**Submitter :** **Mr. Randall Krehbiel** **Date: 08/13/2006**

**Organization :** **Mind-Body Health Professional, P.A.**

**Category :** **Social Worker**

**Issue Areas/Comments**

**Practice Expense**

Practice Expense

I am a Licensed Specialist Clincal Socail Worker in the State of Kansas. I have been in practice for 34 years and last seven of which have been in a private practice. Because of shrinking reimbursements from all third party payers, it is becoming increasingly difficult to operate a viable social work practice. If CMS reduces work values by 7% for social workers, it will become even more difficult. More importantly, it will make quality care unavailable or at best less readily available, when practioners begin to close down their practices because of shrinking rimbursements. The timing of this seems particularly unfortunate given the impending surge in Medicare eligble individuals given the advent of the baby boomers. Social workers already provide services at lower rates so if we stop providing these services, Medicare clients will have to seek treatment from more expensive professionals. Targeting mental health services is short sighted and would eventually add to medical care costs. I don't begrudge physicians an increase but would prefer that all practioners get an increase.

**Submitter :** EDNA GORDON **Date:** 08/13/2006

**Organization :** NASW

**Category :** Social Worker

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear CMS:

Please reconsider your proposal to reduce Medicare reimbursement to clinical social workers, clinical psychologists, anesthesiologiests, and chiropractors, as well as to other health providers. This cut would seriously hurt my psychotherapy practices as over 50% of my clients are Medicare recipients. I would further request that CMS does not reduce work values by 7% for clinical social workers effective January 1, 2007. 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 that CMS not approve the proposed "Top down" formula that does not create a negative impact for mental health providers. Thank you for taking my requests into account as CMS makes decisions in these crucial areas.
Sincerely, Edna D. Gordon, LCSW

**Submitter :** Mr. Philip McDowell **Date:** 08/13/2006

**Organization :** Mr. Philip McDowell

**Category :** Individual

**Issue Areas/Comments**

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

Discussion of Comments- Evaluation and Management Services

I am a clinical social worker. My practice will be adveresely affected by the propsed cuts in reimbursement. In addition, the increase in reimbursement for evaluation and management codes will not affect my services. I hope you will withdraw the increase until their is funding to increase rates for all providers. Otherwise, services will be reduced to persons needing behavioral healthcare.

**Submitter :** Carrie Christensen **Date:** 08/13/2006

**Organization :** Carrie Christensen

**Category :** Social Worker

**Issue Areas/Comments**

**GENERAL**

GENERAL

Please do not reduce Social Work work values as you make changes to Medicare. As an independent provider, this would negatively effect my practice as well the clients that I serve. Thank you.

**Submitter :** **Ms. Chris Ann Farhood, LCSW, ACSW** **Date: 08/13/2006**

**Organization :** **National Association of Social Workers,**

**Category :** **Social Worker**

**Issue Areas/Comments**

**Practice Expense**

Practice Expense

Please see attached file

CMS-1512-PN-1371-Attach-1.DOC

Attachment #1371

Chris Ann Farhood, LCSW, ACSW
61 West 62nd Street #4G
New York, NY 10023

August 13, 2006

Department of Health and Human Services
Attention: CMS-1512-PN
PO Box 8014
Baltimore, MD 21244-8014

I have been a Medicare Provider for many years, and I just received information that CMS has proposed lowering the reimbursement for Clinical Social Workers by an outrageous 14%!!!

First of all, as Clinical Social Workers provide the vast majority of psychotherapeutic services to the Medicare population, this is an incredibly unfair strike at our profession. Further, I see that there is a simultaneous proposal for a 10% increase in reimbursement for evaluation and management codes, which generally are restricted to physician use and not for clinical social workers. How in good conscience can you be recommending this disparity? I simply cannot afford a 14% reduction in my fees, and I do not understand how this recommendation came to be. I was just thinking the other day of my first Medicare patient whom I saw in the early l980's. At that time, the approved Medicare fee was approximately $80 for the same service (CPT 90806) that is now approved at less than $85...that is barely a five dollar increase in over twenty years! On the other hand, physician reimbursement for the same services has greatly increased in the same time period. Clearly there is a problem with the logical progression of a fee structure for all of the mental health professionals.

I request that you withdraw the proposed fee increase for evaluation and management codes until you can equitably increase fees across the board for all providers. And I request that you not single out Clinical Social Workers, the largest supplier of psychotherapeutic services for the Medicare population, for an unjust reduction in fees. I request that CMS not approve the proposed "bottom up" formula to calculate practice expense. I further urge CMS to select a formula that does not create a negative impact for clinical social workers who have very little practice expense as providers.

One of the patients that I currently see has a history of cardiac problems, and recurrent bouts with lymphoma. He has also has had a history of hospitalizations for his depressions, but is unable to take anti-depressants due to his medical conditions. Through my work with him, he is stable, functioning emotionally well enough to stay out of the hospital, and valiantly fighting through his medical problems. Clearly, the cost benefits of his NOT being psychiatrically hospitalized are very high. I am sure that there are thousands of stories similar to this one, and I urge CMS to find a formula for fees that is fair, and equitable to all mental health practitioners.

Sincerely,

Chris Ann Farhood, LCSW, ACSW

**Submitter :** Ms. Lisa Thomas **Date:** 08/13/2006

**Organization :** Lisa V. Thomas Counseling Services

**Category :** Social Worker

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1512-PN-1372-Attach-1.DOC

Attachment
# 1372

August 13, 2006

Re: CMS-1512-PN

To CMS:

I am a licensed clinical social worker and I am angry and disappointed to learn you are proposing a reimbursement cut that would amount to 14% over the next 3 ½ years. I specialize in providing counseling services to the frail elderly who are struggling to remain independent in their senior housing apartments. Their mental well-being is just as important as their physical well-being in wanting, and being able, to live as independently as possible (as well as it being more cost effective). And their fixed incomes often do not allow them to purchase services privately. As a Medicare provider, your reimbursement rates are already the lowest I have encountered. If this new policy goes into effect, more practitioners will be forced to drop Medicare because we are the ones who bear the financial burden in your attempt to save money. But, our senior citizens are the ones who ultimately lose because of the declining availability of services (in all areas of their health care). . As a clinical social worker provider I have very little practice expense, therefore, I do not agree with the proposed formula to calculate practice expense. And I believe everyone would benefit if CMS would wait to increase reimbursement for evaluation and management codes until there is enough money available to increase reimbursement rates to **all** Medicare providers.

