

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

Date: 08/09/2006

Issue Areas/Comments

Practice Expense

Practice Expense

Mark B. McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1512-PN
P.O. Box 8014
7500 Security Boulevard
Baltimore, MD 21244 8014

RE: Medicare Program; Five-Year Review of Work Relative Value Units Under the Physician Fee Schedule and Proposed Changes to the Practice Expense Methodology; Notice

Dear Doctor McClellan:

I am a practicing gastroenterologist in Springfield, Massachusetts and have been a Medicare participating provider since 1997. Thank you for the opportunity to comment regarding the proposed changes to the Physician Fee Schedule for 2007.

I am pleased that CMS has agreed with the recommendations of the RUC, as part of the five-year review process, to maintain the current work values for the following procedures commonly performed by gastroenterologists: 43235 (esophagogastroduodenoscopy); 43246 (upper gastrointestinal endoscopy, with directed placement of percutaneous gastronomy tube); 45330 (flexible sigmoidoscopy) and 45378 (colonoscopy). I support the recommendation to implement these work values in the 2007 final rule.

I am also supportive of the increases proposed to the physician work values for the evaluation and management codes. However, I am concerned about the constraints caused by budget neutrality and a flawed sustainable growth rate formula, and hope that Congress can allocate additional money to prevent cuts in reimbursement for other services. Given that our practice overhead continues to increase, and employees are dealing with higher commuting costs, it is unconscionable for CMS to recommend a reduction in fees when Medicare payments fail to cover our costs for providing services to Medicare beneficiaries. In addition, we have had a payment freeze or slight increase in Medicare payments for the past several years.

In the Proposed Rule, CMS is proposing to change the practice expense methodology and incorporate the supplemental practice data for gastroenterology and several other specialties. Unfortunately, CMS did not implement this data in 2006 after its acceptance in the 2006 Proposed Rule. I request that CMS implement this supplemental practice expense data in the Final Rule for 2007 and future years.

I am extremely concerned about the projected 4.7% cut to the conversion factor for 2007. This will have a serious and adverse impact to my practice, and will negatively impact beneficiary access to medical care. I hope that CMS will work with Congress to avert this payment cut for 2007, and work to provide a permanent solution remedying the flawed sustainable growth rate (SGR) formula. I support the recommendation that CMS should remove expenditures for drugs from the SGR formula on a retrospective basis, and rectify this situation as soon as possible.

Thank you for your consideration of my comments.

Sincerely,

David Kalman, MD

Submitter : Ms. Linda Shepardson
Organization : Aegis Therapies
Category : Physical Therapist

Date: 08/09/2006

Issue Areas/Comments

GENERAL

GENERAL

I am writing in consideration of the June 28 proposal to decrease the relative work values to those codes used by physical therapists. I am a physical therapist who has previously managed a hospital based outpatient department and am currently working in several small, rural skilled nursing facilities. Under the proposal, the fee schedule for outpatient physical therapy codes will be reduced drastically in a short period of time. I understand the need to increase the relative value of evaluation and management codes for physicians, but I would ask you to consider the effects of decreasing other treatment codes. As a rural physical therapist, it is often difficult to provide services to patients who are in smaller communities. I believe that further reducing the reimbursement for those services would be to the detriment of our elderly living in rural areas. With fewer and fewer services such as physical therapy being offered 'close to home' due to poor reimbursement and higher expenses (such as mileage), I believe it puts our seniors at higher risk for falls, fractures and other complicated and expensive health issues.

I appreciate your consideration in finding other ways to make this equation 'balance,' or at a minimum, to taper the reduction over a longer period of time.

Thank you.

Linda Shepardson, PT, ATC
Dakota, Minnesota
#507-643-6787

Submitter : Mr. John Moser
Organization : Mr. John Moser
Category : Social Worker

Date: 08/09/2006

Issue Areas/Comments

GENERAL

GENERAL

I provide outpatient mental health services to some patients covered by medicare. Approximately 8% of my patients have medicare. I am one of two individuals in the county that will accept medicare patients into their practice. If reimbursement levels drop from existing levels your insureds may not be able to find practitioners to see them, which may increase the amount of emergency room visits and hospitalizations. Reembursment rates should be raised, not lowered.

Submitter : todd nelson
Organization : SCANA
Category : Health Care Provider/Association

Date: 08/09/2006

Issue Areas/Comments

GENERAL

GENERAL

see attachment

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

Please note: We did not receive the attachment that was cited in this comment. We are not able to receive attachments that have been prepared in excel or zip files. Also, the commenter must click the yellow "Attach File" button to forward the attachment.

Please direct your questions or comments to 1 800 743-3951.

Submitter : Ms. Kathleen Hillman
Organization : Kathleen K Hillman, LCSW, PA
Category : Social Worker

Date: 08/09/2006

Issue Areas/Comments

GENERAL

GENERAL

A 14 percent reimbursement cut will seriously affect my practice and my ability to serve my patients.

Please do not reduce work values by 7 % for clinical social workers effective January 1, 2007;

Please withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers; and

Please do not approve the Top down formula to calculate practice expense.

Please select a formula that does not create a negative impact for mental health providers.

Sincerely,

Kathleen K. Hillman, LCSW, PA.
2499 Glades Road, Suite 108
Boca Raton, FL 33431
954 360-9230
FAX 561 361.0368

Submitter : Mrs. Cori Bauserman

Date: 08/09/2006

Organization : NASW

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

A 14 percent reimbursement cut will affect the number of social workers who continue to provide services through Medicare. Reimbursement rates are already low and a further reduction in rates will only reduce the number of providers who are willing and able to provide services to Medicare clients. Please do not reduce work values by 7 % for clinical social workers and withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers. Please do not approve the proposed 'Top down' formula to calculate practice expense. Please select a formula that does not create a negative impact for mental health providers.

