Submitter : **Dr. Kyle Jones** **Date: 07/23/2006**

Organization : **uab medical**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

To Whom It May Concern:
As the policy stands, anesthesia doctors will face huge pay cuts in the mist of aging and sicker patients.
The data used in PE methodology is outdated and therefore inaccurate. Please get more data , current data.
The stress of caring for elderly patients is already high, and anesthesiologist are, at least in Alabama, under reimbursed. These patients will become greater in number and sickness (thank you America for great fast food diets).
If care is to be given, adequate reimbursement needs to be had. Many will flee to cash paying outpatient care centers and avoid our essential care of the sick/elderly and trauma victims.

Kyle Jones MD

CMS-1512-PN-796-Attach-1.DOC

Submitter : Dr. Lynn Knox **Date:** 07/23/2006

Organization : Dr. Lynn Knox

Category : Physician

Issue Areas/Comments

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

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

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

7 CMS should gather new overhead expense data to replace the decade-old data currently being used.

7 ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

7 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 throughout critical care medicine.

Submitter : Dr. Keith Thomae, FACS **Date:** 07/24/2006

Organization : Metro East Surgical, IL

Category : Physician

Issue Areas/Comments

Discussion of Comments- General, Colorectal and Vascular Surgery

Discussion of Comments- General, Colorectal and Vascular Surgery

Dear Reviewer:
Get serious, General Surgery is truly the back-bone of almost all rural hospitals. No field deserves more compensation for their contribution: midnight cases, trauma, final say on life & death issues, dealing with the most seriously ill of possible medical indecisiveness, and new red tape. We deserve 20 x 3% of the payments general surgeons made 20 years ago. Your current evaluation for payments are so flawed, it will be the end of consistent good care in America....ignore this message, and you'll witness it sooner than you think.
Dr. Keith Thomae, Highland, IL (Rural America)

Submitter : **Date: 07/24/2006**

Organization :

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties.

Submitter : Dr. Antonio Carrelli **Date:** 07/24/2006

Organization : NAS, LLC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I would like to comment on the proposed cuts in reimbursement to anesthesiologists. The following important points need to be addressed:

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

CMS should gather new overhead expense data to replace the decade-old, outdated data currently being used.

ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed 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 throughout critical care medicine.

Submitter : Dr. JULIO MORA **Date:** 07/24/2006

Organization : NORTH SHORE PHYSICIANS GROUP

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

July 10, 2006

Center for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1512-PN
Box 8014
Baltimore, MD 21244-8014

To Whom It May Concern:

There has been a proposed increase in the RVU s assigned to office and hospital visits. I am writing you in favor of this increase and with reasons an increase is absolutely necessary.

I am a physician in a group practice, which consists mainly of Medicare patients. Medicare s reimbursement rate is 20-40% lower than any commercial insurance reimbursement. Many Medicare patients require additional time and care because of their age and multiple health concerns. As a physician our expenses for medical supplies, employee salaries, insurance and noncovered services, are always increasing with little or no additional reimbursement for these expenses. Because our reimbursement is regulated by Medicare and the insurance companies, we are not able to increase our reimbursement in conjunction with our increased expenses. There is no other profession or career in which reimbursement is regulated, scrutinized and so heavily constricted in a way where a provider of services cannot get proper compensation or reimbursement for provided services.

Because of theses reasons I believe an increase in the RVU s is mandatory as an incentive for physicians to continue to see Medicare patients. Many physicians in my position have already stopped taking Medicare assignment or Medicare patients in general. This is becoming a trend in which there may not be enough physicians available to treat Medicare patients.