Sincerely,

Lisa V. Thomas LCSW-R

**Submitter :** **Dr. James Worden** **Date: 08/13/2006**

**Organization :** **Florida Pain Center of Naples**

**Category :** **Physician**

**Issue Areas/Comments**

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

Discussion of Comments- Gynecology, Urology, Pain Medicine

I have a 70% Medicare practice in this Southwest Florida area of retirees and I feel further cuts will put me out of the Medicare business. I am in an office-based practice like any internist, not hospital-based. My overhead is 65% of revenues and without Medicare I could cut that way back, not take any Medicare patients, and have an easier and more profitable life. Please consider re-evaluating our work values for those of us in Pain Medicine in office-basd practice. Thank You, James J. Worden, Naples, Florida

**Submitter :** Ms. Eileen Leir **Date:** 08/13/2006

**Organization :** Dakota Hills Counseling

**Category :** Social Worker

**Issue Areas/Comments**

**GENERAL**

GENERAL

The idea of reducing medicare payments to social workers by 7% which equals 14% will pretty much guarantee No service to elderly mental health patients. I am currently counseling some very mentally ill nursing home clients on an outpatient basis who are staying out of the psychiatric unit by recieving proper mental health care without outpatient services these same people will be using much higher cost services such as hosptials and other institutions. I think that other services such as evaluations and other such needs be evaluated first before cuts in this area. The reimbursement rate is already too low and very few of my collegues will even see these patients. This is a very sad state of affairs for the elders of our culture. Shameful!!!

**Submitter :** Dr. William Listwan **Date:** 08/13/2006

**Organization :** Dr. William Listwan

**Category :** Physician

**Issue Areas/Comments**

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

Discussion of Comments- Evaluation and Management Services

I have practiced General Internal Medicine for over 32 years. The amount of time I spend with a patient, and the time spent after the visit to document the visit, have both increased very significantly. I would estimate that to accomplish the same amount of work it now takes twice as long without any significant improvement in outcome. Because of this productivity has dropped and it is more and more difficult to attract phyisicians to primary care. I worry about who will take care of me in a few years.

I would encourage you to finalize the recommended increase in work RVU's for evaluation and management services. It will be a good start to rebalancing a system that has been more and more skewed against primary care. I want to keep spending the time my patients need from me but it's been getting more difficult. The time to explain options, complicated tests, test results, and the time to answer all of their questions. The internet has been a mixed blessing for those of us in primary care as every day I see several patients with internet search results from several sites that need my help to understand what is valid and what is not.

Please stay the course and do not alter the proposed reimbusrsement increase for E & M services.

**Submitter :** Mr. Michael Uran **Date:** 08/14/2006

**Organization :** Trinity Hospital

**Category :** Other Health Care Professional

**Issue Areas/Comments**

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

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

The proposed reduction in payment for DXA (osteoporosis screening) are excessive. The cost to provide these vital examinations is greater than the proposed payments. It is vital that they be increased so that these examinations will be offered routinely to avoid disabling compression fractures.
Please reconsider these changes. Mike Uran

**Submitter :** **Howard Lorber** **Date: 08/14/2006**

**Organization :** **Howard Lorber**

**Category :** **Social Worker**

**Issue Areas/Comments**

**Practice Expense**

Practice Expense

Please note that, acording to your model, the proposed overall 14 percent reimbursement cut will reduce my ability to serve an elderly population in my practice as a Medicare provider;
Please do not reduce work values 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 to approve the proposed 'bottom up' formula to calculate practice expense. Please select a formula that does not create a negative impact for me and my colleagues clinical social workers. We have, usually, very little practice expense as providers, and we provide the bulk of psychotherapeutic services in the field.

These proposed rules actually are counter produductive as they will reduce the ability of the most cost effective providers to continue to provide services. The most experienced and best trained clinical social workers, such as myself, will be forced from this service and the elderly will be, thereby, unserserved and ill served.

Please reconsider & reverse this shortsighted and ill conceived policy.

**Submitter :** Mrs. Ann Stephenson **Date:** 08/14/2006

**Organization :** Watson Clinic LLP

**Category :** Individual

**Issue Areas/Comments**

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

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

Please reconsider the recently proposed regulations that will dramatically reduce reimbursement for the performance of DXA (CPT code 76075) from the current ~$140 to ~$40 by 2010 and VFA (CPT code 76077) from the current ~$40 to ~$25. These cuts would be in addition to the already-enacted imaging cuts in the Deficit.
This regulatory change in the Medicare Physician Fee Schedule will markedly reduce the availability of high quality bone density measurement, with a consequent decline in quality osteoporosis care.

**Submitter :** Mrs. Jennifer Browning **Date:** 08/14/2006

**Organization :** Mrs. Jennifer Browning

**Category :** Social Worker

**Issue Areas/Comments**

**Practice Expense**

Practice Expense

A 14 percent reimbursement cut will affect my practice through reduction in business as well as reduction in ability to care for patients.
Please do not reduce work values by 7 % for clinical social workers effective January 1, 2007. Our cost to practice is high comparable to reimbursement rates.
Social workers salaries have not increased over the years, making it difficult to live the middle class lifestyle.
Please withdraw the proposed increase in evaluation and management codes until there are 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 :** Mr. Jonathan Glasberg **Date:** 08/14/2006

**Organization :** Mr. Jonathan Glasberg

**Category :** Other

**Issue Areas/Comments**

**Other Issues**

Other Issues

Relating to the proposed program/rvu cuts in reimbursement to Physical Therapists.
Physical Therapy is a field which helps many Medicare beneficiaries avoid costly debilitation and decline in function. Increases in Physical Therapy expenditures have been largely due to Physicians billing for Physical Therapy services. In the intersts of your/our customers, I suggest that the OIG's report on Physician Biling for PT services be closely reviewed. This can yield a cost savings solution that does not hurt our clients. Briefly, the Office of Inspector General found that 91% of physical therapy services billed by physicians in the first 6 months of 2002 failed to meet program requirements, resulting in improper Medicare payments of $136 million. The Inspector General found that the total payments for physical therapy claims from physicians skyrocketed from $353 million in 2002 to $509 million in 2004, and that the number of physicians billing the program for more than $1 million in physical therapy more than doubled in that 2-year period.
Addressing improper billing of PT services by physicians will greatly reduce expenses, while allowing our older patients to still avail themselves of PT services by licenses professional that will help them avoid costly decline in function.

**Submitter :** Dr. Andrew BEHNKE **Date:** 08/14/2006

**Organization :** Cumberland Valley Endocrinology Center

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

I would like to comment on the proposed Medicare physicians Fee Schedule (CMS-1512-PN, RIN 0938-A012). As a practicing endocrinologist I find many patients who have several risk factors for osteoporosis and have not yet had a bone density examination. We've been able to diagnose and treat many women with osteoporosis were previously asymptomatic. This will prevent further costs in terms of reducing fracture and hospital/nursing home stay.