Submitter : Dr. Amy Babb
Organization : Dr. Amy Babb
Category : Physical Therapist

Date: 08/09/2006

Issue Areas/Comments

Other Issues

Other Issues

In regards to cuts that will affect rehabilitation services including physical therapy, please consider that arbitrary limitations have already been placed on therapy services, which have had detrimental effects on patient care and patient outcomes. Further cutting benefits for therapy services to medicare patients will cause great problems for these patients. As a result of the cuts in therapy, patients will experience greater disability and in turn cost medicare more in the long run. Please realize the benefits of therapy and rehabilitation services, in keeping patients in out of nursing homes, restoring thier health and saving hundreds of thousands of dollars by returning patients to a well state and reducing the costs of hospitalization and disability. In the short term these cuts may save money, in the long term they will cost Medicare and patients much more... and create a nation of disabled citizens. Thank you for your consideration. Please do not continue to cut therapy services and reimbursement.

Amy McBreen-Babb, DPT

Submitter : Teresa Scher
Organization : Teresa McArthur Scher, LCSW, P.A.
Category : Social Worker

Date: 08/09/2006

Issue Areas/Comments

GENERAL

GENERAL

"See Attachment"

CMS-1512-PN-1178-Attach-1.DOC

Proposed 14% Fee Reduction for Clinical Social Workers and Other Proposed Changes

Re: Docket I.D. No: CMS-1512-PN

It is my understanding that CMS is proposing 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.

I am writing to request that:

- CMS not approve a 14 percent reimbursement cut. Such a cut will definitely negatively affect my practice and the practicality of being a CMS provider.
- CMS not reduce work values by 7 % for clinical social workers effective January 1, 2007
- CMS to withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers.
- CMS not approve the proposed "Top down" formula to calculate practice expense. I respectfully request that CMS select a formula that does not create a negative impact for mental health providers.

Thank you, in advance, for your consideration of my request.

Sincerely,

Teresa McArthur Scher, LCSW, MPH

Submitter : Ms. Debra Havill
Organization : Indianapolis Counseling Associates, LLC
Category : Social Worker

Date: 08/09/2006

Issue Areas/Comments

Practice Expense

Practice Expense

A 14 % reimbursement cut will render my practice unable to provide services to Medicare clients. The current reimbursement schedule is far below the industry standard, so to reduce the reimbursement by such a dramatic amount would have a seriously deleterious impact on the Medicare population I serve.

It is important not to reduce work values for clinical social workers effective January 1, 2007.

I urge you to withdraw the proposed increase in evaluation and management codes until funds are available to increase reimbursement for ALL Medicare providers. To increase reimbursement to certain professions and decrease reimbursement to others will be counter productive, since the professions to which you propose to increase reimbursements already generate an enormous expense to the Medicare fund source. Social Workers CAN and DO provide services less expensively than, for example, physicians, as a matter of professional ethics and professional values. But to further diminish the reimbursement would take a vast number of us out of the provider pool, so the general expenses billed to Medicare would become higher, provided by higher-billing providers like physicians.

I urge you not to approve the proposed formula to calculate practice expense. Rather, select a formula that does not create a negative impact for clinical social workers who have very little practice expense as providers.

Submitter : Erica Stiner
Organization : University of Illinois at Chicago student
Category : Academic

Date: 08/09/2006

Issue Areas/Comments

GENERAL

GENERAL

Reducing the current Medicare reimbursement to certain health and mental health providers will lead to fewer service providers, which will endanger the health of Medicare recipients throughout the country. Please do not reduce reimbursements while raising evaluation and management codes. Increases in funding must come before payments can increase, especially if reimbursement increases come at the expense of other services.

Submitter : Ms. Lori Michelle
Organization : Ms. Lori Michelle
Category : Social Worker

Date: 08/09/2006

Issue Areas/Comments

Other Issues

Other Issues

I am a licensed social worker and certified rehabilitation counselor. While I am not a Medicare provider, I certainly have seen clinical mental health services as a reasonable and necessary component of enabling people with mental illness to live independently and to be productive workers. I have also had the misfortune of seeing people who are dysfunctional, dangerous and dependant because they did not have access to mental health care.

I have worked with people for more than 20 years, mostly in areas where poor people live. The proposed reduction in fees to the most capable and talented social workers and clinical psychologists mean that many of these clinicians will choose to not be Medicare Providers. This means more obstacles for children and adults in poverty having access to their care.

As a rehabilitation counselor, I see first hand how consumers benefit and gain independence through working with well trained therapists. Please observe and recognize the worth of these experts and keep them available to our most needy population by not only maintaining, but increasing their reimbursement rate. Thank you for this opportunity to be heard.

Submitter : Ms. LINDA NELSON
Organization : Linda K. Nelson, LCSW
Category : Social Worker

Date: 08/09/2006

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT.

CMS-1512-PN-1182-Attach-1.DOC

CMS-1512-PN-1182-Attach-2.DOC

1182

LINDA K. NELSON, LCSW, BCD
4323 DIVISION, SUITE 100
METAIRIE LA 70002
504-887-4169 FAX 504-885-8888

August 9, 2006

VIA email

TO: Centers for Medicare and Medicaid Services (CMS)

RE: CMS-1512-PN

I understand that the Centers are contemplating changes to the Medicare Physician Fee Schedule: the RVU and the Practice Expense values in such a manner that will be detrimental and unfair to the practice of clinical social work.

A cut of 14% in reimbursement is unconscionable especially considering that evaluations and management which only physicians are allowed to bill will receive an increase. Do the Centers not recognize that most of the nitty-gritty work with mental health clients is done by clinical social workers and we are already the least paid?