Sincerely,

Julio Mora, M.D.
M. Amin Gillan, M.D.
Jerome Handler, M.D.
Bruce Massel, M.D.
John Sabbia, M.D.
David Pike, M.D.
Branka O Sullivan, M.D.
North Shore Physicians Group

Submitter : Dr. Paul Yoon **Date:** 07/24/2006

Organization : Dr. Paul Yoon

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

Submitter : Dr. JULIO MORA **Date:** 07/24/2006

Organization : NORTH SHORE PHYSICIANS GROUP

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1512-PN-803-Attach-1.WPD

#803

July 10, 2006

Center for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1512-PN
Box 8014
Baltimore, MD 21244-8014

To Whom It May Concern:

There has been a proposed increase in the RVU's assigned to office and hospital visits. I am writing you in favor of this increase and with reasons an increase is absolutely necessary.

I am a physician in a group practice, which consists mainly of Medicare patients. Medicare's reimbursement rate is 20-40% lower than any commercial insurance reimbursement. Many Medicare patients require additional time and care because of their age and multiple health concerns. As a physician our expenses for medical supplies, employee salaries, insurance and noncovered services, are always increasing with little or no additional reimbursement for these expenses. Because our reimbursement is regulated by Medicare and the insurance companies, we are not able to increase our reimbursement in conjunction with our increased expenses. There is no other profession or career in which reimbursement is regulated, scrutinized and so heavily constricted in a way where a provider of services cannot get proper compensation or reimbursement for provided services.

Because of theses reasons I believe an increase in the RVU's is mandatory as an incentive for physicians to continue to see Medicare patients. Many physicians in my position have already stopped taking Medicare assignment or Medicare patients in general. This is becoming a trend in which there may not be enough physicians available to treat Medicare patients.

Sincerely,

Julio Mora, M.D.
M. Amin Gillan, M.D.
Jerome Handler, M.D.
Bruce Massel, M.D.
John Sabbia, M.D.
David Pike, M.D.
Branka O'Sullivan, M.D.
North Shore Physicians Group

Submitter : Dr. Theophilos Yphantides **Date:** 07/24/2006

Organization : Sharp Rees-Stealy Medical Group

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties.

Submitter : Mrs. Kim Engebretson **Date:** 07/24/2006

Organization : ConMed Linvatec

Category : Device Industry

Issue Areas/Comments

Discussion of Comments-
Orthopedic Surgery

Discussion of Comments- Orthopedic Surgery

There have been tremendous strides in the expansion of least invasive surgery in orthopedics and this is only subject to continue into the future. Patients, even those undergoing hip replacement surgery, are benefitting from these advancements in technology and tools. What used to be a multi-day stay in a hospital can often result change to an outpatient surgery. Not only does the patient benefit from a less traumatic surgery but we all benefit from the enormous cost savings by converting a hospital stay into a one day visit to the surgery center. These improvements are the direct result of collaborative efforts between surgeons, engineers and medical equipment suppliers such as the one I work for the past 11 years. All of the products we manufacture take patient safety and improved surgical outcome into consideration. Many of the products that we manufacture contain plastic materials (petroleum based products) and are designed for single use. Not only are we encountering increasing costs as a result of the raw materials (directly related to the increasing cost of oil) but we are also being impacted by the FDA approved practice of reprocessing, sterile, single-use devices. The proposed reductions in the reimbursement rates for orthopedic surgery will have a negative impact on patient safety and surgical outcome as surgery centers and hospitals look for additional ways of reducing procedure costs. I suspect that this pressure will further incline surgeons and materials managers to consider the practice of reprocessing single use products. A company may claim to be able to clean and sterilize a shaver blade (or other product) but they cannot commit to the sharpness, lubrication or efficiency to the extent that the product was designed. Patient care is directly at risk. I respectfully ask that you consider this information as well as other data supplied to you as a result of this proposed change in reimbursement rates. We all share the responsibility of ensuring that we deliver the best, most comprehensive medical services in the world. We all share in the responsibility of making these services affordable to those in need. I am concerned that the reductions proposed will result in a decline in the medical care that is afforded to those patients using the Medicare system. Respectfully, Kim Engebretson, Director, Sales Administration, ConMed Linvatec.

