarding: CMS-1512-PN

I am a clinical social worker who is very concerned about this proposed legislation as you can see from my comments below.

*14 percent reimbursement cut will affect your practice and you as a Medicare provider;
*I would like to request that CMS not reduce work values by 7 % for clinical social workers effective January 1, 2007;
*I would like to request CMS to withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers; and
* I would also like to request that CMS not approve the proposed Top down formula to calculate practice expense, and request that they select a formula that does not create a negative impact for mental health providers.

Sincerely,

Anita L. Mulcahey, ACSW, LICSW
Clinical Social Worker
Assistant Director
Social Work Therapy Referral Service

Submitter : Ms. Dawn Van Pelt **Date:** 08/08/2006

Organization : Van Pelt Therapy

Category : Home Health Facility

Issue Areas/Comments

GENERAL

GENERAL

It is imperative that the reimbursement amount to Physicial Therapists' are not cut. It is difficult enough to do business and find good staff to treat patients without having our reimbursement cut. I am aware that the medicare payment system needs to watch their expenses and I feel there are other ways to manage costs than by cutting the pay to the front line professionals that are treating the customers, (who paid into the system.) Thank you for your consideration. Dawn

Submitter : **Mrs. susan ledet** **Date: 08/08/2006**

Organization : **Quality Physical Therapy**

Category : **Physical Therapist**

Issue Areas/Comments

Background

Background

I am an owner of a private practice outpatient physical therapy clinic

Submitter : Mrs. susan ledet **Date:** 08/08/2006

Organization : Quality Physical Therapy

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

To pass this fee schedule cut would be unfair to therapists and their patients. We as physical therapists work hard for our patients and our patients deserve the best care possible. The limitations medicare all ready has on caps has really limited the care our patients need.

Submitter : Mr. JIMMY ALEXANDER **Date:** 08/08/2006

Organization : SW SPORTW

Category : Health Care Industry

Issue Areas/Comments

Practice Expense

Practice Expense

PLEASE DON'T LOWER OUR FEES FOR PHYSICAL THERAPY! WE ARE THE LOWEST PAYED PEOPLE ON THE HEALTH CARE INDUSTRY CHAIN AND MANY CLLINICS ARE GOING OUT OF BUSINESS NOW. REDUCED FEES WILLL NOT ONLY FORCE MORE DOORS TO CLOSE BUT WILL DETRIMENALE TO THE HEALTH AND RECOVERY OF OUR NATIONS ELDERLY AS MANY MORE SMALL CLINICS REDFUSE TO TAKE MEDICARE.

Submitter : Mr. Steve Ryland **Date:** 08/08/2006

Organization : Beachside Physical Therapy

Category : Health Care Industry

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1512-PN-1088-Attach-1.DOC

Attachment FF
1088

Beachside
PHYSICAL THERAPY

2030 S. Patrick Drive, Ste. 3 • Indian Harbour Beach, FL 32937
Phone 321-773-5290 • Fax 321-773-5268

408 5th Avenue • Indialantic, FL 32903
Phone 321-727-2707 • Fax 321-727-2977

3680 N. Wickham Road • Melbourne, FL 32935
Phone 321-255-5500 • Fax 321-255-5551

August 8, 2006

Dear Dr. McClellan,

My name is Steve Ryland and I have been a private physical therapy practice owner for the past five and a half years. Prior to opening my own practice I worked for five years with larger physical therapy establishments. I currently have three clinics in southern Brevard County and am opening my fourth clinic in November. I write to you to comment on the June 29th proposed notice regarding revisions to work relative value units and the revision of the methodology for calculating practice expense relative value units under the Medicare physician fee schedule. I *urge* CMS to ensure that severe Medicare payment cuts for physical therapists and other health care professionals do not occur in 2007. Instead, CMS should transition the changes to occur over a four year period, thus ensuring that patients continue to have access to valuable heath care services.

Currently the "Sustainable Growth Rate" formula is projected to trigger a 4.6% cut in payments in 2007. This greatly impacts physical therapy establishments such as mine that treat many Medicare patients. A cut in payments means a decrease in finances for facility upkeep and quality staff, among other factors. And with similar cuts being forecasted to continue, totaling 37% by 2015 it's not difficult to see why there is a problem.

The proposal allows for an increase in payments for Evaluation and Management codes, codes that physical therapists and other non-physicians cannot bill for and therefore would receive no benefit from. The proposed cuts are budget neutrality adjusters to offset the increase in payments for the E/M codes. Physicians benefit in that the codes which they primarily use receive greater value. The codes used by physical therapists and non-physicians – those people who spend a considerable amount of time in face-to-face consultation and treatment with patients – are being reduced in value. Increasing the payment for E/M services will allow physicians to manage patient illnesses more effectively and result in better outcomes, which is important; however, the value of services provided by *all* Medicare providers should be acknowledged under this payment policy.

