Submitter : Dr. Margaret Flanagan **Date:** 08/09/2006

Organization : Chambersburg Pathology Associates Inc.

Category : Physician

Issue Areas/Comments

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

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

As a practitioner in Pa, I must recommend against cuts in professional re-imbursement for Pathologists in this state. Recruitment is difficult at best. Cutting fees simply cuts physician supplies. At this point, re-imbursement for codes 88300, 88302 and 88303 are loosers, with it costing us more to provide the service than we are paid. Further cutting 88305, only reduces this payment to one that barely covers cost. We already labor under lower re-imbursement for a rural area, without a real decreases in associated cost. Cutting our re-imbursement by 5% is a real hardship.

Submitter : Mrs. Lesley Abashian **Date:** 08/09/2006

Organization : Foundations/First Home Care

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

see attachment

Practice Expense

Practice Expense

Don't decrease Medicaid funding to Social Workers as proposed. It is becoming more and more difficult to provide quality services to Medicaid recepients, both because it is difficult to recruit and keep qualified practitioners along with having sufficient funding to comply with all Medicaid and best practice requirements. Just because a consumer has Medicaid shouldn't mean they receive substandard mental health services. Social Workers are the backbone of mental health and child welfare services to Medicaid recepients and should be reimbursed as such. Medicaid is already losing mental health providers with current rates- one can only imagine what would occur if funds are further cut.

Submitter : Dr. Susan Sarnoff **Date:** 08/09/2006

Organization : Ohio University Department of Social Work

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

I am writing to urge you not to implement the proposed 14% cut to Clinical Social Workers who are Medicare providers. Already, many social workers and social work agencies are reducing their services to Medicare recipients because they cannot affort to serve them. Given the fact that social workers are in short supply, and the recent NASW Workforce Study found that social workers are nearing retirement age at a faster rate than the general work force (because the bulk of social workers were educated when education fellowships were available, during the 1960s and 1970s), the nation is currently facing a social work shortage just as more baby boomers need social work services, and this legislation, if passed, would only lessen the number of social workers available to serve the oldest and sickest Americans.

Submitter : Ms. Joan McMillin **Date:** 08/09/2006

Organization : NASW-SD

Category : Social Worker

Issue Areas/Comments

Other Issues

Other Issues

Regarding the proposed 14% reimbursement reduction to clinical social workers: The mental health of geriatric patients is an important issue - already many social workers will not take Medicare patients because of low reimbursement, and if this proposed change goes through, the mental health needs of those over 65 will not be met. Many social workers, especially those who specialize in Geriatrics, which is the fastest growing field in social work, will be severely impacted income-wise - social work salaries already are minimal in comparison to those of physicians! Please work to find a way to treat mental health providers equitably with other professions.

Submitter : **Mr. Gregory Domyan** **Date: 08/09/2006**

Organization : **Mr. Gregory Domyan**

Category : **Physical Therapist**

Issue Areas/Comments

GENERAL

GENERAL

As a licensed physical therapist, I ask of you to not implement a deduction to the amount of reimbursement possible for our services. It seems as if everything is becoming more and more expesive, and a deduction on how much we are reimbursed would have a negative effect on our ability to earn an honest and decent living.

Thank you for your time,

Gregory A. Domyan, MPT

Submitter : **Mr. Mark Zemanek** **Date: 08/09/2006**

Organization : **American Society of Echocardiography**

Category : **Health Care Provider/Association**

Issue Areas/Comments

Practice Expense

Practice Expense

Wednesday, August 09, 2006

Mark McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
P.O. Box 8017
Baltimore, MD 21244-8018

Re: CMS 1512-PN; PRACTICE EXPENSE

Dear Dr. McCellan:

I am a clinical sonographer in Suttons Bay and Traverse City, Michigan, and I am delighted to have the opportunity to comment on the proposed Notice published by CMS in the Federal Register of June 29, 2006, which sets forth proposed changes to the relative value units used to establish payment for services to Medicare patients under the Physician Fee Schedule.

I am extremely concerned about the possible impact of these changes on Medicare payment for cardiac ultrasound and other cardiac imaging services performed in the office setting. While the Proposed Notice would result in increases in Medicare payment for some of the services that we provide- most notably evaluation and management services we are concerned that, by the end of the transition period, the Proposed Notice would result in payment reductions in the range of 25% for the most common combination of echocardiography procedures (transthoracic echocardiogram with spectral and color Doppler (CPT codes 93925, 93320, and 93325)

Echocardiography is a crucial, highly cost effective, tool in the diagnosis of a broad range of cardiac disease, including congestive heart failure, congenital heart disease, valve disorders, and coronary artery disease. The performance of echocardiography requires the acquisition of and maintenance of costly medical equipment and the retention of highly trained cardiac sonographers who are in increasingly short supply. We are concerned that payment reductions of the magnitude outlined in the Proposed Notice may have an adverse impact on the overall quality of the echocardiography services provided to our patients at the very time that the federal government is seeking to improve quality through pay for performance and similar quality-related issues.