Submitter : **Date: 07/24/2006**

Organization :

Category : **Nurse**

Issue Areas/Comments

Discussion of Comments-
Otolaryngology and Opthalmology

Discussion of Comments- Otolaryngology and Opthalmology

I really believe it is outrageous that medicare now wants to cut the reimbursement to the anesthesia provider even more. As an O.R. nurse I see that these patients needing cataract surgery really need to have an anesthesia provider available to them. This seems very discriminatory to me.

Submitter : Dr. Michael Wills **Date:** 07/24/2006

Organization : Anesthesia Associates of Lancaster

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to protest cuts in Medicare payments to Anesthesiologists in light of proposed changes in the SGR formula. With required budget neutrality, the proposed changes to the Physician Fee Schedule for practice expense methodology and physician work values will cause huge payment cuts for anesthesiologists. These changes hurt anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses for anesthesiology. New data should be collected to replace the decade old data currently being used. The American Society of Anesthesiologists and many other societies, including the American Medical Association, are committed to financially supporting a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments. CMS must address this issue of work undervaluation for anesthesiology or Medicare patients, our nation s most vulnerable population, will face a certain shortage of anesthesiologists in operating rooms and pain clinics. Please address this issue before proceeding with the proposed changes.

Sincerely,

Dr. Michael Wills

Submitter : Dr. Ronald Jasper **Date:** 07/24/2006

Organization : indiana anesthesia

Category : Physician

Issue Areas/Comments

Other Issues

Other Issues

I am the chairmen of the Department of anesthesia at Indiana Regional Medical Center. I employ both physicains and crna's. The proposed changes to physician fee schedule impacts anesthesia the most at a time when there is a shortage of anesthesia care givers. The cuts made by anesthesia supplement the cost to other specialties. Please consider reevaluating the costs and work involved to provide safe anesthesia care. I appreciate your consideration in this matter.

Sincerely,
Ronald Jasper, D.O.

Submitter : Dr. Doug Nguyen **Date:** 07/24/2006

Organization : Sharp Rees Stealy Medical Group

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am writing in support of the proposed changes in compensation made recently by CMS. I have been a practicing family physician now for three years and am appreciative of the acknowledgement by CMS of the multifaceted and complex nature of the care that we provide. In the technology rich and procedure driven environment in which we work this can often be overlooked and undervalued. I think that a more level playing field must be drawn to better recruit young physicians into a invaluable area of medicine where the patient is evaluated as a sum of parts and not necessarily just the part itself.

Submitter : Dr. **Date:** 07/24/2006

Organization : Dr.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialities, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. The ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed 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 throughout critical care medicine.

Submitter : Dr. Sumana Reddy **Date:** 07/24/2006

Organization : Acacia Family Medical Group

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties.

This is the single most heartening thing that has happened within primary care, alleviating some of the daily discouragement that occurs from being forced to work harder and harder to cover the basic expenses associated with running a practice, particularly in this high cost-of-living region.

Dr. Sumana Reddy
Acacia Family Medical Group
Salinas, CA

Submitter : Dr. David Spees **Date:** 07/25/2006

Organization : Sharp Rees-Stealy

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years.

We are not able to attract enough medical students into the primary care areas, to a large part due to the lack of sufficient rewards for the work and stress of the work provided, especially in relation to the more procedural specialities. This will be a future crisis for Primary Care in the USA. Thanks for your time. David N.Spees, M.D.

Submitter : **Date: 07/25/2006**

Organization :

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

It now costs us more to employ a CRNA than what Medicare reimburses for the care he/she provides. And you want to cut reimbursement by 10% over the next 4 years? I guarantee the CRNA's salaries won't go down 10% over the next 4 years. How is it you think it's fair for me to have to pay so that a medicare recipient can have anesthesia? Think about it! You bring your mother in for surgery and I have to personally pay so she can have her surgery. Ridiculous. Do the anesthesia yourself.