Finally, the proposed cuts undermine the main goal of having a Medicare payment system that preserves patient access and achieves greater quality of care. If payment for these services is cut so severely, access to care for millions of the elderly and disabled will be jeopardized. This is of great concern to me as 20% of the population of Brevard County is over the age of 65.

Thank you for your consideration of my comments.

Sincerely,

Steve Ryland
PT, DPT/ Owner
Beachside Physical Therapy, Inc.

Submitter : Mr. John Krug **Date:** 08/08/2006

Organization : Mr. John Krug

Category : Physical Therapist

Issue Areas/Comments

Practice Expense

Practice Expense

I am a physical therapist with 28 years of experience, 20 of those in a private practice. I wish to comment on the 6/29/06 proposed notice that revises the methodology for calculating practice expense RVUs under the Medicare physician fee schedule. I want to urge CMS to ensure that severe Medicare payment cuts for physical therapists and other health care professionals do not occur in 2007. Instead, I support the recommendation that CMS transition the changes to the work relative value units (RVUs) over a four year period to ensure that patients continue to have access to valuable health care services.
It is unreasonable to propose policies that would impose additional cuts on top of the Sustainable Groth Rate (SGR) reduction.
Physical therapists cannot bill for E/M codes, and will derive no benefit from increased payment rates for those codes. Therefore, 2007 would be a devistating year financially for those PTs who treat a large number of Medicare beneficiaries.
If payments for these services are cut so severely, access to care for millions of the elderly and disabled will be jeopardized.
Physical therapists spend a great deal of time in face -to-face consultation and treatment with patients, yet our services are being reduced in value. Again, we have no access to the E/M codes.
Thank you for your consideration of these comments.
Sincerely,
John Krug, MS, PT

Submitter : Dr. Daniel Davis **Date:** 08/08/2006

Organization : Intermountain Healthcare

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

Dear CMS: I am writing to urge you not to decrease reimbursement for CPT code 76075 (Bone densitometry. This is a vital service that should be provided by all primary care providers. The equipment is expensive to purchase and maintain. If the planned payment decrease takes place, it will make it unprofitable for doctors to perform this service and many patients may not get this testing done. Osteoporosis is very prevalent in the United States and only by early detection and intervention can debilitating hip, spine, and wrist fractures be prevented. Please make no cuts in CPT code 76075.

Submitter : Dr. Debra Stern **Date:** 08/08/2006

Organization : Nova Southeastern University

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

CMS is currently considering reducing reimbursement for physical therapy services under the fee codes. While practice costs go up as the cost of doing business steadily increases and the work remains the same, it is the public who will ultimately suffer. There is no justification for reduction in reimbursement as the work stays the same. It is a travesty that the health and welfare of the elderly and disabled in the U.S. is constantly in a state of flux, often resulting in reducing accessibility to adequate health care services. This reduction has not place in the health care marketplace of today.
Debra F. Stern, PT, MSM, DBA

Submitter : Mr. James Griesi **Date:** 08/08/2006

Organization : RehabCare, Bon Secours

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

I am a Physical Therapist/Operations Director for 3 Private Outpatient practices and have been in practice for 8 years in good standing.
The June 29 proposed notice that sets forth proposed revisions to work relative value units and revises the methodology for calculating practice expense RVUs under the Medicare physician fee schedule should NOT be implemented as it will represent severe Medicare payment cuts for Physical Therapists and other health care professionals.
This will have the direct result of less access to skilled services and likely increase in future health care costs. Physical therapy is an essential intervention for functional independence, safety and efficiency. With reimbursement going down and costs going up the ability to deliver the highly valuable and essential service is diminishing rapidly. My strong recommendation is that CMS transition the changes to the work relative value units (RVUs) over a four year period to ensure that patients continue to have access to valuable health care services. Thank you for your consideration.

Submitter : **Date: 08/08/2006**

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

Other Issues

Other Issues

To Whom It May Concern:

We all have heard reports that as the population ages and the baby boomers turn 65, there will be funding shortages for Medicare and Social Security and that eventually, the costs will outweigh the funding. I know that CMS's responsibility is to manage Medicare services appropriately and that physical therapy/rehabilitation are some of the larger expenses that you incur. Unfortunately, the reason for that is that therapies are crucial to quality of life for our senior citizens.