In order to continue to provide this service,it needs to be reimbursed appropriately. The current recommended decrease in bone density reimbursement would be detrimental overall. In addition we use the modern fan- beam technology which is much quicker and more accurate than the old penci beam technology.

I would like to propose that reimbursement for bone density stay at the current value without reduction.

Thank you

Dr. Andrew J. Behnke, M.D.

**Submitter :** Dr. Fred Frankenberg II **Date:** 08/14/2006

**Organization :** Nature Coast Family Practice, PA

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

As a physician, I feel the proposed cuts to radiology services, particularly preventative services like DEXA, will have significant negative impacts on the delivery of such screening tests to the elderly population who needs them.

As has been seen in other areas of screening such as mammography, when insurance reimbursement is reduced, access to the screening test decreases, adverse events increase, malpractice for physicians performing the test increase and they in turn remove the test from their repertoire to reduce malpractice costs which further impedes access.

With the age of American society increasing steadily and predictably, can we afford to create a situation that limits access to osteoporosis screening? Especially when the cost of a single prevented hip fracture alone would pay for the screening of several hundred individuals. With current medical therapy, the number needed to treat to prevent a fracture is about 30.

**Submitter :** Ms. Nancy Kriseman **Date:** 08/14/2006

**Organization :** Geriatric Consulting Services Inc.

**Category :** Social Worker

**Issue Areas/Comments**

**GENERAL**

GENERAL

I have been working with elders and their families for over 24 years as a clinical social worker. I make home visits and go to all places elders reside in. It is time consuming but such a needed important service to them. Payment under medicare has never reimbursed me appropriately for my time. Cutting back our fee would proclude me from conducting these much needed home visits. Elders take even more time than other clients because of their complicated needs. Please do not cut our already inappropriate payment for our services.

**Submitter :** Dr. MC pinsker **Date:** 08/14/2006

**Organization :** Va Society of Anesthesiologists

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

Please pass along.....
Perhaps our more conservative legislatures would respond to the following, which could be added to our argument:
Our capitalistic economic system does not base value on costs and labor as in the communist system with centralized planning, but rather on what people are willing to pay for the goods or services. The fact that hospitals are supplementing anesthesia practices proves that the fees generated by the practice of anesthesiology are not covering the value of the service. It would be better that the supplemental payment come directly from CMS rather than from CMS indirectly through health care facilities. In this way CMS would have a better handle on where its money is going, and patient safety would be promoted because anesthesiologists would have less pressure from hospitals that might compromise patient care.
M. C. Pinsker

**Submitter :** Moya Atkinson **Date:** 08/14/2006

**Organization :** Senior Services of Alexandria

**Category :** Social Worker

**Issue Areas/Comments**

**Other Issues**

Other Issues

Proposed 14Percent Fee Reduction for Clinical Social Workers Who Are Medicare Providers

As the former Executive Director of the National Association of Social Workers, Maryland Chapter, for 9 1/2 years, with over 4,000 members, we worked hard over many years to ensure adequate reimbursement and high standards for clinical social workers providing services to Medicare recipients. Social workers working with the elderly, as well as consumers and volunteers appreciated the value of services in helping elderly people cope with their many problems, and maintain some control over their lives.

Currently, as part-time Money Manager/Case Worker for Senior Services of Alexandria (703-836-4414), I find that nearly every one of my clients, in addition to having physical problems has one or more mental health problems, i.e. obsessive compulsive/hoarding behavior; dementia; depression; alcoholism/drug abuse; self-neglect; anxiety; uncontrolled anger; hostility; fear; suicidal ideation; vulnerability to external pressures (fraud, scams, etc.); and dual diagnoses. It is difficult for me to get companion services, never mind mental health services over an ongoing period, especially with regards to home bound clients who are still living in the community. Several of my clients have had bad care in nursing homes/rehabilitation centers, compounded by the lack of mental health services, resulting in frustration and depression, thereby slowing the healing process and leaving with them a horror of ever having to return to the nursing homes.

Rather than reducing reimbursement rates and lowering standards, CMS should be fighting to increase the level and quality of services. Clinical Social Workers comprise the greatest number of providers of mental health services to people in the community as well as in institutions. They have the education, expertise, and ongoing continuing education requirements to keep abreast of the field.

If these regulations are adopted, I fear that the already inadequate mental health services for elderly will shrink further, as clinical social workers are forced to move into more remunerative work because they cannot afford to continue to provide Medicare-reimbursable services.

This matter is especially critical, as the number of elderly people is increasing with the aging of the "baby boom" generation.

I therefore urge you to desist from implementing the punitive measures you are proposing to adopt, i.e. a reduction in reimbursement; reduction in work values; a proposed increase in evaluation and management codes; a "bottom up" formula to calculate practice expense; and a formula that harms cs workers who have low practice expenses as providers.

Thank you for the opportunity to express my concerns. Moya Atkinson

**Submitter :** Dr. MICHAEL LEVI **Date:** 08/14/2006

**Organization :** NORTH SUBURBAN MEDICAL ASSOC., LLC

**Category :** Health Care Provider/Association

**Issue Areas/Comments**

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

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

AS PHYSICIANS, WE DO NOT SUPPORT THE PROPOSED CHANGES TO THE MEDICARE REIMBURSEMENT FOR DUAL ENERGY X-RAY ABSORPTIONART (DXA). THE MEDICARE POPULATION IS AT SIGNIFICANT RISK FOR OSTEOPOROSIS AND, IF IMPLEMENTED, THESE CHANGES WILL HAVE A NEGATIVE IMPACT ON PATIENT ACCESS TO OSTEOPOROSIS SCREENING.
PLEASE THINK TWICE BEFORE YOU HANDICAP US AS PHYSICIANS FROM DOING OUR JOBS.

**Submitter :** Mrs. DeEtta Breitwieser **Date:** 08/14/2006

**Organization :** National Assoc. of Social Workers/CT Chapter

**Category :** Social Worker

**Issue Areas/Comments**

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

Discussion of Comments- Evaluation and Management Services

I urge CMS to withdraw proposed increase in evaluation and management codes until there are funds to increase reimbursement for all Medicare providers.Increased support should not come at ther expense of other vital providers.

**Other Issues**

Other Issues

I urge CMS not to reduce the work values for Clinical Social Workers which is to become effective 1/1/07. Such reduction will seriously impact clinical social workers ability to serve patients and assist in the success of physicians treatment plans.