Submitter : Dr. Steven Harrison **Date:** 07/25/2006

Organization : Dr. Steven Harrison

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support the proposed rule to increase reimbursement for primary-care physicians. As a primary-care physician, I can tell you that keeping the doors open and providing the care necessary for my patients becomes more difficult each year.

Between rising overhead, and increased regulation, the final straw of inadequate reimbursement has closed many primary-care practices. Thank you for obviously recognizing our worth to Medicare and society and starting to address the horrible underfunding of our specialty of family practice.

Submitter : Dr. **Date:** 07/25/2006

Organization : Dr.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties.

Submitter : Dr. Gary Grant **Date:** 07/25/2006

Organization : Dr. Gary Grant

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Just when I was thinking about quitting Medicine and disappointing a thousand Medicare beneficiaries, the good news about finally getting more for E & M work has heartened me! What we internists do for the elderly has been terribly undervalued!!! And even as a "nonparticipating" doc, you limit my fees to far less than is appropriate... and hassle me for that!! Our overhead is tremendous and constantly rising. Finally some fairness on the horizon!!

Submitter : **Dr. andrew wallach** **Date: 07/25/2006**

Organization : **el cerrito medical**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I will be most appreciative of your increased support to improve the health of my patients and your beneficiaries

Submitter : **Date: 07/25/2006**

Organization :

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I SUPPORT THE PROPOSAL TO INCREASE THE RVUs ASSIGNED TO MEDICARE E&M CODES. FAMILY DOCTORS MANAGE COMPLEX MEDICARE PATIENTS AND COORDINATE THEIR CARE. THANKS FOR UNDERSTANDING THE NEED TO INCREASE REIMBURSEMENT TO HELP COVER THE COSTS.

Submitter : Dr. Scott Benzuly **Date:** 07/25/2006

Organization : Brown University/Rhode Island Hospital

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

Current Practice Expense data are outdated, especially for Anesthesiology. Decisions regarding costs today are based on information a decade old, and significantly underestimates actual anesthesia expenses. Using proposed CMS methodology, the specialty of Anesthesiology will take an unfair burden of reimbursement cuts due to the significant overhead of a handful of specialties. The practice of Anesthesiology, and its patients, is especially vulnerable in light of the continued undervaluation of the specialty's work product and reimbursement compared to most other specialties. CMS must launch a much needed multi-specialty practice expense survey, supported by the AMA, the ASA, and may other specialties, in order to gain accurate information from which to make informed decisions. Doing otherwise is irresponsible and would promote further inequities in the arena of shrinking medical reimbursements.
In addition, in order for seniors to continue to receive adequate anesthesia care during surgery, anesthesia expertise during an ICU stay, or benefit from the expertise of an anesthesia pain management physician, our specialty must remain attractive as a specialty. This will only happen if CMS takes steps to remedy our relative under-reimbursement in relation to other medical specialties.

Submitter : **Date: 07/25/2006**

Organization :

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

I would like to issue my comments regarding CPT 93701. This machine is quite useful in the diagnosis of CHF. The proposed RVU amount is not acceptable. My overhead is steadily increasing while re-imbursment is continuing to go down. The cost of the Thoracic bioimpedance equipment is increasing as well as the cost for a technician. I am a solo practitioner and I do not understand how the government expects me to remain in business if this continues. Many of us solo practitioners are having trouble staying ahead now and you want to use this new "bottoms up" methodology to take money out of our pockets for the next 4 years. This is just ridiculous!!! When will it end? I foresee a large drop in physicians in the next few years. There will certainly be a shortage of new doctors in the coming years...