As technologies improve to prolong life and surgical techniques excel to improve quality of life, there is more of a need for rehabilitative services and this is one reason why you have seen the increase in physical therapy costs over the years. Another reason is that the population has seen the benefits of physical therapy either first-hand or through witnessing the experiences of a parent, neighbor or child. Though you see on paper that physical therapy is becoming more costly for you, there is reason to argue that the increased physical therapy costs are slowing the costs of other services, such as surgeries or medical care related to falls, services rendered to diabetics or services for the frail elderly. It is possible that physical therapy teaches these patients not only the importance of activity in their elder years, but also the right kinds of activities to help them maintain independence and health. Physical therapy may also reduce the frequency of return visits to physicians for continued, nagging problems that many used to 'live with' but now know that they don't have to suffer with.

As a physical therapy clinic manager, I can tell you that each year our funding from insurers decreases and our net revenue per visit decreases. At the same time, our employees expect and deserve pay raises, the utility companies increase their rates and the landlord increases the rent. There is a huge shortage of physical therapists at the present time as well, which drives up salaries that we must pay to recruit and retain the best. The only way to make up for the decrease in revenue and increase in costs is to see more patients in a day. This is why physicians see one patient every 5 minutes now and don't have time to do a thorough exam unlike the 'good old days' when patients had a relationship with their physician. Physical therapy, unfortunately, will be forced to move in that direction if CMS continues to cut reimbursement (or if the cost of living increases more rapidly than reimbursement from CMS). We all know that that is not good medicine and patients will likely see fewer benefits of physical therapy if this happens (though you'll be paying the same).

I hope that you ll consider the benefits of physical therapy and not solely look at the costs. Many of the benefits can not be calculated on an accounting ledger: greater quality of life and a reduction in other medical costs among them. I think about many of the patients that I have treated over the years who have come back to visit every so often and thank me, telling me that without physical therapy, they would not be able to take walks on the beach, swim in the ocean, play with their grandchildren and enjoy life. They would be depressed, house-bound and generally more ill from the lack of mental and physical stimulation. None of us would want that for ourselves, our parents or, in the future, our children. Ask any patient who has had physical therapy who helped them regain their health more, their physician or their physical therapist and I know that the resounding reply will be their physical therapist. Reducing physical therapy reimbursement and benefits is the wrong thing to do.

Sincerely,

Kimberly Kranz, PT, OCS, Cert. MDT

CMS-1512-PN-1093-Attach-1.DOC

Attachment A
1093

To Whom It May Concern:

We all have heard reports that as the population ages and the baby boomers turn 65, there will be funding shortages for Medicare and Social Security and that eventually, the costs will outweigh the funding. I know that CMS's responsibility is to manage Medicare services appropriately and that physical therapy/rehabilitation are some of the larger expenses that you incur. Unfortunately, the reason for that is that therapies are crucial to quality of life for our senior citizens.

As technologies improve to prolong life and surgical techniques excel to improve quality of life, there is more of a need for rehabilitative services and this is one reason why you have seen the increase in physical therapy costs over the years. Another reason is that the population has seen the benefits of physical therapy either first-hand or through witnessing the experiences of a parent, neighbor or child. Though you see on paper that physical therapy is becoming more costly for you, there is reason to argue that the increased physical therapy costs are slowing the costs of other services, such as surgeries or medical care related to falls, services rendered to diabetics or services for the frail elderly. It is possible that physical therapy teaches these patients not only the importance of activity in their elder years, but also the right kinds of activities to help them maintain independence and health. Physical therapy may also reduce the frequency of return visits to physicians for continued, nagging problems that many used to "live with" but now know that they don't have to suffer with.

As a physical therapy clinic manager, I can tell you that each year our funding from insurers decreases and our net revenue per visit decreases. At the same time, our employees expect and deserve pay raises, the utility companies increase their rates and the landlord increases the rent. There is a huge shortage of physical therapists at the present time as well, which drives up salaries that we must pay to recruit and retain the best. The only way to make up for the decrease in revenue and increase in costs is to see more patients in a day. This is why physicians see one patient every 5 minutes now and don't have time to do a thorough exam unlike the "good old days" when patients had a relationship with their physician. Physical therapy, unfortunately, will be forced to move in that direction if CMS continues to cut reimbursement (or if the cost of living increases more rapidly than reimbursement from CMS). We all know that that is not good medicine and patients will likely see fewer benefits of physical therapy if this happens (though you'll be paying the same).

I hope that you'll consider the benefits of physical therapy and not solely look at the costs. Many of the benefits can not be calculated on an accounting ledger: greater quality of life and a reduction in other medical costs among them. I think about many of the patients that I have treated over the years who have come back to visit every so often and thank me, telling me that without physical therapy, they would not be able to take walks on the beach, swim in the ocean, play with their grandchildren and enjoy life. They would be depressed, house-bound and generally more ill from the lack of mental and physical stimulation. None of us would want that for ourselves, our parents or, in the future, our children. Ask any patient who has had physical therapy who helped them

regain their health more, their physician or their physical therapist and I know that the resounding reply will be their physical therapist. Reducing physical therapy reimbursement and benefits is the wrong thing to do.