**Practice Expense**

Practice Expense

I urge CMS not to approve the formula of "bottom up" to calculate practice expense. Clinical social workers have very little practice expense as providers. A formula should be used that does not create a negative effect on social workers' practice.

**Submitter :** Dr. STEVEN LASIN **Date:** 08/14/2006

**Organization :** NORTH SUBURBAN MEDICAL ASSOC., LLC

**Category :** Physician

**Issue Areas/Comments**

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

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

AS PHYSICIANS, WE DO NOT SUPPORT THE PROPOSED CHANGES TO THE MEDICARE REIMBURSEMENT FOR DUAL ENERGY X-RAY ABSORPTIONART (DXA). THE MEDICARE POPULATION IS AT SIGNIFICANT RISK FOR OSTEOPOROSIS AND, IF IMPLEMENTED, THESE CHANGES WILL HAVE A NEGATIVE IMPACT ON PATIENT ACCESS TO OSTEOPOROSIS SCREENING. PLEASE THINK TWICE BEFORE YOU HANDICAP US AS PHYSICIANS FROM DOING OUR JOBS.

**Submitter :** **Deborah Foster** **Date: 08/14/2006**

**Organization :** **Deborah Foster, LCSW**

**Category :** **Social Worker**

**Issue Areas/Comments**

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

Discussion of Comments- Evaluation and Management Services

I am a clinical social worker, now in private practice, who has worked with chronically mentally ill people in Connecticut since the mid-1980s.
I object to the current plan to fund this change at the expense of reimbursements to other professions.
Already receiving a fraction of reimbursement compared to physicians, clinical social workers providing ongoing treatment in mental health, geriatrics, child and family services and other areas, will finance this increase with a cut in their own reimbursements of as much as 14% over the next five years!

The obvious inequity of this funding mechanism strikes at the growing model of collaborative care. Social workers provide essential services with a comprehensive perspective that does not shrink at complex presentations but instead facilitates effective and efficient use of healthcare services. Equitable reimbursement strategies will ensure that sufficient social workers are available to meet the needs of our graying population.

Master's level social workers typically have three years of graduate training and two (or more) years of post-master's supervised work before independent practice. Rarely do they enter grad school directly from undergraduate study but are generally expected to have several years experience in their field before applying. Thus, social workers invest years of training and preparation before beginning private practice.

The social work profession is a unique and flexible resource in healthcare. More essential than ever, our work should be adequately reimbursed - not treated as a source of funding for payment to other professions.

**Submitter :** **Date: 08/14/2006**

**Organization :**

**Category :** **Physician**

**Issue Areas/Comments**

**Practice Expense**

Practice Expense

Re document #1512-PN A 4.6% reduction would be equal to a loss of 25% of income for procedure code 76075 for our office. This is significant for us becuase we are a single doctor practice. The DEXA service on site is an added convenience for our patients. Due to lease terms our cost will not go down and we cannot afford to loose income.

**Submitter :** Mrs. Jill Keener **Date:** 08/14/2006

**Organization :** Cleveland Clinic of Wooster, Ohio

**Category :** Other Association

**Issue Areas/Comments**

**Other Issues**

Other Issues

Medicare reimbursement of bone density:
-Patients rely on medicare for their medical needs. A lot of people don't have the extra money for medical treatment. They go untreated.
-Patients only get a certain imcome amount.Meaning that if they can't get a test done to help there health. Patients will refuse the test!
-This means poor patient care.
-Osteoporosis screening is important because it prevents more intense medical treatment(spine & hip fractures) down the road, which will cost medicare more money to treat if the patient didn't have these screenings.
-I propose that Medicare keep paying the reimbursements of $140.00 to keep all the patients healthy!!!!
Thank You,
Jill Keener (R)(RT)(BD)(CDT)

**Submitter :** **Date: 08/14/2006**

**Organization :** **American Academy of Neurology**

**Category :** **Health Care Professional or Association**

**Issue Areas/Comments**

**GENERAL**

GENERAL

Please see attachment.

CMS-1512-PN-1392-Attach-1.DOC

Attachment A
1392


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St. Paul, Minnesota 55116

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www.aan.com



August 11, 2006

Mark McClellan, Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

*RE: file code CMS-1512-PN*

Dear Dr. McClellan;

The American Academy of Neurology (AAN), representing over 19,000 neurologists and neuroscientists, is pleased to submit these comments on the rule proposed by CMS entitled: Medicare Program: *Five-Year Review of Work Relative Value Units Under the Physician Fee Schedule and Proposed Changes to the Practice Expense Methodology* [CMS-1512-PN] Federal Register, June 29, 2006. We appreciate the opportunity to comment on the issues raised in your proposal and would like to offer remarks in five specific areas.

## I. DISCUSSION OF COMMENTS—EVALUATION AND MANAGEMENT SERVICES

The AAN supports the CMS' complete acceptance of the values proposed for E/M services as recommended by the Relative Value Update Committee (RUC).

With the help of the RUC, CMS recently reviewed E/M values for the first time in ten years. Over the past ten years, E/M services have been exceedingly undervalued. The inequities in reimbursement of E/M codes have had adverse effects on Medicare patients by decreasing access to cognitive physicians. Without adequate reimbursement, cognitive physicians may choose not to see Medicare patients. Cognitive specialties can be defined as those specialties that earn 50% or more of their income from E/M services. These specialists constitute the majority of physicians in the United States that provide services to Medicare patients. The inadequate E/M values have affected not only cognitive specialists, but cognitive physicians in general; those that provide primary care to Medicare beneficiaries such as those in family practice, geriatrics, and internal medicine.

In a recent CMS press release, Dr. McClellan asserted, "It is time to increase Medicare's payment rates for physicians to spend time with their patients. The AAN expects that improved payments for evaluation and management services will result in better outcomes because physicians will get financial support for giving patients the help they need to manage illnesses more effectively" (CMS Announces Proposed Changes to Physician Fee Schedule Methodology, June 21, 2006). The AAN is encouraged to hear statements like this from Dr. McClellan and concurs with this position.

## II. OTHER ISSUES—BUDGET NEUTRALITY

The AAN is against the use of a work adjuster and is therefore in favor of drawing on a decrease in the conversion factor in achieving budget neutrality for the following reasons.