Submitter : Dr. Thomas Humar **Date:** 07/25/2006

Organization : Dr. Thomas Humar

Category : Physician

Issue Areas/Comments

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

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

In light of the 10% reimbursement cuts for Anesthesia, let me point out that you should be increasing us! Our reimbursement is already the lowest at 20% commercial, wheras other doctors and facilities are at 80% commercial reimbursement. I call upon you for PARITY! Either increase us up to the 70-80% commercial reimbursement other doctors receive or lower everyone else to our level! Think of the money that you can save.
Another cost saving offer is that now catarects are performed with topical anesthesia primarily, which does NOT require our Anesthesia services. Think of the savings by not having to spend money on Anesthesia for cataracts. We would gladly step aside for this procedure.
Colonoscopy, on the other hand, are in real need of our Anesthesia services. We provide safety, efficiency , rapid recovery . There is a much greater need for us in Endoscopy and NO NEED for us in cataracts.

So, in conclusion, the fair outcome is to increase our reimbursement in Anesthesia to the level of other physicians , eliminate us from cataracts and do not eliminate us from endoscopy.

Thank you.

Submitter : Ms. Joyce Lynagh **Date:** 07/25/2006

Organization : Harford Primary Care

Category : Nurse

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Dear Legislator,

I am writing on behalf of an 18 physician primary care group in Harford County, Maryland. This group serves the largest percentage of Medicare patients in Harford County, serving thousands of Medicare patients in both inpatient and outpatient settings each year. I am writing to express the physician's overwhelming support for the proposed increases to the E/M work RVU's in the 2007 Medicare physician fee schedule. These proposed changes have been long overdue and could prevent many of the looming problems in healthcare delivery for the Medicare population. Over the past several years, it has become increasingly challenging to care for our Medicare population in light of the limited increases in reimbursement. As a group, these patients have complex medical needs, with multiple chronic health problems requiring extensive time on the physician's part to manage effectively. This extends outside of the office visit to frequent phone calls to the patient, family members and other physicians to coordinate their care. This places significant cost and burden on the physician's daily work, yet it is not addressed under current reimbursement patterns. Increasing the RVU portion of the fee schedule will allow physicians to continue to provide this complex care without compromising the long term financial stability of their practice.

If the Medicare fee schedule is not addressed to provide more appropriate reimbursment for primary care, the physicians of Harford Primary Care will be forced to severely limit or consider ending their Medicare participation. They have been limiting the number of new Medicare patients they accept for several years, despite the growth in the Medicare population in Harford County. While this action will have financial implications for the practice, it will most dramatically impact on the patients who will be unable to readily access primary care in this area.

I urge you on behalf of the physicians of Harford County to take the necessary action to adopt and implement the E/M RVU increases. By providing appropriate reimbursement to primary care providers, the Medicare population can continue to receive the high quality of care they need. In the long run, this will be the best means of reducing the excessive spending of health care resources for this population of patients. Thank you for your assistance in this process.

Sincerely,

Joyce Lynagh, RN
Practice Manager

Submitter : Dr. David Skolnick **Date:** 07/25/2006

Organization : Anesthesia Consultants of Cheyenne

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Continue to cut reibursment in this market will directly affect pt. quality of care in the future.

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.
The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.
CMS should gather new overhead expense data to replace the decade-old data currently being used.
ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed 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 throughout critical care medicine

Submitter : **Date: 07/25/2006**

Organization :

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties.

Submitter : Dr. Scott Kercheville **Date:** 07/25/2006

Organization : Tejas Anesthesia, P.A.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The proposed further cuts in payments for anesthesia services are totally unwarranted and will further threaten access for all Medicare beneficiares who require surgery and other medical care. Anesthesia payments have lagged for many years and continue to be at risk with the flawed SGR methodology, but to compound this problem with more cuts is beyond explanation. The RUC consistently verifies the undervaluing of anethesia services but no correction is ever accomplished given the system of asking other specialties to lose for one or more to gain.
Please reconsider this onerous proposal and allow anesthesia providers to continue giving care as we work through all the issues of increasing demand and utilization by patients with decreasing revenues and payments.
Thank you for your attention.

Submitter : Dr. James Kindscher **Date:** 07/25/2006

Organization : Kansas University

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The reduction in physician reimbursement is unwarranted. Using the SGR formula is not directly linked to the costs of delivering these medical services to medicare patients.