Sincerely,

Kimberly Kranz, PT, OCS, Cert. MDT

Submitter : Mrs. Susan Pettis **Date:** 08/08/2006

Organization : Mrs. Susan Pettis

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

The reduction anticipated in Physical Therapy fees in 2007 further compromises the quality of medical services for seniors.

The low level of reimbursement has lead many health care providers to restrict either the number of medicare clients from their practice, or to refuse to accept any medicare clients.

In the case for Physical Therapists, our national association refuses to allow us to "opt out" and treat medicare clients for cash. So the only way to survive financially, is to take very few medicare clients, or none at all. This adds to the healthcare crisis of the elderly. I am fast approaching medicare age and want to be able to choose any healthcare provider I want.

Since having "choice" is an aspect of happiness, being able to take cash payments for physical therapy services would be a benefit for many clients. Currently physical therapists will be fined $2000.00 for each session that was paid for in cash. Having the ability for the Physical Therapist to "opt out" of taking Medicare payment, and thereby being allowed to take cash, would be a benefit for many seniors. This should not stop the therapist from also billing Medicare for the seniors with a more restricted budget.

Currently, the choice is "all or none" if a health professional is in the quandry of either elminating medicare billing or eliminating medicare clients from their practice.

Submitter : Ms. Samuel Hickman **Date:** 08/08/2006

Organization : WV Chapter National Assoc of Social Workers

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

Implementation of CMS-1512-PN would impose a 14 percent reimbursement cut to clinical social work services and would endanger the vulnerable Medicare recipient population by making it more difficult for recipients to receive the critical care offered by clinical social workers.

I specifically request that the Centers for Medicare and Medicaid Services not seek to reduce work values for clinical social workers effective January 1, 2007.

Further, I request that CMS withdraw the proposed increase in evaluation and management codes until such time as sufficient funds are available to increase reimbursement rates for ALL Medicare providers.

Finally, I request that CMS not approve the proposed "bottom up" formula to calculate practice expense. Clinical social workers incur very little practice expense as providers. Therefore, CMS should approve a funding formula that does not have a drastic negative impact for clinical social work practitioners.

Submitter : Mr. S S **Date:** 08/08/2006

Organization : Mr. S S

Category : Other Health Care Professional

Issue Areas/Comments

Other Issues

Other Issues

I urge you to stop medicare anesthesia cuts

Submitter : Dr. Vijay Haryani **Date:** 08/08/2006

Organization : Dr. Vijay Haryani

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I am writing CMS to voice my strong disagreement over the proposed changes in the practice expense RVU values for CPT 93701. Your propsal would significantly decrease the RVU in 2007 and further decrease it through 2010. Specifically, the reimbursement would go from its current level of 0.98 to 0.91 in 2007 and to 0.71 in 2010. I understand this change is not due to chanbe in your inputs for the procedure but rather a change in your methodology for calculating the RVUs based on these inputs. The 2007 reimbursement of $44.34 is already too low, given the cost of the device, electrodes, and nursing time. The new bottoms up methodology is significantly flawed in the case of this CPT code because it obviously does not reflect the actual costs incurred by the provider. Therefore, I request that you modify the CPT code to remain at its current level of 0.98 or to incresae it in response to known increase in the costs of providing this service.

Submitter : **Date: 08/08/2006**

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

Other Issues

Other Issues

I am an office manager for a small Physical Therapy practice and wish to comment on the June 29th proposed notice that sets forth proposed revisions to work relative value units and revises the methodology for calculating practice expense RVUs under the Medicare physician fee schedule. This practice has been servicing patients for 10 years. If the proposed notice is implimented, it will have a negative impact on our ability to continue practicing independently. We provide specialized services to many local individuals who are in need of physical therapy and may not be able to go out of the local area to receive these services.

While prices are continuing to rise everywhere for all goods and services, insurance fees are continuing to be lowered by insurance companies. Small practices cannot survive the excessive increases and receive lower fees. What that means to us is we will be forced to terminate employees and may have to close our doors.

We are requesting that CMS transition the changes to the work relative value units over a 4 year period to ensure that our patients continue to have access to valuable health care services we provide.

Thank you for your anticipated consideration in helping us keep our business open.