If CMS elects to use the work adjuster to achieve budget neutrality, only just over half of the E/M codes will increase in value. Further, use of the work adjuster for budget neutrality will confuse physician practices and others who use the Resource-Based Relative Value System (RBRVS). The AAN believes that the use of the work adjustor will have an additional deleterious effect on those specialties whose Medicare reimbursement is associated with a high percentage of physician work (e.g., Anesthesiology (71%), Emergency Medicine (73%), Geriatrics (62%), Infectious Disease (65%), Psychiatry (71%), Clinical Psychology (70%)) (CMS Practice Expense Town Hall Forum, Feb. 14, 2006). In contrast, if the conversion factor is used to achieve budget neutrality, a significantly higher proportion (33 out of 35) E/M code values will increase. The AAN strongly believes that an increase in a majority of E/M codes is absolutely essential in addressing the inequities for physicians who spend a large proportion of their time providing these services.

The AAN's stance that budget neutrality adjustments should be made to the conversion factor rather than the work relative values is consistent with views of both the AMA and RUC. In fact, CMS itself agreed with this view in a statement in the Federal Register (1999): "We did not find the work adjustor to be desirable. It added an extra element to the physician fee schedule payment calculation and created confusion and questions among the public who had difficulty using the RVUs to determine a payment amount that matched the amount actually paid by Medicare" (Vol. 68, No. 216, pg. 63246).

## III. OTHER ISSUES—DISCUSSION OF POST-OPERATIVE VISITS INCLUDED IN THE GLOBAL SURGICAL PACKAGES

The AAN encourages CMS to drop the 10 and 90-day global model and instead utilize equal pay for equal work for E/M services. The AAN believes this change will promote higher quality work and more equitable reimbursement for providers.

The AAN believes that, due to variations in patient care patterns, there is a discrepancy in the number and type of E/M services that may be performed by a practitioner in the post-operative period of 10 and 90-day global packages. The AAN also feels that utilizing global E/M services for surgical 10 and 90-day services is detrimental to centers of excellence that actually perform more E/M services than others currently included in the global package for codes. Additionally, there is little to no documentation required of physicians in order to obtain reimbursement for these 10 and 90-day global codes. For these reasons, the AAN encourages CMS drop the 10 and 90-day global model for reimbursement.

## IV. PRACTICE EXPENSE

The AAN supports the change to a bottom up methodology for allocating direct costs. However, we have serious concerns about the proposed methodology for allocating indirect costs. In particular, we are concerned about the use of physician work to allocate indirect costs to specific services. We believe physician time is a much more rational and accurate allocator. The physician time involved in furnishing a service has a much more direct relationship to practice expenses, including indirect costs, than the use of physician work. Physician work takes into consideration the intensity of the service which has little or no relationship to the indirect costs. The result of this approach is that time-consuming cognitive services provided by specialists such as neurologists receive a disproportionately low allocation of indirect costs compared to procedural or surgical specialties. We believe, for purposes of allocating indirect costs, that the most accurate method is to use physician time. This method results in all physician time being treated equally rather than valuing the time of

some physicians more than that of others. We urge CMS to reconsider this aspect of its indirect methodology.

The AAN also supports replacement of the 50% utilization policy for at least high-cost equipment. For example, the AAN would advocate that equipment that costs over a certain threshold – for example $100,000 – be treated as used 100% of the time. In addition, CMS may want to develop data about actual equipment use in office settings to determine whether the 50% policy should be adjusted for lower-cost equipment.

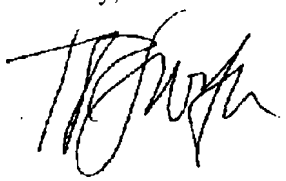
## V. DISCUSSION OF COMMENTS—RADIOLOGY, PATHOLOGY, AND OTHER MISC. SERVICES

The AAN believes the proposed single-fiber electromyography (95872) RVU of 2.0 inadequately represents the physician work required to perform the procedure and therefore requests that CMS accept the RVU of 3.00 approved by the RUC. Single-fiber EMG is one of the most physically demanding and technically difficult studies that an electrodiagnostic physician can perform. The procedure is time consuming and requires great concentration and skill. This code had not been surveyed prior to the Five-Year Review, and the original valuation of the code is believed to have been incorrect because there may not be a good family of codes with which to group 95872 and also because the original survey mechanism may have been flawed.

In terms of physician work, the closet comparison code is probably deep brain stimulation (95978). Both take a long time and require a high degree of technical competence. At the 75$^{th}$ percentile, deep brain stimulation has a total RUC time of 65 minutes and total RVU of 3.50. Therefore, the AAN requests that the RUC-approved RVU at the 75$^{th}$ percentile for single-fiber EMG (3.00) be accepted by CMS.

The AAN appreciates the opportunity to comment on this proposed rule and continues to be grateful for t he consideration of our remarks by CMS. If you have any questions regarding the above comments, please contact Katie Kuechenmeister at the American Academy of Neurology executive offices at kkuechenmeister@aan.com or by phone at (651) 695-2783.

Sincerely,



Thomas R. Swift, MD, FAAN
President, American Academy of Neurology

**Submitter :** Dr. JOHN LIN **Date:** 08/14/2006

**Organization :** NORTH SUBURBAN MEDICAL ASSOC., LLC

**Category :** Physician

**Issue Areas/Comments**

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

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

AS PHYSICIANS, WE DO NOT SUPPORT THE PROPOSED CHANGES TO THE MEDICARE REIMBURSEMENT FOR DUAL ENERGY X-RAY ABSORPTIONART (DXA). THE MEDICARE POPULATION IS AT SIGNIFICANT RISK FOR OSTEOPOROSIS AND, IF IMPLEMENTED, THESE CHANGES WILL HAVE A NEGATIVE IMPACT ON PATIENT ACCESS TO PROPER OSTEOPOROSIS SCREENING. PLEASE THINK TWICE BEFORE YOU HANDICAP US AS PHYSICIANS FROM DOING OUR JOBS.

**Submitter :** Joyce Stoddart **Date:** 08/14/2006

**Organization :** Joyce Stoddart

**Category :** Social Worker

**Issue Areas/Comments**

**GENERAL**

GENERAL

I am distressed by the proposed 14% reduction in reimbursement for clinical social work providers of mental health care to Medicare patients. My overhead costs rise, and my reimbursement decreases. I urge you to reconsider all proposed changes in CMG-1512-PN.

**Submitter :** Dr. JOHN MUNSELL **Date:** 08/14/2006

**Organization :** NORTH SUBURBAN MEDICAL ASSOC., LLC

**Category :** Physician

**Issue Areas/Comments**

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

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

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PLEASE THINK TWICE BEFORE YOU HANDICAP US AS PHYSICIANS FROM DOING OUR JOBS.