While I am not in the position to provide a complete technical analysis of the Proposed Notice, I understand that the American Society of Echocardiography (ASE) is conducting such an analysis and will be submitting comprehensive comments. I support those comments, and strongly urge you to consider making the changes suggested by ASE in the Final Rule.

Thank you for your attention to this most important matter,

Sincerely yours,

Mark D. Zemanek, BS, RDCS, RDMS, RVT
PO Box 207
Lake Leelanau, MI 49653
231.228.3246

Submitter : Deborah Zeldow **Date:** 08/09/2006

Organization : Alliance for Aging Research

Category : Other

Issue Areas/Comments

GENERAL

GENERAL

"See Attachment"

CMS-1512-PN-1122-Attach-1.DOC

Attachment #
1122

Date: August 9, 2006
Name: Deborah H. Zeldow
Title: Senior Director, Strategies & Programs
Organization: Alliance for Aging Research

Re: CMS-1512-PN, RIN 0938-A012, Medicare Program; Five-Year Review of Work Relative Value Unites Under the Physician Fee Schedule and Proposed Changes to the Practice Expense Methodology

Overview

The Alliance for Aging Research is the nation's leading non-profit organization dedicated to supporting and accelerating the pace of medical discoveries to improve the experience of aging. We appreciate the opportunity to provide comments regarding CMS' consideration of proposed reductions in Medicare reimbursements for services utilizing dual-energy x-ray absorptiometry (DXA), Computer Aided Detection (CAD), and stereotactic guided breast biopsy. These technologies are key to the early detection of osteoporosis and breast cancer. If left undetected, both diseases can have devastating consequences, particularly for older women.

Dual-energy X-ray Absorptiometry

More than 10 million Americans have been diagnosed with osteoporosis and another 45 million are at risk. Within one year of suffering a hip fracture, 20% of seniors die, and another 20% enter a nursing home. Over the past decade, tremendous strides have been made in the development of technologies and treatments to decrease the effects of bone loss. Foremost among them is dual-energy x-ray absorptiometry (DXA). DXA is a non-invasive test that is proven to be the most accurate method for measuring bone density. DXA is the only osteoporosis screening method recognized by experts in the field of bone densitometry and currently 75% of all screening exams are preformed using this method.

Computer Aided Detection

For women, breast cancer is the second leading cause of death after lung cancer. Mammography is the best screening procedure currently available for the detection of breast cancer however, due to many factors radiologists fail to detect approximately 20% of breast cancers that are visible on a mammogram. To address the problem of missed cancers, CAD (Computer Aided Detection) was developed. Because it identifies features on mammograms that signal the presence of breast cancer, CAD has lead to dramatic increases in overall number of cancers detected, and those detected at an earlier stage of the disease.

Stereotactic Guided Breast Biopsy

Stereotactic guided breast biopsy is a minimally invasive alternative to open surgical biopsies. Over the last 12-15 years, they have displaced more conventional surgery as the preferred approach. Minimally invasive biopsies generally require some form of image guidance, either ultrasound, or stereotactic (x-ray based). Stereotactic is the predominant guidance technology used with vacuum assisted breast biopsy devices, due to maneuverability and ability to detect micro-calcifications which are critical in determining the early presence of breast cancer.

Conclusion

We understand that CMS is proposing a 75% cut in reimbursement for central DXA, a 54% cut in reimbursement for CAD and an 80% cut for stereotactic guided biopsy. The proposed cuts come at a time when individuals are enjoying improved likelihood of survival from osteoporosis and breast cancer as a result of these technologies. Each year, thousands of Medicare beneficiaries do not receive proper screening for both diseases and these cuts will only cause that number to increase. We urge CMS to withdraw its proposal.

Submitter : Mrs. Sharon Casjens **Date:** 08/09/2006

Organization : Bowdle Healthcare Center

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

Please inform CMS how a 14 percent reimbursement cut will affect our practice and our Medicare provider. I request that CMS NOT reduce work values by 7% for clinical social workers effective January 1, 2007. I am requesting CMS to withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for ALL Medicare providers. I also request that CMS not approve the proposed "Top Down" formula to calculate practice expense. I also request they select a formula that does not create a negative impact for mental health providers. Thank You in advance.
Sharon L.Casjens LBSW, SSC

Submitter : Mr. Mark Steiner **Date:** 08/09/2006

Organization : Family Concepts, P.A.