Submitter : **Dr. Stephen Benson** **Date: 08/08/2006**

Organization : **Lincoln Orthopedic Physical Therapy**

Category : **Physical Therapist**

Issue Areas/Comments

Other Issues

Other Issues

I am a physical therapist with a doctorate in physical therapy who practices in an outpatient orthopedic physical therapy practice (private practice). Over the last several years, we have seen overall costs of doing business increase and reimbursement decrease. As far as Medicare is concerned, because we take assignment for our Medicare patients, we generally receive about 1/2 of what we bill from Medicare (which just about covers our cost of doing business). On top of that, Medicare now places a cap on reimbursement of just over $1700 for each beneficiary per year. Medicare also requires more documentation and "red tape" paper work than any other third-party payer. Because of this, it is becoming more and more difficult to provide appropriate care for our elderly patients.
Now we hear that CMS is proposing a reductionof the work values for all services billed under the fee schedule by 10% in 2007. This will cut payment for the work component of services billed by physical therapists by 6% beginning January 1, 2007. These cuts will further the difficulty we have in covering our costs when we treat medicare patients.

Please consider another policy so that we can continue to provide care for Medicare patients.

Thank you for your consideration,

Sincerely,

Stephen V. Benson, DPT, OCS, MTC
Lincoln Orthopedic Physical Therapy, PC
6120 Village Drive
Lincoln, NE 68516
(402) 420-2626

Submitter : Mr. Jason Boyce-Draeger **Date:** 08/08/2006

Organization : MCV Hospitals

Category : Other Health Care Professional

Issue Areas/Comments

Practice Expense

Practice Expense

I am against the unfair and unreasonable proposal that Clinical Social workers receive a 7 percent reduction in work values and a 2 percent reduction in Practice Expense values.

Submitter : **Ms. Susan Lawson** **Date: 08/08/2006**

Organization : **Susan Lawson - Private Independent Provider**

Category : **Other Health Care Provider**

Issue Areas/Comments

GENERAL

GENERAL

I do not understand why the Licensed Independent Clinical Social Worker's (LICSW) reimbursement will be decreased. It is already significantly lower than that of a psychologist. I, like most LICSW's, have worked very hard and have spent a great deal of money to reach the position that I am in. We are very knowledgeable about mental health, in addition to how the social environment affects those that we serve. It is a slap in the face to already be paid at a reduced rate. I, personally, owe over $100,000.00 in student loans to be a Ph.D., M.S.W., and a LICSW. Because I am never paid equal to that of other professions who have paid about the same tuition rate, (but are reimbursed at a much higher rate), I feel as if I will never get my financial aid repaid. I feel it is unfair. I pray that the government will recognize the expertise and value of the LICSW profession. We do a very important job and should not be penalized again, just because we are social workers. Thank you very much for reading!

Submitter : Ms. Shirley Crenshaw **Date:** 08/08/2006

Organization : Ms. Shirley Crenshaw

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

-- A 14 percent reimbursement cut will affect my practice and myself as a Medicare provider.
-- I am requesting that CMS not reduce work values by 7 % for clinical social workers effective January 1, 2007;
-- I am requesting that CMS withdraw the proposed increase in evaluation and management codes until you have the funds to increase reimbursement for all Medicare providers.
-- I am requesting that CMS not approve the proposed "Top down" formula to calculate practice expense. I am requesting that you select a formula that does not create a negative impact for mental health providers.

Submitter : **Mr. Bernard Curry** **Date: 08/08/2006**

Organization : **In Home Clinical**

Category : **Social Worker**

Issue Areas/Comments

Practice Expense

Practice Expense

I would like to register my opposition to the reduction of fees that are payable to Lincensed Clinical Social Workers (LCSW). Social Workers provide the bulk of therapy and counseling services compared to all other mental health providers. A reduction in fees would almost certainly result in a reduction of the number of social workers that participate in and/or accept Medicare payment for services.

Respectfully,

Bernard N. Curry, L.C.S.W.
Norfolk, Virginia

Submitter : **Ms. Miriam Loewenbach** **Date: 08/08/2006**

Organization : **NASW**

Category : **Social Worker**

Issue Areas/Comments

Practice Expense

Practice Expense

I will have difficulty seeing the amount of Medicare patients that I see now, and continue to pay the overhead for my practice. Please do not decrease work values by 7% for licensed clinical social workers. Please withdraw the proposed increase in evaluation and management codes until you have the funds to increase reimbursement for all Medicare providers. Do not approve the proposed Top down formula to calculate practice expense, and find a way to select a formula that does not create a negative impact for mental health providers. My livelihood as a provider is at stake.
Respectfully, Miriam E. Loewenbach LCSW, BCD.