I respectfully urge the Centers to withdraw the proposed increase in fees for evaluation and management codes until funds are available to increase compensation for all Medicare providers. I further urge the Centers not to reduce work values for clinical social workers effective January 1, 2007. Instead of the proposed "bottom up" formula to calculate practice expense, I request the Centers to select a formula that does not create a negative impact for clinical social workers

Sincerely,

Linda K. Nelson, LCSW, BCD

Submitter : Mr. DON SIMS
Organization : COUNSELING ASSOCIATES OF WEST TENNESSEE
Category : Social Worker

Date: 08/09/2006

Issue Areas/Comments

GENERAL

GENERAL

I AM VERY CONCERNED ABOUT ANY EFFORT TO REDUCE CLINICAL SOCIAL WORKER FEES AS THEY ARE ALREADY THE LOWEST FEES PAID BY MEDICARE. OUR FEES HAVE ALREADY BEEN REDUCED TO THE POINT IT IS HARD TO AFFORD TO STAY IN PRACTICE. CLINICAL SOCIAL WORKERS PROVIDE THE BULK OF MENTAL HEALTH SERVICES TO THE MENTALLY ILL, ESPECIALLY IN RURAL AREAS WHERE THERE ARE VERY FEW PSYCHIATRISTS OR PSYCHOLOGISTS.

THIS PROPOSAL SHOULD NOT PASS SINCE IT MAY CAUSE AN UNDERSERVED POPULATION TO RECEIVE EVEN FEWER SERVICES.

THANKS

DON A. SIMS MSSW, LCSW

Submitter : Ms. Elizabeth Ossip
Organization : National Senior Solutions
Category : Social Worker

Date: 08/10/2006

Issue Areas/Comments

GENERAL

GENERAL

I am a recent graduate and just entering the field of Social Work. It is a second career and not one that is particularly lucrative. I am doing this because I love the work; helping others, and because it is so needed. I am a single mother and I can barely make ends meet, as it is. Any cuts in the earnings of social workers makes it harder, if not impossible, for any of us to stay in the field.

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

Sincerely,

Elizabeth Ossip, MSW

Submitter : Dr. Marion Pandiscio
Organization : Manatee Gynecology
Category : Physician

Date: 08/10/2006

Issue Areas/Comments

**Discussion of Comments-
 Gynecology, Urology, Pain
 Medicine**

Discussion of Comments- Gynecology, Urology, Pain Medicine

I am a Board-certified Obstetrician/Gynecologist working in a private office in Florida. We have offered DEXA testing in our office since 1998. At that time we first got a DEXA machine, we were one of the few places patients could be adequately tested for osteoporosis. Over the past 8 years, I have seen how our patients have been better tested and treated for this disease than patients going to other offices. Although some patients have inevitably developed the disease, most have avoided the devastating effects of hip fractures and compression spine fractures by our aggressive testing and treatment program.

When we first decided to obtain a machine, we researched all available, and decided it was important to get a central DEXA machine, since that was the gold standard for diagnosis of osteoporosis. The initial cost and ongoing expenses have been relatively high, but the current reimbursement rate made it affordable for us. Over the years, the cost has risen, but we have been able to absorb it so far. If reimbursements are cut, as proposed in the recent CMS regulations, we will be unable to continue to lease the machine and pay for a radiologic technician to run it. Our patients will have to go elsewhere for their DEXA tests.

Having the machine in our office has greatly increased our patients compliance with testing. It is rare that a woman declines to walk down the hall for a DEXA test after her gyn exam, but common that she ignores the prescription to go elsewhere. Sadly, some insurance companies do not allow their subscribers to take advantage of our DEXA testing, and these women have much poorer rates of testing than those who can be tested in our office. Transportation problems are often the limiting factor in compliance with ordered tests for our elderly patients.

Our machine is currently in use about 25% of the time, since the bulk of our patient care is routine gyn exams. The time the machine is idle still costs us in the lease for the machine and the space it takes up. The cost of our radiologic technician has risen over the years, adding to the expense of providing this service.

The time we spend interpreting the tests have increased, as the reports have become more complex, with previous years results for comparison. Treatment options have multiplied, and our patients are older and sicker, with multiple other medical problems that must be taken into consideration before treatment decisions can be made. Interpreting results and providing that information to the patient has become more complex over the past 8 years.

I believe the proposed changes in funding is shortsighted. It will force many private offices, such as mine, to stop offering this critical service, due to unsustainable costs. I have seen my patient population grow, and over 35% of my patients are now on Medicare. The need for DEXA testing will only increase as our population ages, and this is not the time to deprive them of such important medical care.

Please do not lower reimbursements for DEXA and VFA. It will only hurt our patients.

Marion Pandiscio, M.D.

Regulatory Impact Analysis

Regulatory Impact Analysis

I am a Board-certified Obstetrician/Gynecologist working in a private office in Florida. We have offered DEXA testing in our office since 1998. At that time we first got a DEXA machine, we were one of the few places patients could be adequately tested for osteoporosis. Over the past 8 years, I have seen how our patients have been better tested and treated for this disease than patients going to other offices. Although some patients have inevitably developed the disease, most have avoided the devastating effects of hip fractures and compression spine fractures by our aggressive testing and treatment program.

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The time we spend interpreting the tests have increased, as the reports have become more complex, with previous years results for comparison. Treatment options have multiplied, and our patients are older and sicker, with multiple other medical problems that must be taken into consideration before treatment decisions can be made. Interpreting results and providing that information to the patient has become more complex over the past 8 years.

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costs. I have seen my patient population grow, and over 35% of my patients are now on Medicare. The need for DEXA testing will only increase as our population ages, and this is not the time to deprive them of such important medical care.