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

As a social worker this fee reduction would greatly impact my ability to provide quality services for the children and families that i serve. Please create a formula that will not negatively impact mental health providers. I strongly request that you not reduce work values by any amount, and certainly not 7% for clinical social workers. It makes no sense to me that the federal government wants to increase rates for physicians while decreasing rates for social workers and mental health providers when i work hand in hand with physicians to keep children out of state's custody and further involvement with state agencies and hospitals. By working with social workers it is much more cost effective and does not create a drain on the welfare system dollars. I would encourage you to create a formula that is fair, not skewed toward physicians, and at the expense of others that provide quality care at an affordable cost.

Submitter : **Janet Kuester** **Date: 08/09/2006**

Organization : **Janet Kuester**

Category : **Other Health Care Professional**

Issue Areas/Comments

Other Issues

Other Issues

I wish to express my serious concern that the Centers for Medicare & Medicaid Services (CMS) proposed rule making adjustments in Medicare Part B practice expenses and relative work values (71 FR 37170, 6/29/2006) severely cuts Medicare anesthesia payment without precedent or justification. I am requesting that the agency reverse these cuts.

The proposed rule mandates 7-8 percent cuts in anesthesiology and nurse anesthetist reimbursement by 2007, and a 10 percent cut by 2010. With these cuts, the Medicare payment for an average anesthesia service would lie far below its level in 1991, adjusting for inflation. The proposed rule does not change specific anesthesia codes or values in any way that justifies such cuts. In fact, during CMS previous work value review process that concluded as recently as December 2002, the agency adopted a modest increase in anesthesia work values. Further, Medicare today reimburses for anesthesia services at approximately 37 percent of market rates, while most other physician services are reimbursed at about 80 percent of the market level. The Medicare anesthesia cuts would be in addition to CMS anticipated sustainable growth rate formula-driven cuts on all Part B services effective January 1, 2007, unless Congress acts.

Lastly, hundreds of services whose relative values and practice expenses have been adjusted by the 5-year review proposed rule have been subject to extensive study and examination. However, the proposed rule indicates no such examination has been made on the effects that 10 percent anesthesia reimbursement cuts would have on peoples access to healthcare services, and on other aspects of the healthcare system.

For these reasons, I request the agency suspend its proposal to impose such cuts in Medicare anesthesia payment, review the potential impacts of its proposal, and recommend a more feasible and less harmful alternative.

Submitter : Ms. Andy Lowe **Date:** 08/09/2006

Organization : McPherson Family Life Center

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

I am commenting on the proposed reduction in Medicare payments to clinical social workers. These highly trained professionals provide the least expensive mental health care to our elderly population. Depression and other treatable mental disorders are very common among the elderly, and care is urgently needed. A reduction in Medicare payments to clinical social workers will force us to find other, higher paying clients to treat, and will leave a drastic shortage in needed care. Life for the elderly can be dramatically improved in quality and in longevity with good mental health services. Social workders are already paid far less than physicians. I urge you to not cut the rates even further!

Submitter : Dr. Tammy Born **Date:** 08/09/2006

Organization : Dr. Tammy Born

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

It has come to my attention that the RVU for CPT code 93701 may be reduced for 2006 and 2007. I am writing to say that this is not a reasonable action to take for this procedure. The bioimpedence equipment is very costlty and equipment prices are increasing, the supplies used to do a procedure are also increasing. Nursing staff and staff salaries are 40% of my overhead and this test takes time to do. My expenses with staff, building and overhead are increasing faster than any insurance reimbursement.

This is a variable test for good patient care. I hope you will take this into consideration when evaluating the RVU for this procedure. Please don't make this test too expensive for me to do and not get re-imbursed properly for it.

Submitter : Dr. Amanda Lalomb **Date:** 08/09/2006

Organization : Dr. Amanda Lalomb

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

What CMS has proposed for CPT code 93701, thoracic electrical bioimpedance, is significantly flawed. I cannot understand the methodology that was used as it was written in the Federal register but I do understand that the proposed RVU values are significantly lower than the service itself costs to provide Medicare beneficiaries. Already a $44,000 device, taking into account the $10.00 electrode cost and $44 reimbursement in 2006 means I must perform 1294 procedures just to pay back the cost of the equipment. It is ludicrous for CMS to believe that further reductions in the RVU value are fair or appropriate.