Submitter : Dr. Susan Wilder **Date:** 08/08/2006

Organization : LifeScape Medical Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I own a small Family Medicine group practice in Scottsdale Arizona that provides comprehensive wellness care for all ages and includes bone density screening. I vehimently oppose the proposed reduction in Dexa reimbursements by 78% in the next 4 years. This will put our scanner out of business and create access issues for many patients. Our Dexa costs are substantial with investment in fan beam equipment to provide instant vertebral analysis along with high quality Dexa. The vertebral analysis dramatically improves our ability to detect early compression fractures in the spine and has resulted in more aggressive early intervention.
We are not a high volume center (20% utilization - typical of primary care) and radiology tech/space costs are very high in our area. Our patient population includes a high percentage of patients (over 30% of patients over age 35 and 30% of men over 60) who have osteopenia or osteoporosis - many with early evidence of vertebral compression. We have been able to prevent substantial morbidity from this disabling condition by aggressive intervention early in the course of the disease.
CMS miscalculated the practice expense associated with high quality dexa scanning. Since fan beam instruments comprise the vast majority of densitometers currently available in practice, I believe that the equipment costs for DXA should be listed at $85,000.
Furthermore, densitometry costs such as phantoms, necessary service contracts/software upgrades and office upgrades to allow electronic image transmission were omitted.
I also disagree with the CMS conclusion used to calculate the physician work component for DXA. Specifically, CMS felt that the actual physician work of DXA interpretation is 'less intense and more mechanical' than was accepted previously. Emphasize that high quality DXA reporting requires skilled interpretation of the multiple results generated by the instrument, comparison with prior scans, integration with laboratory testing/resorption markers, nutritional tests, and substantial time counseling patients on nutritional/exercise/medication interventions and their risks/benefits.
I appreciate the efforts of CMS to more fairly distribute revenue from mechanical procedures to cognitive work which is significantly undervalued. There is some room to shave reimbursements maybe 20-30% but a 78% cut would eliminate bone density scanning in small practices such as ours and provide a disservice to our patients. Please reevaluate your calculations and reconsider this drastic reduction.
Sincerely, Susan S. Wilder, MD

Submitter : **Donna Campbell** **Date: 08/08/2006**

Organization : **Donna Campbell**

Category : **Social Worker**

Issue Areas/Comments

Practice Expense

Practice Expense

DONNA L. CAMPBELL, L.C.S.W., A.C.S.W., B.C.D.
P.O. Box 88
Capeville, VA 23313
Phone/Fax: 757-331-3752 Or Phone: 757-414-0076

August 8, 2006
Re: CMS-1512-PN
To Whom It May Concern:

I recently received notification that CMS is planning a 14% reimbursement cut (proposed that Clinical Social workers receive a 7 percent reduction in work values and a 2 percent reduction in Practice Expense values effective January 1, 2007. An additional proposed 5 percent decrease in Practice Expense values is to occur by 2010).
As a provider in an underserved, rural community (one of the poorest areas in the state of Virginia), any reduction would be an extreme hardship. Since Medicare already pays less than half my current fees acceptance of less would cause me to seriously consider whether I could continue to provide this service. Most clients can not afford even a reduced fee so this would correspond to a severe limitation in resources for persons with Medicare Insurance.
I ask that CMS withdraw the proposed increase in evaluation and management codes until you have the funds to increase reimbursement for all Medicare providers.

Please do not approve the proposed Top down formula to calculate practice expense. Rather, consider a formula that does not create a negative impact for mental health providers, a hardship which will impact negatively on patients.

Sincerely,

Donna L. Campbell, L.C.S.W.

CMS-1512-PN-1106-Attach-1.DOC

CMS-1512-PN-1106-Attach-2.DOC

Attachment # 1106

DONNA L. CAMPBELL, L.C.S.W., A.C.S.W., B.C.D.
10150 ROGERS DR.
NASSAWADOX, VA 23413
Phone/Fax: 757-331-3752 Or Phone: 757-414-0076

August 8, 2006

Re: CMS-1512-PN

To Whom It May Concern:

I recently received notification that CMS is planning a 14% reimbursement cut (proposed that Clinical Social workers receive a 7 percent reduction in work values and a 2 percent reduction in Practice Expense values effective January 1, 2007. An additional proposed 5 percent decrease in Practice Expense values is to occur by 2010).

As a provider in an underserved, rural community (one of the poorest areas in the state of Virginia), any reduction would be an extreme hardship. Since Medicare already pays less than half my current fees acceptance of less would cause me to seriously consider whether I could continue to provide this service. Most clients can not afford even a reduced fee so this would correspond to a severe limitation in resources for persons with Medicare Insurance.

I ask that CMS withdraw the proposed increase in evaluation and management codes until you have the funds to increase reimbursement for all Medicare providers.

Please do not approve the proposed "Top down" formula to calculate practice expense. Rather, consider a formula that does not create a negative impact for mental health providers, a hardship which will impact negatively on patients.

Sincerely,

Donna L. Campbell, L.C.S.W.

Submitter : Mrs. Susan Williams **Date:** 08/08/2006

Organization : ISCD

Category : Other Technician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

re: Reduction in reimbursement for (DEXA)DXA CPT Code 76075 & 76077

As an ISCD and ARRT densitometry technologist working in an Illinois suburban orthopaedic clinc, I strongly urge you to reconsider the reduction in reimbursement for bone density tests using DXA.