**Submitter :** Ms. jennifer rich **Date:** 08/14/2006

**Organization :** NASW

**Category :** Social Worker

**Issue Areas/Comments**

**Practice Expense**

Practice Expense

I am writing to protest any lowering of the already too low fees for social workers and other mental health practitioners. What will happen if you continue to lower fees is that the skilled, more experienced practitioners will stop taking Medicare pts and the quality of care for those pts will be considerably compromised. Medicare pts will only have access to inexperienced clinicians who are in need of patients. This will create a two tier health care system: one for those with good insurance and one for those without quality insurance. We, clinicians, are already underpaid relative to salaries of other professionals. I implore you to keep reimbursement rates competitive with other private PPOs.

**Submitter :** Mr. Dan Ellsworth` **Date:** 08/14/2006

**Organization :** Ascension Health

**Category :** Health Care Professional or Association

**Issue Areas/Comments**

**GENERAL**

GENERAL

CMS-1512-PN. The reimbursement proposal would prohibit the network
from being able to afford to provide this vital service to Ten's of
thousands of women. We all use fan beam equipment for greater accuracy. Please use wisdom and prudence in addressing this issue.
Sincerely, Dan Ellsworth, Ancillary Service Director.

**Submitter :** Ms. Trish Brehm **Date:** 08/14/2006

**Organization :** ThedaCare Physicians

**Category :** Individual

**Issue Areas/Comments**

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

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

RE:changes to the Medicare Physician Fee Shcedule(CMS-1512-PN,RIN0938-AO12,Medicare Program:5-yr.Review of Work RVU under Physician Fee Schedule & proposed Changes to the Practice Expense Methodology. The equipment cost of DXA should be calculated utilizing cost information using fan-beam technology. The methodology used is a serious underestimation of the actual costs of providing this service to patients. I believe that this will negatively impact women's access to this important test for osteoporosis screening.

**Submitter :** **Ms. Barbara Mulac** **Date: 08/14/2006**

**Organization :** **Children's Mercy Hospital**

**Category :** **Social Worker**

**Issue Areas/Comments**

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

Discussion of Comments- Evaluation and Management Services

Outcome-based data provides evidence that social work interventions are cost effective. Please find other ways of curtailing the the high cost of health care services.

**Submitter :** **Date: 08/14/2006**

**Organization :**

**Category :** **Individual**

**Issue Areas/Comments**

**Practice Expense**

Practice Expense

A a praciticng physical therapist, I am concerned that in an effort to boost E/M service values, I see the value of the evaluation code for physical therapists being negatively impacted more than any of our other codes. The evaluation remains one of the most important interventions to allow PT's to achieve the best outcome. Please consider including this code in proposed revisions to the work relative value, OR omit it from the reduction in value to achieve budget neutrality.
These proposed revisions to the RVU's on top of other Medicare policy payments changes (return of the therapy CAP etc) are going to result in a tremendous burden in 2007 for the profession of physical therapy. Please consider a phasing in of these changes.

Thank-you for your time and opportunity to comment.

**Submitter :** Mrs. Marlette Williams **Date:** 08/14/2006

**Organization :** PRMH

**Category :** Other Practitioner

**Issue Areas/Comments**

**GENERAL**

GENERAL

If anesthesia cuts are being made might this make institutions cut back on their CRNAs which may effect the quality of care patients receive due to being short staffed. Ultimately isn't the patient priority which of most are medicare patients

**Submitter :** Ms. Colleen Whiteford **Date:** 08/14/2006

**Organization :** Appalachian Physical Therapy

**Category :** Physical Therapist

**Issue Areas/Comments**

**Other Issues**

Other Issues

I am a self employed physical therapist with 22 years in private practice. I am commenting in response to the proposed notice dated June 29 that sets forth proposed revisions to work relative value units and revises the methodology for calculating practice expense RVU under the Medicare physician fee schedule.

Throughout my years in practice I have often had to adjust my Medicare fee schedule in January secondary to cuts in payments to providers such as me. I feel it is noteworthy that I do not do this with any other payer for whom I provide services. While I realize the Medicare payment system is extremely complex, I cannot and perhaps will never understand how CMS can expect providers like me to endure this year after year and yet continue to provide much needed services to Medicare beneficiaries. These proposed cuts completely undermine the stated goal of having a payment system that preserves access and quality care for Medicare beneficiaries. It is troubling to me that CMS recognizes the importance of E/M services enough to increase payment for these codes, yet continues to support reducing payment made to providers like me. What criteria are being used to arrive at that approach? CMS must recognize that the cost of delivering E/M services is going up justifying increased payment. Please believe me when I assert that the cost of me delivering physical therapy services has not gone down as compared to last year or 5 years ago. It has most certainly increased and will continue to do so.

I sincerely enjoy doing the work I do and working with the elderly as I do. I find that their needs are greater and they are usually more complicated to manage as compared to the younger population. They also take more of my time, skill, and resources in the clinic. So why should I expect to be paid less for working with these people than others? I truly grow weary of having to explain to yet another Medicare beneficiary about the cap on therapy benefits, why iontophoresis is no longer covered, and other issues related to degradation of services covered.

The clinic I currently work in was opened little over 5 years ago in a rural section of Virginia. I am the only physical therapy provider for at least 20 miles. Some people drive 45 minutes to receive servies here as they have no closer facility. Because of this I have been extremely busy since opening this facility. It would be a shame if I had to tell Medicare beneficiaries that I am no longer treating Medicare patients because I can no longer absorb the cuts in payment to me while still running a viable practice. I am not non-profit and have to pay taxes, which, by the way, continue to increase. I have not noticed any government services or other business for that matter telling me they are going to charge me less for services because the cost of delivering them has reduced.

I appreciate you taking the time to read and consider these comments and hope you will act on them in a manner that is helpful for Medicare benificiaries and providers. Please contact me with any questions or concerns.

Sincerely,
Colleen M. Whiteford, PT, OCS
Appalachian Physical Therapy
171 E. Springbrook Rd.
Broadway, VA 22815
Phone: (540) 901 - 9501
Fax: (540) 901-8773

**Submitter :** Mrs. Diana Ruchelman **Date:** 08/14/2006

**Organization :** Mrs. Diana Ruchelman

**Category :** Social Worker

**Issue Areas/Comments**

**Practice Expense**

Practice Expense

I object to any reduction in reimbusement to social workers under medicare for clinical social work. Practice costs continue to increase.Social work reimbusement has remained the same for years. Social work model extensively uses a collaborative model tapping into resources in the community.This wholistic approach has been particularly successful with older adults and others eligible for Medicare. A reduction in reimbursement will significantly impact on clinical social workers' ability to achieve optimal results.