Submitter : Dr. Neil Treister **Date:** 07/25/2006

Organization : Temecula Valley Cardiology

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I am particular concerned regarding the implications of the new 'bottom up' methodology for calculating practice expense for various cardiac procedures in the office. Specifically, I note that reimbursement for 93701 will decrease by 6% under the proposed changes.

The costs of equipment and supplies for TEB have increased significantly, as well as overhead costs and salaries of medical assistants. Over the last few years, I have experienced at least a 5% annual increase in costs for performing this and other noninvasive tests in my cardiology office. I urge you to reconsider this methodology which unfairly penalizes those of us providing cost-effective and efficacious diagnostic testing.

Please reassess your assumptions on capital and supply costs and bring back the RVUs for the practice expense for 93701 up to a level commensurate with the average physician's experience, higher if anything than 2006 levels.

Thank you very much for your consideration.

Submitter : **Dr. Frederick Wood** **Date: 07/25/2006**

Organization : **Temecula Valley Cardiology**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

Re: CPT 93701
I am a board-certified invasive cardiologist and use ICG/TEB in my office and in the hospital setting.

Such hemodynamic data has been very useful in titrating and optimizing therapy for hypertensive patients and patients with heart failure.

I feel that making ICG available for patients who are difficult to manage will result in better levels of BP control and improved care of heart failure, as well as decreased utilization of hospital and other inpatient care resources, particularly in light of decompensated heart failure remaining a leading admission DRG.

I am concerned that the proposed reduction in reimbursement for ICG's will adversely impact my and my colleagues' ability to provide quality care for a significantly impaired cadre of patients.

Submitter : Dr. Richard Hiscox **Date:** 07/25/2006

Organization : Dr. Richard Hiscox

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

The proposed RVU amount of CPT code 93701 is not acceptable. The new methodology used to calculate the RVU amounts for practice expense for CPT 93701 results in a significant decrease in the reimbursable amount that is not compatible with increasing practice expenses for the produre. Thoracic bioimpedance equipment prices are increasing. Thoracic bioimpedance disposable prices are increasing. Technician costs are increasing and overhead is increasing. Almost all of the thosracic impedance devices in use today are made by CardioDynamics. The equipment cost estimate of $28,625 that CMS has used in previous years as an input to the practice expense is not accurate and must have been based on previous CardioDynamics models that have been discontinued or based inappropriately on used equipment pricing. The lastes model is significanly more expensive, approximately $35,000.

Submitter : **Date: 07/25/2006**

Organization : **North Coast Family Medical Group**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

Our group strongly supports the proposed rule to increase the work RVUs assigned to Medicare Evaluation and Management codes. Our family medical group has provided services to over 30,000 patients for the past 20 years, many of which are Medicare beneficiaries. As our established patients grow older, increasingly complex care is required. Unfortunately, payments for managing the care of our patients does not compare to the complexity and time spent in doing so. Providers of care have no recourse but to see more and more patients per day to successfully operate a business, while at the same time trying to accomplish the difficult task of providing quality, individualized care for each patient.

We are very pleased CMS has recognized the importance of improving payment as well as understanding the value Medicare beneficiaries place on their relationship with their family doctor. Primary care payment for services versus specialty payment for services have long been miles apart and directly contribute to the decline in new family medicine practitioners. CMS's proposal to increase payments is an important first step in addressing this decline by encouraging practitioners to choose family medicine and increase patient access to primary care services.

Submitter : Dr. Gail Petter **Date:** 07/25/2006

Organization : Dr. Gail Petter

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

Current Practice Expense data are outdated, especially for Anesthesiology. Antiquated information, a decade old, appears to significantly underestimate actual anesthesia expenses. Using proposed CMS methodology, the specialty of Anesthesiology will take an unfair burden of reimbursement cuts due to the significant overhead of a handful of specialties. The practice of Anesthesiology, and its patients, is especially vulnerable in light of the continued undervaluation of the specialty's work product and reimbursement compared to most other specialties. CMS must launch a much needed multi-specialty practice expense survey, supported by the AMA, the ASA, and may other specialties, in order to gain accurate information from which to make informed decisions. Doing otherwise is irresponsible and would promote further inequities in the arena of shrinking medical reimbursements.