Submitter : **Dr. thomas bonifer** **Date: 08/09/2006**

Organization : **anesthesia associates of ann arbor**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs,

I am writing to oppose the upcoming cuts in Medicare reimbursement to anesthesiologists. Anesthesia payments have long been undervalued in the CMS methodology. As an example, payment for one hour of anesthesia time for a fractured ankle on a Medicare patient pays less than the office evaluation for that same patient by a physicians assistant. A 10% cut in payments over 4 years is too drastic for one specialty to absorb to benefit other specialties. In addition, our specialty's overhead expenses have been significantly underestimated in past calculations, and should be recalculated based on current practice conditions. Our national Society is committed to working with CMS to improve the accuracy of all practices expense payments. Maintaining excellent facilities for the delivery of pain management and critcal care is dependent on adequate reimbursement, further cuts will limit coverage in these essential fields for a large part of the population.

Thank you for your consideration,

Thomas M. Bonifer M.D.

Submitter : Dr. Katharine Mikulec **Date:** 08/09/2006

Organization : Dr. Katharine Mikulec

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I am an endocrinologist in St. Louis and my office-based practice focuses exclusively on osteoporosis. I provide high quality evaluation and management of complex osteoporosis patients referred to me by gynecologists and internists. DXA and VFA testing, which I provide in the office, are essential and enable me to provide proper care. The Surgeon General's report highlights the prevalence of osteoporosis and the importance of DXA in the prevention and treatment of osteoporosis. The CMS proposed cuts could have a devastating impact on my ability to serve my patients. I disagree with the CMS calculated practice expense, which was based on a pencil beam instrument. I have a fan beam densitometer and it requires an annual service contact and occasional software upgrades. I believe the equipment costs for DXA should be based on fan beam equipment and be listed at $85,000 instead of $41,000.

I saw a 69 year old woman in my office yesterday who fell and broke her hip last fall. Fortunately she has healed well and ambulates without assistant, but she became tearful when she talked about how difficult it was recovering from her fracture. She said it wasn't the pain, but rather being dependent on others that was so difficult for her. She is afraid of suffering another fracture and she is grateful to have access to good health care to help reduce her risk of future fractures. And she is not alone. Many patients tell me that they fear fractures mainly because they fear becoming dependent on others. Please help our patients have easy access to high quality fan beam densitometry so that they can live better longer lives.

Submitter : Dr. Nirav Raval **Date:** 08/09/2006

Organization : Dr. Nirav Raval

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

Please kindly revise your proposed RVU values for CPT code 93701 to reflect my actual cost to provide this procedure. The proposed cuts will simply mean that the service cannot be provided by Medicare providers to the beneficiaries who need it most. A change in your assumptions for the costs of the procedure or a change in your method to calculate the RVU values from these assumptions is required.

Submitter : Dr. Hardeep Dhaliwal **Date:** 08/09/2006

Organization : Dr. Hardeep Dhaliwal

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

Re: PE on 93701. The new formulas that CMS has used to calculate the RVU values for at least one procedure, thoracic electrical bioimpedance, are severly flawed. It is not possible to decrease the costs of providing a procedure by 25% and we expect it to continue to be provided to see CMS beneficiaries. In my particular case, we invested in the equipment based on expected reimbursement from CMS at or above the current price of $44.34. My costs continue to rise every year in every area of my business, but CMS is proposing to reduce the ammount that I recieve to provide the services. This does not add up, so I implore you to please restore the RVU values for codes that I use, CPT 93000 and CPT 93701.

Submitter : **Mr. Tom Romeo** **Date: 08/09/2006**

Organization : **unaffiliated**

Category : **Physical Therapist**

Issue Areas/Comments

Other Issues

Other Issues

Please, be reasonable. PT is one health profession saving money for the US Government. Introduction of PT leads people home, avoids expensive institutional care and creates function through rehabilitation. Why would you want to change the Relative Value Scale for this group?

Don't be bureaucratic. Look at the 'value added' benefits of keeping people well and out of nursing homes and hospitals.

With 'Medicare in trouble', I would think that my President and his adminstration would be looking for tangible solutions.

It is with great respect and a sincere desire to assure that all patients who need PT are not denied because of some 'adjustment' which appears to deliver baarriers for patient functional independence.

Let's get some of that much talked about, 'Compassionate Conservatism', going.

Thanks for the opportunity to comment.

I hope you do the right thing by patients.

Regards,

Tom Romeo

Submitter : Mrs. Raemona Webb **Date:** 08/09/2006

Organization : Raemona Webb, LSCSW

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

With fuel costs spiraling out of control, and other expenses rising as a result, a 14% reimbursement cut would drastically reduce the number of Medicare clients I will be able to serve. These are often the most vulnerable in our society, and the ones most in need of quality mental health care. I strongly urge you not to reduce work values by 7%, and encourage you to withdraw the proposal to increase evaluation and management codes until there are funds available to increase reimbursement for all Medicare providers. I strongly urge you not to approve the proposed 'Top down' formula to calculate practice expense. It is not equitable, and targets only a select group of providers, who have invested just as much time, money, and effort in obtaining their credentials as others who are not being required to accept a reimbursement reduction. Research shows that therapeutic benefit is not limited to a particular qualification, or theoretical orientation. It is the quality of the relationship that is the key.