**Submitter :** Dr. Maina Fridman **Date:** 08/14/2006

**Organization :** Dr. Maina Fridman

**Category :** Individual

**Issue Areas/Comments**

**Practice Expense**

Practice Expense

Proposed 14 percent reimbursement cut will negatively affect my practice as a Medicare provider, The reimburcement rate is low as is;
I request CMS not to reduce work values for clinical social workers effective January 1, 2007;
I request CMS to withdraw the proposed increase in evaluation and management codes until it has the funds to increase reimbursement for all Medicare providers; and
I request CMS not to approve the proposed "bottom up" formula to calculate practice expense. I further request 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 :** Dr. Phyllis Senter **Date:** 08/14/2006

**Organization :** Dr. Phyllis Senter

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

As a family physician practicing in Sonoma County since 1980, I have seen changes in the ability to serve patients who have Medicare coverage. It is with regret that I have had to decline taking new Medicare patients into my practice due to the inadequate reimbursement given for the complexity of services rendered. It is my hope that CMS will approve the recommendations to increase the work relative value units assigned to Medicare Evaluation and Management codes, so that the Medicare patients can continue to receive excellent health care management by their family physicians.

**Submitter :** Dr. Lynne Hopkins MD **Date:** 08/14/2006

**Organization :** Orange County Health Dept.

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Madam/Sir:
AIDS patients require an hour of my time on the initial visit, and 30 minutes on follow-up visits. I have been practicing HIV Medicine since 1989. This group of patients requires a lot of time and a lot of expertise to manage. I believe that Medicare and Medicaid need to reimburse physicians much more for their services. Young physicians are not interested in going into this field if they are only making 80 to 100k per year.

**Submitter :** stacey endres **Date:** 08/14/2006

**Organization :** Mitchell Diagnostic,Ltd

**Category :** Health Care Industry

**Issue Areas/Comments**

**GENERAL**

GENERAL

I am writing to request a no change in your CMS-1512-PN. After reviewing please note that we are a small clinic in a rural area. We provide this service, but your proposal change in reimbursement would make this test not feasible to offer to our patients. We feel this would be a negative impact on our facility.
Why could there be such a dramatic change in reimbursement when our facility is expecting to have updated equipment and keep our staff proficient. This will be such a negative drawback to provide access for woman's health related screenings.You will be impacting services provided by our facility and other small rural clinics.
Please reconsider the proposes for CMS-1512-PN.

Thank you for your time and consideration.

Stacey Endres
Registered Technologist (R)(M)

**Submitter :** **Mr. Robert Salvatore** **Date: 08/14/2006**

**Organization :** **LaMora Psychological Associates, P.A.**

**Category :** **Social Worker**

**Issue Areas/Comments**

**GENERAL**

GENERAL

Comments to CMS-1512-PN

I have been a Medicare provider for 30 yrs and have recently considered dropping out as a provider because the fees are not keeping up with the cost to do business. Clinical Social Workers had a huge pay cut around 1992 with little or no increase since then. We are essentially subsidizing insurance companies. I look at it as volunteer work. If the proposed decreases are passed, I will be forced to not accept any more Medicare patients.

Please do not:
1. reduce work values for clinical social workers effective January 1, 2007.
2. approve the proposed bottom up formula to calculate practice expense.

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

Thank you for your consideration.
Robert Salvatore, MSW, LCSW
Licensed Clinical Social Worker (NH)

**Submitter :** **Ms. Inger Acking** **Date: 08/14/2006**

**Organization :** **Private Practice**

**Category :** **Social Worker**

**Issue Areas/Comments**

**GENERAL**

GENERAL

As a Licensed Clinical Social Worker in Private Practice who sees Medicare/Medical clients, I have grave concerns about the proposed 14 % cut in reimbursement fee. It is already hard for Medicare/Medical clients to find Social Workers who accept the current Medicare rate which is already low for clinical social workers. It is my understanding that research has found it to be very cost effective for clinical social workers to see clients. Lowering the fee for us would lead to fewer slots for Medicare/Medical clients, which in return is likely to lead to an increase in hospitalizations or medication use and thus higher expenses.

My requests for CMS are:

Do not reduce the work values for clinical social workers as planned for January 1, 2007;

Withdraw the proposed increase in evaluation and management codes until there are funds to increase reimbursement for all Medicare providers; and

Do not approve the proposed bottom up formula to calculate practice expense. Select a formula that does not create a negative impact for clinical social workers who have very little practice expense as providers.

Sincerely,

Inger Acking, Licensed Clinical Social Worker

**Submitter :** Dr. Jeffrey Santi **Date:** 08/14/2006

**Organization :** Berkeley Family Practice

**Category :** Physician

**Issue Areas/Comments**

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

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

Our practice has concerns over the proposed changes for reimbursement for DXA scanning for osteoporosis screening. Our understanding is that the global fee may reduce from approximately $140 to approximately $38. Our practice serves a predominately rural, underserved county in South Carolina. Reduction of reimbursement to these levels would make it imposssible for our clinic to offer bone density testing, as the cost of the machine, maintenance of the machine, and the cost of the technician would make it not feasible for use to continue to offer this service. Please reconsider this proposed change and keep the current level of reimbursement.

**Submitter :** **Dr. Charles Bounds** **Date: 08/14/2006**

**Organization :** **Berkeley Family Practice**

**Category :** **Physician**

**Issue Areas/Comments**

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

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

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**Submitter :** Dr. Jeremy Ackermann **Date:** 08/14/2006

**Organization :** Berkeley Family Practice

**Category :** Physician

**Issue Areas/Comments**

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

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

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**Submitter :** Dr. Gordon Wilhoit **Date:** 08/14/2006

**Organization :** Berkeley Family Practice

**Category :** Physician

**Issue Areas/Comments**

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

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

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**Submitter :** Dr. Rosalie Grossman **Date:** 08/14/2006

**Organization :** Greenwich House, Inc.

**Category :** Social Worker

**Issue Areas/Comments**

**Practice Expense**

Practice Expense

Over the years the Medicaid/Medicare reimbursement rate has remained the same. We are a CBO providing comprehensive HIV Services, including HIV primary care to an exclusively Medicaid/Medicare/ADAP population. Expenses for staff salaries, rent, utilities, medical supplies, lab fees have all increased, yet we have the same reimbursement rates. Many facilities are having difficulty surviving. It would only make sense for the reimbursement rates for providing HIV/AIDS medical care to be raised.