In addition, in order for seniors to continue to receive adequate anesthesia care during surgery, anesthesia expertise during an ICU stay, or benefit from the expertise of an anesthesia pain management physician, our specialty must remain attractive as a specialty. This will only happen if CMS takes steps to remedy our relative under-reimbursement in relation to other medical specialties.

Submitter : **Dr. Clark Parrish** **Date: 07/25/2006**

Organization : **Madrona Medical Group**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

As a General Internist in the practice of Primary Care Internal Medicine for 25 years I have directly observed the relentless decline in the viability of primary care medical practice. This is due in large part to the chronic inadequate reimbursement for evaluation and management medical services, and any effort to meaningly rectify this will help to insure that there will be enough primary care physicians in the future to care for the swelling ranks of the elderly.

Submitter : Dr. AUGUSTO CASTRILLON **Date:** 07/25/2006

Organization : CASTRILLON FAMILY CLINIC

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

THE PROPOSED RVU AMOUNT FOR CPT CODE 93701 IS NOT ACCEPTABLE.
PRICES FOR THORACIC BIOIMPEDENCE EQUIPMENT IS INCREASING, ALONG WITH TECHNICIAN COSTS. ANY DECREASE IN REIMBURSMENT WILL GREATLY AFFECT MY OVERHEAD THUS AFFECTING THE QUALITY OF CARE AFFORDED MY PATIENTS.
THANK YOU

Submitter : **Date: 07/25/2006**

Organization :

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

dfgg

Submitter : Dr. John Wilson **Date:** 07/25/2006

Organization : John W. Wilson, MD, Inc.

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties.

Thank you for making these changes as soon as possible.

Submitter : **Dr. Myles Standish** **Date: 07/25/2006**

Organization : **Dr. Myles Standish**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

7 CMS should gather new overhead expense data to replace the decade-old data currently being used.

7 ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

7 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 throughout critical care medicine.

Submitter : chris dale **Date:** 07/25/2006

Organization : providence health system

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam

Thank you so much for taking up the issue of medial reimbursement reform.

I strongly support the recent proposal for an increase in the RVUs as listed in the recent proposal.

As a physician in training, too often I see young doctors and medical students making choices to go into higher paying, more procedural-based specialties and not into General Internal Medicine and Primary Care.

Efficient, well-delivered, cost-effective health care requires providers to know patients over time. Further fracturing the care environment into a variety of sub-specialties increases the costs of overall care and decreases the quality of care that patients receive.

We need to value primary care more and pay for better primary care if we re going to keep a lid on health care costs. A good interest or primary care provider saves money and improves patients lives.

We must recruit more and better providers into primary care if we re to effectively care for our aging population.

Thank you for taking up the RVU adjustment.

I strongly support its implementation.

Sincerely,

Chris Dale, MD
11011 SW Southridge Dr
Portland, OR 97219

Submitter : Dr. David Bleidorn **Date:** 07/26/2006

Organization : Saint Mary's/Duluth Clinic Health System

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am a general Internist practicing in rural northwestern Wisconsin (Hayward, Wi in Sawyer County). We have been trying to recruit additional general Internal Medicine physicians to our practice for 2 years with no success. We have a large percentage of elderly patients in this community with multiple chronic diseases. Their care is complex and requires time and patience. We are currently overwhelmed in our practice and we are dealing with a local crisis for access to primary care. We have an attractive facility and community but there are simply no applicants. This is most certainly at least partially related to the shrinking percentage of Internal Medicine trainees choosing general Internal Medicine as a career. For this reason I was very pleased to hear of the proposed work RVU updates increasing RVU's and payments for E and M services. The field of general Internal Medicine is in crisis. The future access to quality primary care for patients with multiple chronic illnesses is most certainly dependent on increasing reimbursement for E and M services to attract more and better candidates to this important field of medicine and to prevent those currently practicing from changing careers.