Please do not cut reimbursement for DEXA and VFA. It will only hurt our patients.

Marion Pandiscio, M.D.

Submitter : Ms. Leah Pavela, LCSW

Date: 08/10/2006

Organization : TheraCounsel

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

I am writing to request that a 7% decrease in social work values NOT be implemented. This would effect both myself and my clients, who are all Medicare recipients. Literally, I would have to find another position to make up for the pay I would be losing, and I would no longer be able to serve the Medicare clients who are so deserving of social work assistance.

Thank you for your consideration,

Leah M. Pavela, LCSW

Submitter : Mr. William Mullins

Date: 08/10/2006

Organization : concerned citizen

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

My wife works for Medicare providing psychotherapy to seniors. Please do not reduce payment for social workers by 7% as this would force her to have to find other work not working with the senior citizen recipients of Medicare she provides valuable therapy and resource assistance to as well as deprive these citizens of a service they need very badly.

Most sincerely,
Bill Mullins, husband of a social worker

Submitter : Mrs. Jennifer Hill
Organization : ACT Corporation
Category : Social Worker

Date: 08/10/2006

Issue Areas/Comments

Other Issues

Other Issues

I am a licensed clinical social worker in the State of Florida where we have a lot of seniors and disability/mental health clients with Medicare. Social Workers salaries are small enough when you work for a non-profit community mental health organization. Any decrease in Medicare to providers is intolerable when you evaluate all the services Social Workers provide to these clients and all the education it takes to offer care to them. Costs of daily living are rising more rapidly than salaries. Please reconsider your recommendations. I appreciate your time in reviewing my comment.

Submitter : Victoria Spinelli
Organization : Dept of Veterans Affairs
Category : Social Worker

Date: 08/10/2006

Issue Areas/Comments

Practice Expense

Practice Expense

This proposal will seriously jepordize the quality of life for millions of baby boomers who seek medicare funded social work services. These senior rely on social workers to case manage and counsel them on community, federal, state services and mental health issues.

The reduction will decrease the number of providers willing to accept Medicare payments, which will increase length of stay in hospitals and nursing homes. Vote no to this measure.

Submitter : Mr. Richard Singer
Organization : Capitol Orthopedic and Rehab
Category : Health Care Professional or Association

Date: 08/10/2006

Issue Areas/Comments

Other Issues

Other Issues

Capitol Orthopedic and Rehabilitation
6000 Executive Boulevard, #100 Rockville, MD 20852
(301) 770-8993 -- (301) 770-1300 fax
www.CORdocs.com

To Whom It May Concern:

I am a physical therapist working in an outpatient practice with orthopedic surgeons. I have been a practicing physical therapist for 26 years. Our patient caseload involves many Medicare subscribers, often receiving post-operative rehabilitation for total joint replacements, fractured hips, fractured shoulders and rotator cuff repairs. Most of our patients are still living independently.

My comments are in regards to the June 29 notice to proposed revisions in work RVUs. I urge you to postpone these revisions as, in conjunction with the present therapy cap provision, this would impose further obstacles to my patients receiving adequate outpatient physical therapy services. I feel the services we provide often prevent a patient from having to abandon independent living and move into assisted living facilities and/or a nursing home. Certainly this would impose further financial burden on CMS than outpatient physical therapy services do.

Thank you for the opportunity to comment.

Sincerely,

Richard Singer, PT

Submitter : karen koenig
Organization : karen koenig
Category : Social Worker

Date: 08/10/2006

Issue Areas/Comments

GENERAL

GENERAL

Karen R. Koenig, LCSW, M.Ed.
5011 Windsor Park, Sarasota, Florida 34235
Phone/Fax: 941-379-9849
Email: kkoeniglicsw@comcast.net
Website: www.eatingnormal.com

MEMORANDUM

TO: CMS

FROM: Karen R. Koenig, LCSW

DATE: August 10, 2006

RE: Social Worker Reimbursement Cut

I urge you not to cut reimbursement or to reduce work values 7% to social workers who, in the mental health field, treat the majority of Medicare clients. The cut is unfair to social workers and to the clients they serve who deserve topnotch, quality care. Lowering your reimbursement will make professionals less likely to take on Medicare clients, so that this population will not be served as well.

I also urge CMS to withdraw the proposed increase in evaluation and management codes until you have the funds to increase reimbursement for all Medicare providers and not revise your proposed "Top down" formula to calculate practice expenses.

Submitter : Ms. Robert Sandrock

Date: 08/10/2006

Organization : n/a

Category : Social Worker

Issue Areas/Comments

Other Issues

Other Issues

Please be advised of my concerns regarding the proposed fee reduction as applicable to Social Workers under Medicare. A 14 percent reimbursement cut will affect my practice as a Medicare provider by reducing much needed revenue to continue operating a private practice. Moreover, if these reductions are implemented, managed care and private insurance carriers will soon follow the standards established by Medicare and also reduce their reimbursement fees to private and institutional providers of social work services. I eagerly request that CMS not reduce work values by 7 % for clinical social workers effective January 1, 2007 and further please request that CMS withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers. Lastly, I also request that CMS not approve the proposed Top down formula to calculate practice expense and I suggest that a formula be selected that does not create a negative impact for mental health providers.

Thank you for consideration of my feedback. Sincerely, Robert C. Sandrock, Jr.