**Submitter :** Mr. Phillip Kolodziej **Date:** 08/14/2006

**Organization :** Family Counseling Center of Brevard

**Category :** Social Worker

**Issue Areas/Comments**

**Practice Expense**

Practice Expense

Proposing a cut in reimbursement for clinical social workers is absolutely ridiculous. The current reimbursement rate of of $36.45 per unit of service is below break even for professionals and to reduce the rate even more would only accomplish, what I assume is the objective, eliminate professional services for the most needy.

Licensed Clinical Social Workers in the state of Florida are required to have a masters degree, 2000 hours post masters supervised experience, pass a rigorous test and maintain continuing education. To pay $36.45 per unit of service is insulting, to suggest reducing the reimbursement is completely unconscionable.

The "top down" formula proposed to calculate practice expense cannot be approves. I am sure that a more equitable formula can be devloped and recognize the valuable contribution professional social workers make to Medicare recipients.

**Submitter :** Dr. Elliot Rosenstein **Date:** 08/14/2006

**Organization :** Center for Rheumatic & Autoimmune Diseases

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

I am a clinical rheumatologist, caring for patients with inflammatory diseases. Many of the patients are elderly; the majority are women; many are taking corticosteroid medications which can predispose to osteoporosis. Because of their age, their illnesses, and their medications, the development of osteoporosis and consequnet vertebral compression and other fractures is of grave concern. Bone densitometry (DXA) is essential for determining patients risk for osteoporosis and the need and effectiveness of therapy. The proposed cutbacks in reimbursement for DXA will make this essential patient management modality unavailable to many of my patients, since the practitioners who perform this technique in a reliable and accurate fashion will no longer be able to provide this technique. These cuts are at odds with multiple Federal initiatives to reduce the personal and societal cost of osteoporosis, including the Bone Mass Measurement Act, the U.S. Preventative Task Force recommendations and the Surgeon General's Report on Osteoporosis all of which underscore the importance of DXA in the prevention and treatment of osteoporosis.

This is a major step backwards. The recent introduction of medications for the prevention and treatment of osteoporosis have improved skeletal health and dramatically reduced osteoporotic fractures. It is the availability and effectiveness of these interventions, not excessive use of imaging, that have increased the clinical use of bone densitometry in our own practice over the past ten years. Having performed DXA ourselves and finally concluding that the technique should be left to the "professionals"--the practitioners who perform the procedure all the time and are adept at interpretation with all the subtleties involved--I disagree with the notion that the interpretation is not labor-intensive. High quality DXA reporting requires skilled interpretation and detailed comparisons of the multiple results generated by the instrument.

Please reconsider the planned cutbacks in reimbusement for this essential technology.

**Submitter :** **Ms. Christine Dunn** **Date: 08/14/2006**

**Organization :** **PriMed Osteoporosis Center**

**Category :** **Other Technician**

**Issue Areas/Comments**

**Regulatory Impact Analysis**

Regulatory Impact Analysis

I am writing as a Liscensed Radiological Technologist and also Certified by the ISCD. My Mother who is deceased had Severe Osteoporosis, with a spinal, and hip fracture. Her Primary Insurance was Medicare, she needed to have a Dxa Scan to make a complete diagnosis of her condition. If these changes in Medicare reimbursement are implimented, I believe it will have a significant impact on patients like my Mom, who suffered greatly from the pain esp. in her spine after fractured, which happened as she turned over in bed. I am a Manager plus Main Technologist of an Osteoporosis Center in Connecticut. I see this on a regular basis with the patients I perform Dxa Scans on.
Please reconsider your impact on these patients with your decision.
Sincerely,
Christine Dunn Osteoporosis Center Trumbull, Connecticut.

CMS-1512-PN-1417-Attach-1.WPD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERIVICES
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 :** Cassandra Wilson **Date:** 08/14/2006

**Organization :** Cassandra Wilson

**Category :** Social Worker

**Issue Areas/Comments**

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

Discussion of Comments- Evaluation and Management Services

1. A 14 percent reimbursement cut will effectively eliminate my ability to work with Medicare clients in a community that has few mental health Medicare providers;
2. Therefore, I request CMS not reduce work values for clinical social workers effective January 1, 2007;
3. Furthermore, I request CMS withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers;
4. Finally, I request CMS not approve the proposed "bottom up" formula to calculate practice expense. I request 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 :** Dr. Soo Woong Kang **Date:** 08/14/2006

**Organization :** Dr. Soo Woong Kang

**Category :** Physician

**Issue Areas/Comments**

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

Discussion of Comments- Evaluation and Management Services

I'm a general Internist practing in southern california. Majority of my patients are elderly with many underlying medical problems. Past 5 years, it has been very difficult to manage my overhead and office expenses due to cuts in reimbursements. I strongly urge you to consider increasing payments for E/M codes for internists. This is the only way for doctors like me to continue providing quality health care for my patients.

**Submitter :** Dr. John Kirby **Date:** 08/14/2006

**Organization :** Tennessee Valley Medical Group

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See attachement.

CMS-1512-PN-1420-Attach-1.DOC

CMS-1512-PN-1420-Attach-2.DOC

Attachment
# 1420

August 14, 2006

Dear CMS,

I am writing to request changes to the pay formulation regarding E&M codes and the reimbursement for DXA testing.

I support the recommendations made by the American Academy of Pediatrics and the American College of Physicians. As my overhead costs are going up yearly in the 10-20% range, yet my reimbursement is going down, eventually Medicare recipients will find themselves with poor access to medical care as fewer physicians will accept Medicare's reimbursement. When a physician in this country can count on less income than someone with less training in another field the pool of available physicians will eventually shrink. The coming group of elderly baby boomers will only compound the problem.

Also the reimbursement for DXA scanning that is proposed which would reduce the global reimbursement for DXA from ~$140 to $38 over a four year period is detrimental to access of care for DXA. If I could get a 75% reduction in the labor cost to run the DXA and a 75% reduction in the cost the manufacturer of the equipment charges me to buy the equipment, not to mention my time interpreting the test, then a 75% reduction in payment might be OK; however, I would get laughed at if I asked my technologist to work for 75% of pay or Hologic to sell a scanner for 75% of market value. There seem to be some flaws in the calculations of the cost to provide a DXA. The new more accurate DXA scanners are based of fan beam technology not the pencil beam technology used in CMS estimates. The eventual result will be reduced access to DXA, thus less treatment for osteoporosis, and therefore more hip fractures which will increase CMS costs to pay for hospitalization, surgery, rehabilitation, and nursing home stays. The incidence of osteoporotic fractures is similar to the burden of heart disease and the treatment of osteoporosis is at least as effective as and cheaper than treatment for coronary disease.

Sincerely,

John A. Kirby
Board Certified Internal Medicine
Board Certified Pediatrics