Submitter : **Dr. Lee Remington-Boone** **Date: 07/26/2006**

Organization : **Dr. Lee Remington-Boone**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties.

Sincerely,

Lee Remington-Boone, MD
Grossmont Family Medical Group
La Mesa, California 91942

Submitter : **Dr. Robert Doan** **Date: 07/26/2006**

Organization : **Park Nicollet Clinic**

Category : **Individual**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am a semi-retired internist who just does nursing home work. I am also 79 years old, have had some major medical problems in the last 6 months, and want to continue to have the services of a good primary care physician.

I am disturbed that many young doctors and medical students are being attracted to technical specialties that pay much more but increase medical expenses. The proposed changes make some much needed improvements in reimbursement for E and M services and should be put into effect. Getting adequate incentives to spend more time with patients should curb overall cost increases. In addition, the recommendations to reduce drug errors published recently recommends better education of patients and more careful attention to drug interactions. This takes time! Thank you for considering my views.

Submitter : Dr. Jeffrey Staack **Date:** 07/26/2006

Organization : Dr. Jeffrey Staack

Category : Physician

Issue Areas/Comments

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

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

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. This is especially true given that the CMS uses decade-old data to calculate expenses. CMS should gather new overhead expense data to replace that which is currently being used.

The American Society of Anesthesiologists, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed 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 throughout critical care medicine.

Submitter : Dr. KAREN FU **Date:** 07/26/2006

Organization : Dr. KAREN FU

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties.

Submitter : Dr. Andrew Murry **Date:** 07/26/2006

Organization : Dr. Andrew Murry

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I want to urge CMS to finalize the recommended work RVU increases for evaluation and management services. Not only has the complexity of the patients I see increased dramatically but as an Infectious Diseases doctor I don't really do any procedures so my primary function is to take large amounts of data and examine and interview patients to come up with a treatment or diagnostic plan. I have always felt that CMS does not properly reimburse for this type of work and this new system goes a long way toward improving payment for these types of services. These changes will improve patient care and coordination by paying for the complexity seen in today's patients. I urge CMS to reject any comments that would lower the overall improvements in work RVUs for E/M services.

Submitter : **Dr. dov shmukler** **Date: 07/26/2006**

Organization : **Dr. dov shmukler**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

1)The proposed RVU amount to CPT code 93701 is not acceptable.
2) The significant decrease in the reimbursable amount for practice expense for CPT 93701 is not compatible with increasing practice expense for the procedure. Thoracic bioimpedence eqipment and disposables are increasing, as well as technician costs.

Submitter : C. David Akin **Date:** 07/26/2006

Organization : Independence Cardiology Associates, PC

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

July 26, 2006

RE: Reimbursement for Impedance Cardiography

To Whom It May Concern:

Impedance cardiography forms a vital part of my practice. I am a cardiologist and see various patients with high blood pressure, left ventricular dysfunction of all sorts including systolic and diastolic dysfunction.

Impedance cardiography is extremely useful in quantifying systemic vascular resistance, cardiac output, and total body fluid. I am quite certain that utilizing this technology prevents unnecessary hospitalizations and allows precise optimization of complex drug regimens to improve overall patient outcome.

However, medicine remains a business and reimbursement for the various technologies has to reflect their expense and value. At this time, the reimbursement for impedance cardiography is marginal from a pure economic point of view which has significantly limited what otherwise would have been widespread proliferation of an extremely valuable technology.

The current consideration to decrease the reimbursement based on the proposed RVU for impedance cardiography 93701 is not acceptable. I believe that adequate payment for this technology would encourage its utilization and actually decrease overall medical expenditures.

I appreciate your consideration.

Sincerely,

C. David Akin, MD, FACC
CDA:kvb