Respectfully,

Raemona Webb, LSCSW

Submitter : **Dr. James Barton Williams** **Date: 08/09/2006**

Organization : **Dr. James Barton Williams**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

Re: Practice expense. While I anticipate that Congress will restore the conversion factor, I am extremely concerned about the proposed changes in RVU values in the recent notice. Specifically, my practice employees thoracic electrical bioimpedance/CPT 93701/93701-TC is much too low. I use it in my routine care for patients with high blood pressure, heart failure, and those who are short of breath. We perform the procedure, not as a revenue generating opportunity, but because we believe in the clinical value of the device. There is almost no financial incentive to perform the procedure at its current level of $45. If the cuts CMS has proposed go through, I cannot comprehend how the service will be able to be provided to my patients.

Submitter : Stephenie Roberts **Date:** 08/09/2006

Organization : Change Your Life Enterprises, Inc.

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

Dear CMS: As a Medicare provider in private practice, I am extremely concerned about the proposed reimbursement cut for Social Workers. It will be detrimental to use the proposed "top down" formula to calculate practice expense. The current reimbursement fees are already low, and decreasing the reimbursement rate will make it impossible to cover expenses, and will limit my ability to serve others when I can't afford to keep my doors open. Please, please reconsider this proposal and eliminate any formulas that will decrease reimbursement for mental health providers. There are many months now I have to go without a paycheck, because my expenses have to be paid first. You will seriously affect the quality and availability of mental health services for clients with the proposed 14% reimbursement cut and the 7% work values cut for clinical social workers.

Sincerely,
Stephenie Roberts, LSCSW ACSW SAP CADC I

Submitter : Dr. Jonathan Richard **Date:** 08/09/2006

Organization : Jonathan Richard, M.D., P.A.

Category : Physician

Issue Areas/Comments

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

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

I have received notice from my professional organization, International Society of Clinical Densitometry that CMS is proposing to decrease reimbursement of procedure 76075 and 2010 (DXA related procedures). These proposals are short sighted. As osteoporosis is an expensive problem for the Medicare population, primary care physicians will no longer be able to provide DXA services directly to our patients. I personally perform this as I was dissatisfied with the reports I recieved from radiology facilities. (and joined the ISCD and took their trainging for interpretation of DXA scans). Other NONRADIOLOGY physicians will not be able to afford the cost of purchasing OR leasing a true DXA bone density machine due to these cuts. As you hopefully know, private insures base their payments on what rate Medicare reimburses, so lowering your payments will directly lead to their lowering theirs. Please reconsider this recommendation -- patients AND the federal budget will pay in the long run!

Submitter : Mr. Randolph J. Krehbiel, L.S.C.S.W **Date:** 08/09/2006

Organization : Mr. Randolph J. Krehbiel, L.S.C.S.W

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

I completed my M.S.W. in 1973. Since then, I have watched a gradual diminution of resources for mental health services and an increased and likely misplaced faith in medications and so-called behavioral or cognitive approaches. "Talk" therapy is not even done by most psychiatrists in our area. The bulk of actual work directly with patients in helping them to solve their emotional, psychological and problems of living is done by social workers. A cut in the reimbursement for social workers is not only disrespectful of the professionals who carry the bulk of the treatment load, but will be deleterious to the many patients who count on access to social workers to assist them with the heavy life load of disability and old age. My 89+ yr. old mother has been struggling with the creeping issues of dementia. The physician has only a few minutes a month, the ANRP likewise, and then primarily surrounding issues of medication and physical functioning. The only professional to sit down with her and help her adjust to her dementia is a professional social worker. Her case is similar to many others. Please do not reduce work values for clinical social workers and withdraw all rules that would further increase the inequities among the professionals serving Medicare covered populations. I am 63 years old and have been thinking of working nearer my home. For the past 20 years I have been involved in training and curriculum development for medical students and Family Medicine residents to serve Medicare patients more effectively. Now I wanted to work nearer home, likely in private and consultative practice, to apply what I have been teaching to Medicare covered patients in my home community. Your cuts may make this pre-retirement job financially unfeasible. Your proposed cuts to reimbursing social workers are not good for Medicare patients or the communities in which they live. As healthcare increases in cost& gets more impersonal&technical, it is clinical social workers who provide the human touch so essential for Medicare served patients to survive. Please reconsider proposed cuts to clinical social worker reimbursement. Sincerely, Randolph J.Krehbiel, L.S.C.S.W.