CMS is undervaluing and underestimating the time, equipment cost, and continuing educaton expense that the technologist and the reviewing physician impart in producing a quality scan and accurate physician's report.

TIME: Time is spent reviewing extensive histories that the patient fills out to determine which areas are appropriate to scan. Height and weight have to be measured. Patients have to be instructed to refrain from taking calcium supplements before the test; screened for prior medical tests that may compromise the bone density outcome; clothing has to be checked to make sure there is no metal or confounding artifact in the scan field. The technologist, working under the supervision of the reviewing physician, is the helmsman that steers the DXA craft, guiding the computer to correctly identify vertebral levels, bone edges, mapping tissue areas appropriately, and is a major factor in keeping the radiation level as low as reasonably achievabe (ALARA). The reviewing physician also mandates protocols, decides the best way to analyze the images consistently in accordance with the latest medical recommendations, and customizes the physician's report.

Cost: Any test that is generated through a computer constantly needs upgrading and replacement as operating systems become non-supported by their designers---it's expenseve keeping up with the Gates. Medicine is a constantly changing field and new software programs are created to reflect the current thinking. Updated reference databases are required. As with any machine with moving parts, switches wear out, boards corrupt and x-ray tubes blow. Service contacts are expensive but not as expensive as not having one. Precision studies to assess real bone density changes for follow-up DXAS require extra time and expense.

Education: In order to get the best image acquisition and analysis, continuing education is mandatory and not free in terms of time and cost.

While the manufacturers' salespersons would like their prospective buyers to think that DXA bone mineral densitometry is an automatic, no-brainer test on the part of the providers, CMS should know that that philosophy results in inaccurate outcomes. Mislabeling vertebral levels and incorrect positoning of the spine, femur, and forearm can lead to misdiagnosis.

The financial consequences of hindering detection of low bone density at a treatable stage cannot be underestimated as our baby boom generation ages. I can personally attest to the results of osteoporosis. My mother, who has osteoporosis, has sustained four low trauma fractures from falls, one lengthly in-patient hospitalization for a fractured pelvis complicated by pulmonary embolism, one shorter hospitalization after a hip-pinning (the result of a higher level of trauma),two out-patient reductions of wrists, and one immobilization boot for fracture. Her digestive system has also been compromised because of her reduced height.

Submitter : **Mrs. Gretchen Horst** **Date: 08/08/2006**

Organization : **The Dorr Center, LLC**

Category : **Social Worker**

Issue Areas/Comments

Practice Expense

Practice Expense

The reimbursement for Clinical Social Workers is already very low. To decrease the amount by 14% and then decrease it again in 2010 will result in many Social Workers no longer accepting Medicare reimbursement. This will greatly impact the elderly, as more and more of the "baby boomers" become Senior Citizens.

Submitter : **Mr. Richard Horowitz** **Date: 08/08/2006**

Organization : **Private Practice**

Category : **Social Worker**

Issue Areas/Comments

GENERAL

GENERAL

TO CMS:

I wish to register my unequivocal opposition to proposed Medicare cuts for social workers. The implementation of CMS-1512-PN will exert a deleterious effect on many clients. I strongly oppose it.

Sincerely,
Rich Horowitz

Submitter : Mrs. Venise Mule-Glass **Date:** 08/09/2006

Organization : APTA

Category : Physical Therapist

Issue Areas/Comments

Regulatory Impact Analysis

Regulatory Impact Analysis

The regulation will significantly impact the patients and the providers. E/M codes are not billed by PTs. In addition, the Cap has hurt the Medicare population because they don't get the care they need and are discharged prior to goals.PTs can not keep getting cuts from all these insurers. No other worker would tolerate NO cost of living raise each year. But this has happened to PT as well as each year another insurance company cuts costs. We are now at 1985 rates and dropping fast. Please consider giving PT E/M codes and increasing the fee. Thank You, Venise Glass PT MA OCS

Submitter : **Ms. Sue Behrens** **Date: 08/09/2006**

Organization : **Timber Creek Therapies**

Category : **Physical Therapist**

Issue Areas/Comments

Other Issues

Other Issues

See attached.

CMS-1512-PN-1111-Attach-1.TXT

Attachment #1111

Mr. Mark McClellan, MD, PhD
CMS Administrator
Baltimore, MD.

Dear. Dr. McClellan,

I am a physical therapist in private practice who has been practicing for 30 years. I practice in rural Iowa . Our practice setting includes a warm water pool and the use of hippotherapy for our patients- a very unique and successful combination that comes with a high cost of operation.

I would like to comment on the June 29 proposed notice that sets forth proposed revisions to work relative value units and revises the methodology for calculating practice expense RVUs under the Medicare physician fee schedule.