Submitter : Ms. Barbara Lang

Date: 08/10/2006

Organization : Contract Provider

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

Regarding the proposal to decrease reimbursement rates for clinical socialworkers- I have been practicing for over 20 years and each year I earn less and less as my cost to practice far outweighs the reimbursement rate. However, the primary concern I have as a provider to Medicare patients, is that I see so many unmet mental health needs in this population, and the despair among so many elderly citizens is overwhelming. To put it bluntly, reducing rates means fewer socialworkers who will be able to afford to provide to the elderly, thus increasing the rate of depression and suicide among this group. Socialworkers spend many more hours making referrals and follow up assistance to our patients than what is billed to Medicare. Reducing these rates for clinical socialworkers is tantamount to abandoning the very vulnerable elderly and disabled who need help the most.

Submitter : Ms. Pamela Brookins
Organization : Child Guidance Center
Category : Social Worker

Date: 08/10/2006

Issue Areas/Comments

GENERAL

GENERAL

I request that CMS not reduce work values by 7 % for clinical social workers effective January 1, 2007.

I 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 also request that CMS not approve the proposed Top down formula to calculate practice expense. Please select a formula that does not create a negative impact for mental health providers.

Submitter : Mr. John Cadwallader

Date: 08/10/2006

Organization : Mr. John Cadwallader

Category : Other Practitioner

Issue Areas/Comments

Other Issues

Other Issues

I was alarmed when I was notified about CMS-1512-PN which suggests a 14% reduction in reimbursement for mental health services. I can not speak for physicians but in regard to reimbursement for mental health services, the reimbursement is already not substantial. Budget cuts have forced providers to reduce or in some cases deny services to clients. In the end, it is the individuals (mostly older adults) who have medicare/medicaid as their primary form of reimbursement that will ultimately suffer because of the ongoing cuts. This is a significant problem considering 20% of the population will be over 65 in the next 15 years.
Sincerely,

John Cadwallader, MA

Submitter : Ms. Brenda Post

Date: 08/10/2006

Organization : NASW

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

' A 14 percent reimbursement cut will affect my practice as a Medicare provider

' I am requesting that CMS not reduce work values for clinical social workers effective January 1, 2007;

' I am requesting 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 am requesting CMS not to approve the proposed bottom up formula to calculate practice expense. In addition, I am requesting CMS to select a formula that does not create a negative impact for clinical social workers who have very little practice expense as providers.

Submitter : Mrs. Ashlea Johnson
Organization : Mrs. Ashlea Johnson
Category : Social Worker

Date: 08/10/2006

Issue Areas/Comments

GENERAL

GENERAL

To Whom It May Concern: I am taking this opportunity to provide comment in regards to the impact of a 14% cut in reimbursement of clinical mental health services under Medicaid. With the "baby boomer" generation reaching the age of Medicare eligibility, and the increasing social complexities that this age group is coping with, mental health services are essential to ensure that the population has the necessary coping skills to remain healthy, contributing members of society. To reduce reimbursement of these services is to suggest that the population served is going to require less than in previous years, when in reality, issues facing the aging population are more complex and difficult to deal with than ever before.

I would request that CMS withdraw that proposed increase in evaluation and management codes until they have the funds to increase reimbursement for ALL Medicare providers.

Our aging population has contributed to this system that they are trusting to be available to care for them in their aging years, and to do that effectively, changes and cuts must be well thought out with clinical research, not politics, driving the changes.

Thank you for the opportunity to communicate my concern.
Ashlea Johnson, LCSW

Submitter : Debra Brandt
Organization : Debra B. Brandt, LCSW
Category : Social Worker

Date: 08/10/2006

Issue Areas/Comments

Practice Expense

Practice Expense

I have recently been informed of another price decrease for Mental Health Counselors. I would not mind this if you would also ensure my business expenses and my living expenses would decrease as well.

With my business expenses increasing, as well as most other providers, it makes more sense to talk about increasing fees rather than decreasing. I am assuming that your office expenses, etc. must be decreasing and you are decreasing your own salaries and suggesting/demanding all Federal employees decrease their salaries as well in order to make this all work.

Now let's get real... What will this do to my practice? As expenses are increasing and not just a few percentiles, but quite a bit more ie. fuel increases, rent increases, tax increases, insurance, etc. I am requesting you reconsider any reduction in fees, but consider an increase. It will be devastating if the plan to reduce fees is implemented. Medicare, being the role model for other insurance companies, will encourage other insurance companies to reduce fees as well. Again, this does not make sense in a world where everything is increasing in leaps and bounds. In order to survive these cuts I would like to say my practice would no longer be a participating provider, but a non-participating provider (this would cost the patient more). This decrease will devalue my work as a private practitioner social worker.

I am requesting CMS withdraw the proposed increase in evaluation and management codes until they have funds to increase reimbursement for all Medicare providers. And I am requesting CMS not approve the proposed 'top down' formula to calculate practice expenses. Please select a formula that does not create a negative impact for Mental Health Providers.

Thank you for your attention.

Debra B. Brandt, M.Ed, M.S.W.
Licensed Clinical Social Worker

Submitter : Mr. Ron Vollen
Organization : Mr. Ron Vollen
Category : Physical Therapist

Date: 08/10/2006

Issue Areas/Comments

GENERAL

GENERAL

I am a physical therapist in practice for for 14 years. I am writing to urge CMS to prevent proposed Medicare payment cuts to Physical Therapists and other health care professionals do not occur in 2007.

The Sustainable Growth Rate cuts coupled with the propsoed budget neutrality adjuster will have a devastating impact on reimbursement to PTs who work with the population funded under Medicare. This is compounded by the fact that we cannot bill for E/M codes and will derive no benefit from the proposed increase in payment. Ultimately this will result in reduced access to and quality of services for people funded under Medicare.

I recommend that CMS transition the changes to the work relative value units over a four year periodto ensure that patients continue to have access to valuable healthcare services.

Thank you for your consideration of these comments.