Submitter : **Date: 08/09/2006**

Organization :

Category : **Social Worker**

Issue Areas/Comments

Practice Expense

Practice Expense

To whom it may concern,

As a Licensed Clinical Social Worker, I am concerned that the reduction in Work Relative Value for Clinical Social Work Services will have grave impact on many patients. Those on Medicare are some of the most vulnerable citizens in our sociatey. Many suffer from serious emotional and social stressors that are not addressed by other disciplines. These problems, left untreated, can greatly exacerbate other medical concerns. For instance, there is a direct correlation between depression and recovery from surgery.

Therefore, I ask for the proposed Work Relative Value for Clinical Social Worker Services be changed to an increase rather than a decrease. If the current funding structure cannot accommodate this, consider raising the overall expenditure levels, and do not cut needed services. Thank you for your time.

Submitter : Dr. Jay Schepira **Date:** 08/09/2006

Organization : Dr. Jay Schepira

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I do not support the changes in PE that CMS has proposed for 2007 for CPT 93701. The inputs appear to be the same as used in prior years, but the PE RVU is scheduled to go down from 0.98 to 0.71. Does CMS understand that this test is only performed 1 to 2 times per day? This means that the cost of providing the equipment per test is significantly higher than estimated. My indirect expenses related to the procedure are increasing, so I am not sure how this reduction can be justified.

Submitter : Ms. molly rodriguez **Date:** 08/09/2006

Organization : molly d. rodriguez, lcsw-r, bcd

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

Please do not lower the rates paid to clinical social workers for their mental health treatment of Medicare recipients. Social workers provide a significant portion of the outpatient mental health treatment for these recipients, and to lower the amount they are paid will make it impossible for some social workers to continue to serve this population.

Submitter : **Ms. Earline Willcott** **Date: 08/09/2006**

Organization : **Psychotherapist - Solo practitioner**

Category : **Social Worker**

Issue Areas/Comments

Regulatory Impact Analysis

Regulatory Impact Analysis

PHYSICIAN FEE SCHEDULE (CMS-1512-PN)

As a solo mental health practitioner, I would be greatly disadvantaged by the proposed cuts:
14% reimbursement cut;
7% reduced work values for social work (effective 01/01/07);and further, I oppose the proposed increase for evaluation and management codes until providers across the board be granted an increase.

Out patient mental health services provided by persons with a master's degree are currently reimbursed at the lowest levels for any health care providers. Rates, low to begin with, have not kept pace with the increasing costs of maintaining an office and continuing education necessary for license renewal as well as for quality services.

Many experienced, qualified colleagues are no longer providing services to either Medicare or Medicaid clients. Therefore, out patient mental health services are becoming more scarce and are increasingly provided by inexperienced clinicians.

Persons with fragil mental health are impacted by the state of our national economy, job loss, lack of health care access, and unstable families with child rearing problems. Social workers who are specifically trained to address these issues are needed more than ever. Among professional health care providers, their reimbursement rates are the lowest; therefore, I urge you to consider my comments and not reduce direct care providers fees and further do not increase overhead costs as you are proposing.

Thank you for your consideration.

Submitter : Dr. John Lowe **Date:** 08/09/2006

Organization : Utah Digestive Health Institute

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

If the proposed rule for a 5.1% decrease in reimbursement goes into effect, it will effect commercial insurances that now base their payment on RVU's and make it impossible for our practice to continue to see Medicare patients. We see approximately 50% Medicare patients in a 4 physician Gastroenterology Practice. Medicare supports screening to save on expenses so patients do not get colon cancer, but this cut will make it impossible to run a practice, with HIPAA expenses, Security expenses, etc. Medicare has implented plans, such as HIPAA and Security, that have increased expenses 15 to 20%, to keep in compliance. With EMR and ICD-10 looming in the future, I cannot see how a physician practice will be able to sustain seeing Medicare patients if this cut goes through.

Submitter : **Date: 08/09/2006**

Organization :

Category : **Social Worker**

Issue Areas/Comments

GENERAL

GENERAL

As a social worker and Medicare provider, it would negatively impact my practice for there to be a reduction in Medicare reimbursement. Please do not make mental health care less available to seniors by preventing social workers from being able to have a significant number of Medicare clients due to limited reimbursement. The current top-down formula that calculates practice expense negatively impacts mental health providers. Social workers deserve reasonable compensation for the valuable services they offer to Medicare recipients. I encourage you to adopt a reimbursement plan that reflects the importance of social work services to the public.