I would like to urge the CMS to ensure that severe Medicare payment cuts for physical therapists and other health care professionals do not occur in 2007. Because we are a private practice, in 2006, we had to absorb and try to cope with the unfair and harsh Medicare cap, and a further decline in the reimbursements will make keeping our clinic open an impossible task.

I would like to suggest that rather than have the changes in the relative value units occur as has been proposed, that you transition the changes over a four year period to ensure that patients continue to have access to health care services from the provider of their choice.

Under your proposal, you emphasize the importance of increasing the E/M payments to allow physicians to mange illnesses more effectively and therefore result in better outcomes. Increasing payment for E/M services is important- but the value of services provided by all Medicare providers should be acknowledged under this payment policy. Physical therapists spend a considerable amount of time in face –to- face consultation and treatment with patients, yet their services are being reduced in value. And since physical therapists cannot bill E/M codes and will not be able to derive any benefit from increased payment- only again taking a financial hit with the expectation to continue to provide high quality services.

Thank you for your consideration in thie matter.

Sincerely

Sue Behrens,PT
Timber Creek Therapies
2400 Poplar
Guthrie Center ,Iowa 50115
641-747-3225

Submitter : Mr. Thomas Eachus **Date:** 08/09/2006

Organization : Black Hawk-Grundy Mental Health Center, Inc.

Category : Social Worker

Issue Areas/Comments

Other Issues

Other Issues

It is my understanding that part of the changes proposed in the Medicare Physician Fee Schedule, the RVU and practice expense value, will affect clinical social workers and the reimbursement they receive from Medicare. The proposed reductions in these two areas for these professionals will be devastating to a profession that treats the vast majority of clients with mental health issues who have Medicare coverage. Community Mental Health Centers across the country are charged with providing services to those least able to afford services. A 14% reduction in Medicare reimbursements will be signficant in our organization that has 8 clinical social workers and has already sustained cuts in other funding sources such that our ability to provide timely services is severely limited. I would request that CMS not reduce work values for clinical social workers effective January 1, 2007 as planned. I would further request that CMS withdraw the proposed increase in E and M codes until they have the funds to increase reimbursement for all Medicare providers. I would further request that CMS not approve the "bottom up" formula to calculate practice expense. They need to select a formula that does not create a negative impact for clinical social workers who have very little expense as provider and who provide the vast majority of services to Medicare beneficiaries.

Submitter : Dr. Donald De Lorenzo **Date:** 08/09/2006

Organization : Dr. Donald De Lorenzo

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I have practiced Internal Medicine in Pennsylvania since 1983. The complexity, and thus the time involved, in the care of my largely Medicare patient population has increased dramatically over that time. We treat many conditions and risk factors now, with substantial success, that were previously not amenable to therapy. The increased time involved per patient, without a corresponding increase in remuneration, has made the practice of Internal Medicine economically difficult. Very few young physicians are chosing this field, and even those of us with established practices are under considerable financial pressure. I could triple my income AND work fewer hours by closing my practice and taking a job as a Hospitalist. I would like to continue taking care of my largely Medicare patients, in part because of professional duty. They have few other choices for care in this area. I will not be able to continue too much longer at the current reimbursment, but may well be able to if the suggested increase in cognitive reimbursement is adopted. I urge CMS to finalize the recommended work RVU increases for evaluation and management services.

Submitter : Ms. Vicki Picou **Date:** 08/09/2006

Organization : Ms. Vicki Picou

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am commenting on the new proposed regulations which cut payments to physical therapists. They are one of the few health care providers who have any "hands-on" treatment whatsoever. I am dealing with the elderly (among others) on a routine basis and can attest that the PTs give their patients more "face time" than anybody else. This treatment, the lessening of their pain without stopping up their bowels with pain meds, is what keeps many of them going. They relax and become more themselves after PT sessions.

I don't think it's right to cut back on payment to the one set of HCPs that bother to touch their patients. I do believe that PT services are vital to the entire patient population, including the elderly.

Please do not starve-out the PTs! They are a vital resource in lessening pain and encouraging physical activity, a key to longevity.

Submitter : Mrs. Nancy W Brockman, LCSW **Date:** 08/09/2006

Organization : Mrs. Nancy W Brockman, LCSW

Category : Other Health Care Professional

Issue Areas/Comments

Practice Expense

Practice Expense

I am writing to request that decreases in fees be discontinued. Decreases are making it impossible to serve the Medicare population with mental health issues. LCSW's are already taking a decrease if they are in private practice without a physician. My practice and several others are the only priavate practicioners who are accepting Medicare clients. Even the psychiatrists in our area are not accepting new Medicare clients. Please consider the clients as well as the practicioners in this matter.

Thank you. Nancy W. Brockman, LCSW