Sincerely,

Ron Vollen M.S., P.T.
(203) 438-7775
74 Powderhorn Dr.
Ridgefield, CT 06877

Submitter : LeAnn Egeto
Organization : Peaceful Paths Domestic Abuse Network
Category : Social Worker

Date: 08/10/2006

Issue Areas/Comments

GENERAL

GENERAL

I am strongly against the proposal that would reduce Medicare reimbursement to certain health and mental health providers. These are times when social services are the most needed. Especially with so many devastating hurricanes! Clinical social workers, clinical psychologists, anesthesiologists, and chiropractors are among those hardest hit with proposed cuts and these services are needed in the south east!!!! Specifically, CMS is proposing 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. These cuts would limit availability of services for needy and deserving citizens as well as diminish availability of needed and necessary professionals. Please do not approve these cuts and make our services operate on a third world subsistence.

Submitter : Dr. Frances Claytor
Organization : St. Luke's House, Inc
Category : Social Worker

Date: 08/10/2006

Issue Areas/Comments

Practice Expense

Practice Expense

I am the Medical Director of an outpatient mental health clinic operated by a not-for-profit agency. We will lose our LCSW-C social worker staff if this reduction is approved. They will not be able to afford to work for us, and will instead move into private practice with economically privileged patients. Our clinic serves the very poor, the Medicare and Medicaid population. They should not be deprived of therapy services, and they will be, if this proposal is passed. Evidence-based practice, the best practice data by which we all strive to serve our patients, supports medication plus therapy for most effective results (patients at work, living in the community in their own housing).

I am asking that CMS not reduce work values for licensed clinical social workers by 7% on 1/1/07; I am asking that CMS not approve the top-down formula for calculating expense, but rather that they create a formula which considers the needs of mental health providers; and that CMS withdraw the proposed increase in evaluation/management codes until all Medicare providers can be equally reimbursed at the higher rate.

Submitter : Ms. Marilyn Kisiel

Date: 08/10/2006

Organization : NASW

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

My ability to maintain a practice assisting people who are disabled and those in the aging process with anxiety and depression is seriously jeopardized by the cuts being proposed. Please consider the needs of these citizens to be able to access affordable care.

Also research has well documented the mind-body connection and a decrease in availability in mental health accessibility will mean an increase in other costs for physical illnesses.

Submitter :

Date: 08/10/2006

Organization :

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

To Whom It May Concern,

I am writing in reference to proposed changes in the physician fee schedule, CMS-1512-PN. Please do not reduce reimbursements or work values to clinical social workers for medicare providers. This will definitely decrease social worker's abilities to provide effective services to those are in great need of them. As it is, it is difficult to make financial ends meet as a clinical social worker and to remain in this field to provide care, as overhead costs increase with the changes in our economy and funding for care simultaneously decreases. Please consider withdrawing the proposed increase in evaluation and management codes until there are funds to increase reimbursement for all Medicare providers. Also please do not not approve the proposed Top down formula to calculate practice expense, as this creates a negative impact for mental health providers.

Thank you for your attention to these requests.

Submitter : Miss. Reaver Nelson

Date: 08/10/2006

Organization : National Association of Social Workers

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

I am writing to express my opposition to the proposed cuts to medicare practice expenses for mental health professionals. The proposed cuts of 14% will severely impact the work of my profession, and there should be strong consideration to changing the formula used to calculate practice expenses.

Mental health providers offer services to the community that are invaluable to their health and well-being. Again, I adamantly oppose the cuts that are currently under consideration to practice expenses for providers in the mental health profession.

Submitter : Dr. SETH BAUM
Organization : Integrative Heart Center
Category : Physician

Date: 08/10/2006

Issue Areas/Comments

Practice Expense

Practice Expense

16. I would like to point out two errors and make one suggestion regarding the practice expense for code 93701-TC. 1) the equipment price is higher than the input in the tables, which is \$28,625. you should use the dominant manufacturer s suggested retail price for their BioZ Dx product, which is \$43,995. 2) the disposable price is \$10.95, not the \$9.95 used. My suggestion is that your assumption that all equipment is used half the time (ie your quoted utilization rate) is not appropriate. Some codes are used much more commonly than other codes. This would be easy for CMS to calculate: use the # of practices billing any particular procedure and the # of yearly procedures billed by a practice to calculate a daily average amount. Multiply the daily average times the procedure time in minutes, and you get the total minutes per day. Divide that by 480 minutes (8 hours x 60 minutes) and you get a much more accurate utilization rate.

Submitter : Ms. Tiffany Lawrence
Organization : University of South Florida
Category : Social Worker

Date: 08/10/2006

Issue Areas/Comments

GENERAL

GENERAL

This comment is in reference to file code CMS-1512-PN.

It is a sad comment on our society that nearly all of our institutions constantly work together to ensure that we have a future impoverished of social workers. Without the nurturance and healing efforts of social workers, the United States will continue to be world leaders in gang violence, child abuse and neglect, rape, murder, depression, obesity, poverty, elderly abuse and neglect, insurance fraud, frivolous lawsuits, etc. etc. etc.

A 14 percent reimbursement cut in Medicare will ensure that your agency is a part of the problem. I am requesting that CMS not reduce work values by 7 % for clinical social workers effective January 1, 2007. Furthermore, I request that CMS withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers; and I ask that CMS not approve the proposed Top down formula to calculate practice expense. Please select a formula that does not create a negative impact for mental health providers.

We love our country and we want to thrive, not continually clean up major mess after major mess. Thank you for your time.