Submitter : **Ms. Monica Hernandez** **Date:** **08/09/2006**

Organization : **Ms. Monica Hernandez**

Category : **Social Worker**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1512-PN-1145-Attach-1.DOC

Attachment FF
1145

Monica Hernandez, LCSW
12460 FM 1834
Raymondville, Texas 78580
(956) 821-1523

August 9, 2006

The Department of Health & Human Services, Attention CMS-1512-PN

RE: Physician Fee Schedule (CMS-1512-PN)

To Whom It May Concern:

The proposed cuts indicated in the Physician Fee Schedule will result in harming professionals who have dedicated their careers toward helping others. Like Teachers, Social Workers are grossly under appreciated as evidenced by the current salaries earned by Social Workers nation wide. To pass such a proposal will cause many Clinical Social Workers to reassess whether it will be financially affordable to render services. Having worked in the profession of Social Work for the past 7 years, I can honestly state that I was not prepared to advocate for myself. Advocating for your livelihood and respect for your chosen profession were not issues addressed in graduate school, but they should be. Social Workers from Bachelor to Clinical spend too much time searching for decent paying jobs and as much time educating others about the profession. It is no wonder that the consequences of the proposed cuts were not truly considered for had more consideration been placed the 7% reduction of work values and the proposed "top down" formula would not be worrying Clinical Social Workers.

For the betterment of our society I ask that this Department reconsider the proposed cuts outlined in the Physician Fee Schedule (CMS-1512-PN) and withdraw the proposed increase in evaluation and management codes until a sufficient increase in reimbursements for Medicare providers is established. Actions resulting in depleting the financial stability of any professional will only result in a decrease of individuals entering the profession and as it stands Social Workers have established a presence in a variety of settings from non-profit, medical, to political. Your time and attention to this matter are appreciated.

Sincerely,
Monica Hernandez, LCSW

Submitter : Dr. Michael Martinez **Date:** 08/09/2006

Organization : ADVANCED HEALTH

Category : Physical Therapist

Issue Areas/Comments

Other Issues

Other Issues

June 9, 2006

Re:

To Whom It May Concern:

I am a physical therapist and completed my undergraduate studies (BS 1988/PT 1990) at Cleveland State University. I became certified in Manual Therapy and Manipulative Therapy from the North American Institute of Orthopedic Manual Therapy in 1998 and 2000 respectively. Most recently, I completed my Doctor of Science in Physical Therapy (DScPT) degree from Andrews University of Michigan. I have been practicing as a licensed physical therapist since 1990. I am the managing partner of ADVANCED HEALTH Rehabilitation with our main office located in Sandusky, OH.

I would like to briefly comment on the June 29 proposed notice that sets forth proposed revisions to work relative value units and revises the methodology for calculating practice expense RVUs under the Medicare physician fee schedule. Thank you in advance for the consideration given to my request.

I urge you not to make substantial payment cuts for physical therapists and other health care professionals in 2007. Rather, please consider a transition of changes to the work relative value units over a for year period to ensure that patients continue to have access to valuable health care services.

Under current law, the SGR formula is projected to trigger a 4.6% cut in payments in 2007 with similar cuts into the future. Such cuts are further compounded by a budget neutrality adjuster proposed in the 5-year review rule that would impose additional cuts on top of the SGR. Unfortunately, Physical Therapists cannot bill for E/M codes and subsequently would not derive any benefit from increased payments; hence, 2007 would be a devastating year for my colleagues who presently serve Medicare recipients. My colleagues and I spend a considerable amount of time in face-to-face consultation and treatment with patients, yet our services may potentially be reduced in value. We have already been subjected to stringent guidelines that mandate equitable minutes to justify any of our procedure or modality costs, and it has been a challenge to operate under our existing reimbursement terms.

Thanks again for the consideration of my comments.

Professionally,

Michael Martinez, PT, COMT, CMPT, DScPT

Submitter : **Mrs. Christine Robinson** **Date: 08/09/2006**

Organization : **NASW**

Category : **Social Worker**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

August 9, 2006

To: Centers for Medicare and Medicaid Services

This letter is in reference to file code CMS-1512-PN. I am a student Social Worker in my senior year and was very much disturbed when I read the notice that the Centers for Medicare and Medicaid Services had issued a proposed notice in the Federal Register, proposing the clinical social workers receive a 7 percent reduction in work values and a 2 percent reduction in Practice Expense values effective January 1, 2007. Also, an additional proposed 5 percent decrease in Practice Expense values is to occur by 2010 (that s 14 percent decrease by 2010 and that does not look good to me). I am requesting the CMS not reduce work values and practice expense values for clinical social workers effective January 1, 2007. Governor Sonny Perdue has made it possible for educating many new social workers and furthering the education of the social workers that are in the field today. The reduce work values and reduce practice expense values of CMS would be a discouragement for new social workers and a discouragement for the social workers that are working in the field now. So, again, I request that CMS not reduce work values and reduce practice expense values for clinical social workers effective January 1, 2007.