Submitter : Mr. Lawrence Silver
Organization : Lawrence A. Silver, LCSW PA
Category : Social Worker

Date: 08/10/2006

Issue Areas/Comments

Other Issues

Other Issues

I am so sorry to hear that fees to Social Workers will be possibly cut. This makes our lives and the lives of those on medicare a very difficult one. Our expenses have skyrocketed and our fees are dwindling. Who will care for our elderly and disabled citizens? We must get some financial help from our government so we can continue to help those in need. Many of our citizens have given so much to our country and now they will not be able to get the help they deserve. Please, change your financial restructuring and let us do our jobs to help those that others have shuned. Thank you, Lawrence A. Silver,LCSW

Submitter : Dr. Shashi Acharya

Date: 08/10/2006

Organization : Acharya

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

regarding PE for CPT93701-TC, the equipment is much more expensive than assumed. Please revise this upward and readjust your RVU to something much closer to the 2006 value of 0.91.

Submitter : Dr. Ajay Meka
Organization : Amistad Medical Clinic
Category : Physician

Date: 08/10/2006

Issue Areas/Comments

Practice Expense

Practice Expense

I have a question on CPT 93701-TC. How can you expect a \$40,000 piece of equipment to pay for itself based on an RVU of 0.65 (fully implemented number). Using the current conversion factor of \$37.9, that is \$25 reimbursement. Take out the cost of the special sensors that are required at \$11, and roughly \$14 remains. Pay for the technician at roughly \$7 for the 20 minute test, and you get \$7 left for the equipment. At \$40,000, it takes 5,712 tests to pay back the device cost!!! That reimbursement amount will kill any use of this device, if that is your goal. Unfortunately, that will significantly hurt beneficiaries whose doctors are using this test to decide which is the best medicine for them to be on.

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

Date: 08/10/2006

Issue Areas/Comments

Practice Expense

Practice Expense

The change in approach to a 'bottoms up' methodology sounds good on the surface but has resulted in significant reductions to a code that I consider a necessity in my practice, 937 01. Adjustments are needed to insure a sufficient payment to physicians using this test.

Submitter : Jody Butler
Organization : Jody Butler
Category : Social Worker

Date: 08/10/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

As a LCSW, LADAC, and LEAP I am suggesting that the proposed increase in evaluation and management codes be withdrawn until Medicare can increase reimbursement for ALL Medicare providers

CMS-1512-PN-1211-Attach-1.DOC

#1211

August 10, 2006
Department of Health and Human Resources
Re: CMS-1512-PN

To whom it may concern,

As a Licensed Clinical Social Worker, Medicare approved provider and registered voter I am asking that the proposed increase in evaluation and management codes be withdrawn until increased reimbursement can be had for all Medicare providers.

Sincerely,

Jody Butler, LCSW, LADAC, LEAP

Submitter : Dr. Jagdish Mishra

Date: 08/10/2006

Organization : Upstate Cardiology

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

CMS created this idea of a non-work pool for codes with only technical costs. If the idea was to shield the codes from significant reductions, it did not work. The technical side to CPT code 93701, which is used in my practice, is going from 0.66 includes malpractice. That amount is crazy when you consider the costs of performing the test. CMS must be using old data. Please research and revise the data to more updated costs.

Submitter : Mrs. Karen Forberg, LCSW
Organization : Mrs. Karen Forberg, LCSW
Category : Health Care Professional or Association

Date: 08/10/2006

Issue Areas/Comments

GENERAL

GENERAL

Reducing professional fees for Clinical Social Workers is a bad idea.

Competent mental health care providers will be less likely to remain Medicare providers and, thus, Medicare clients will have fewer choices when they need professional help.

Reimbursement fees were just reduced in 2006 and are insufficient; Medicare fees are already far lower than typical fees being charged in private practices. To reduce them further is a poor choice. The fees are not competitive; Fees need to be increased, not decreased.

Cost of living expenses for providers must be considered, as well.

Submitter : Mrs. CAROL A. ROTH
Organization : ACE CARE SERVICES, INC.
Category : Health Care Provider/Association

Date: 08/10/2006

Issue Areas/Comments

GENERAL

GENERAL

My firm assists the elderly in remaining in their homes. We provides services for clients that are affected by eye problems inhibiting their ability to read prescriptions and their mail, arthritis which impairs them from writing or using the mails, suffering from debilitating depression, referring to the appropriate physicians, arraning public but transportation, grocery shoppin, etc. These clients are unable to activate these services that they require.

If CMS cuts the fees for these services most of these clients will not be seen. This will force them to enter nursing homes at the medicaid level increasing taxes to the general public. It is much more cost efficient to keep our fees at the current rate so that services to this population will not be stopped.

WHAT ARE YOU GUYS THINKING. BY SAVING PENNIES YOU ARE DENYING SERVICES TO A MOST NEEDY POPULATION AND INCREASING THE COSTS OF ELDER CARE TO INSTITUTIONS, WAKE UP.

Submitter : Dr. Bruce Schroeder
Organization : Eastern Radiologists, Inc
Category : Physician

Date: 08/10/2006

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1512-PN-1215-Attach-1.DOC

Attach #
1215



August 10, 2006

Centers for Medicare & Medicaid Services
Department of Health & Human Services
Baltimore, MD
Sent by email to <http://www.cms.hhs.gov/eRulemaking>

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

Dear Sir or Madam:

I am writing to express my grave concern regarding several reimbursement cuts outlined in the Proposed Rule referenced above. If implemented, these cuts would have a detrimental effect on women's healthcare, and contrary to their intent to lower health care costs, they are likely to have the opposite effect and result in greater economic burden on the healthcare system. These cuts seem very short-sighted and will inevitably shift costs from screening and minimally invasive diagnosis to more expensive procedures, treatments, chronic care and disability.

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. This has become standard of care and is part of the reason mammography screening has been so successful in reducing breast cancer mortality.

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. Many physicians will no longer be able to offer this service due to inadequate reimbursement and Medicare beneficiaries may be unable to travel long distances to gain access to this safer, less invasive and less traumatic procedure. 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 and 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.

I urge you to review and withdraw these proposed cuts.

Sincerely,

Bruce F. Schroeder, M.D.
Director of Breast Imaging
Eastern Radiologists, Inc.
Brody School of Medicine at East Carolina University
2101 West Arlington Blvd.
Greenville, NC 27834
(252) 754-5227
schroeder@easternrad.com

Submitter : Dr. Mary Burgoyne
Organization : The Orthopedic Center
Category : Physician

Date: 08/10/2006

Issue Areas/Comments

GENERAL

GENERAL

Please reconsider cuts in the reimbursement for bone densitometry. Cuts this drastic will affect the quality of patient reports and outcomes. A rural office such as ours will be unable to continue to provide a valuable service to the people of this community. Thank you.

Submitter : Dr. E. Michael Lewiecki
Organization : New Mexico Clinical Research
Category : Physician

Date: 08/10/2006

Issue Areas/Comments

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

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

The proposed reductions in reimbursement for bone density testing with DXA (76075) are so extreme that, if implemented, will require us to close our osteoporosis facility, since we will be unable to recover our costs. I recommend postponement and reconsideration of any changes until thorough evaluation of its impact can be done.

Submitter : martha Stauffer
Organization : retired from veterans administration
Category : Physician

Date: 08/10/2006

Issue Areas/Comments

GENERAL

GENERAL

My comments, as a retired internist and pathologist, relate to my opposition the proposed regulatory change in physician reimbursement for performed of DXA CPT code 76075 from \$140 to \$40 and opposition to the proposed change in reimbursement of VFA (CPT code 76077).

Some assumptions used to calculate the Medicare Physician Fee Schedule were inaccurate. The CMS practice expense(technical component) was based on pencil beam instrumentation at cost of \$41,000 rather than on the ban beam densitometer at cost of \$85000. The majority of densitometers available in practice and which constitute the "gold" standard of practice justify a listed cost of 85,000 for DXA. DXA scans are of utmost importance in the DIAGNOSIS and MANAGEMENT OF PATIENTS WITH OSTEOPOROSIS. This regulatory change in my opinion will most likely have profound effects on patient access to HIGH QUALITY bone density and therefore IMPACT DIAGNOSIS AND TREATMENT OF PATIENTS WITH OSTEOPOROSIS.

Submitter :

Date: 08/10/2006

Organization :

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

This social worker is respectfully requesting that CMS not reduce work values by 7 % for clinical social workers effective January 1, 2007 and respectfully request CMS withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers. The social work community also requests that CMS not approve the proposed Top down formula to calculate practice expense and that CMS select a formula that does not create a negative impact for mental health providers.

A 14 percent reimbursement cut will negatively affect the already struggling social work community and make it further difficult to practice as a Medicare provider.

CMS-1512-PN-1219-Attach-1.DOC

This social worker is respectfully requesting that CMS not reduce work values by 7 % for clinical social workers effective January 1, 2007 and respectfully request CMS withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers. The social work community also requests that CMS not approve the proposed "Top down" formula to calculate practice expense and that CMS select a formula that does not create a negative impact for mental health providers. A 14 percent reimbursement cut will negatively affect the already struggling social work community and make it further difficult to practice as a Medicare provider.

Submitter : Mr. William Kenny

Date: 08/10/2006

Organization : Mr. William Kenny

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

These additional cuts will continue to reduce services to a population already in great need. Blanket cuts is not the answer... police the fraud first, then look inward for cuts.

These cuts will do three things:

1. Remove qualified providers from participating.
2. Reduce the level of quality service.
3. Open the doors to sub standard providers.

Submitter : Dr. aitezaz ahmed
Organization : arthritis center of rochester
Category : Physician

Date: 08/10/2006

Issue Areas/Comments

GENERAL

GENERAL

PLEASE DO NOT REDUCE RE-IMBURSEMENT RATES FOR BONE DENSITOMETRY TESTS (dexa SCANS) CPT 76075
THIS IS AN INVALUABLE DIAGNOSTIC TOOL FOR OSTEOPOROSIS SCREENING AND PREVENTION
THE COST OF THE TECHNOLOGY IS SUBSTANTIAL AND REDUCING PAYMENTS WILL NEGATIVELY IMPACT THE SCREENING AND
TREATMENT OF OSTEOPOROSIS
IF PAYMENT FOR DEXA SCANS IS CUT THEN EVENTUALLY MEDIACRE WILL END UP SPENDING MILLIONS OF DOLLARS MORE PAYING
FOR OSTEOPOROTIC HIP FRACTURES DOWN THE ROAD

THANKS YOU

Submitter : Dr. Maile Anslinger
Organization : St. Luke's Internal Medicine
Category : Physician

Date: 08/10/2006

Issue Areas/Comments

GENERAL

GENERAL

I urge CMS to adopt the proposed changes to the E/M work RVUs for the 2007 Medicare physician fee schedule. As a primary care general internist, I take care of hundreds of elderly patients. These patients are living longer than ever before, and most have many serious diseases like diabetes, heart disease, and dementia, among others. With modern medical advances, the choices for treatments and medications are extensive. Evaluating these patients carefully, choosing the right therapy, and helping the patients understand and follow through with treatments takes a great deal of time and thought. With the current fee schedules, I receive nearly the same compensation for the two minutes spent to remove a chunk of earwax as I do for the twenty minutes spent with a diabetic patient, reviewing blood sugars, adjusting medications and coordinating appropriate referrals for eye exams, foot care and blood tests. I believe that the proposed revision to the fee schedule would go a long way to correcting this unfortunate undervaluation of primary care services.