Thank you,

Christine Robinson

Submitter : **Mrs. Christine Robinson** **Date: 08/09/2006**

Organization : **Student**

Category : **Social Worker**

Issue Areas/Comments

Practice Expense

Practice Expense

August 9, 2006

To: Centers for Medicare and Medicaid Services

This letter is in reference to file code CMS-1512-PN. I am a student Social Worker in my senior year and was very much disturbed when I read the notice that the Centers for Medicare and Medicaid Services had issued a proposed notice in the Federal Register, proposing the clinical social workers receive a 7 percent reduction in work values and a 2 percent reduction in Practice Expense values effective January 1, 2007. Also, an additional proposed 5 percent decrease in Practice Expense values is to occur by 2010 (that s 14 percent decrease by 2010 and that does not look good to me). I am requesting the CMS not reduce work values and practice expense values for clinical social workers effective January 1, 2007. Governor Sonny Perdue has made it possible for educating many new social workers and furthering the education of the social workers that are in the field today. The reduce work values and reduce practice expense values of CMS would be a discouragement for new social workers and a discouragement for the social workers that are working in the field now. So, again, I request that CMS not reduce work values and reduce practice expense values for clinical social workers effective January 1, 2007.

Thank you,

Christine Robinson

Submitter : **Mrs. Christine Robinson** **Date: 08/09/2006**

Organization : **NASW**

Category : **Social Worker**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

August 9, 2006

To: Centers for Medicare and Medicaid Services

This letter is in reference to file code CMS-1512-PN. I am requesting that CMS not approve the proposed bottom up formula to calculate practice expense and for CMS to select a formula that does not create a negative impact for clinical social workers who have very little practice expense as providers.

Thank you,

Christine Robinson

Submitter : **Dr. Deena Wojtkowsla** **Date: 08/09/2006**

Organization : **Dr. Deena Wojtkowsla**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

I do not have that many diagnostic procedures that I perform in my office, so the RVU reductions planned for one such test that I do perform, CPT 93701, will hurt my practice substantially. This device is used a maximum of 1 hour of our 8 hour day. Please reconsider the calculation of RVUs for this procedure based on the utilization rate.

Submitter : Dr. N. Narakati Rao **Date:** 08/09/2006

Organization : Dr. N. Narakati Rao

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I request an investigation of the cause of the proposed changes in RVU. The proposed payments for practice expense are scheduled to go down 27% over the next 4 years! How can this be when my costs are only increasing to provide this service? Please make sure the equipment cost is being accounted for appropriate. The list price of the equipment is $43,995 and it can be purchased for $38 to $39K.

Submitter : Dr. Stephen Hsieh **Date:** 08/09/2006

Organization : Dr. Stephen Hsieh

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I am very unhappy with what CMS wants to do next year for practice expense RVUs. One procedure, specifically, appears to have been singled out (or there is an error). The procedure I am referring to is CPT code 93701, thoracic bioimpedance. We perform this procedure regularly and cannot possibly absorb the reductions that have been proposed. Help!

Submitter : Dr. Ross Nichimson **Date:** 08/09/2006

Organization : Dr. Ross Nichimson

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

Please kindly revise the practice expense relative value unit that has been proposed for 93701 to its current level of 0.98. The reason for the proposed reduction to the extremely low level over 4 years is entirely unclear from your public document

Submitter : **Dr. Jon Morlock** **Date: 08/09/2006**

Organization : **Dr. Jon Morlock**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

I cannot believe what CMS has proposed for some codes. The codes that affect my practice are 93000 and 93701. Are you aware that the equipment, disposables, and med-tech time are going up??? We also only use these devices a small % of our day. This must be restored to avoid catastrophic effects on my practice and thousands of others like me.

Submitter : **Dr. Morton Field** **Date: 08/09/2006**

Organization : **Dr. Morton Field**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

This comment is regarding the proposed practice expense (PE) RVUs for 2007. After reading the document, it not clear why the codes in the non-work pool are cut so substantially. Each code that has been reduced needs a substantially more detailed explanation as to how and why.

Submitter : **Dr. Larry Popeil** **Date: 08/09/2006**

Organization : **Dr. Larry Popeil**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

Change the RVU values that have been proposed for cPT 93701 to their 2006 level, 0.98.

Submitter : Dr. Kevin Tagdiri **Date:** 08/09/2006

Organization : Dr. Kevin Tagdiri

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

For CPt 93701, something is seriously wrong with what has been computed. The PE component of the code cannot be scheduled to go down almost 30%. My equipment cost me over $41,000, not including interest on the lease that is more than the 11% interest rate that CMS has assumed! In addition, CMS must alter its assumption of a 0.5 utilization rate. At 20 minutes per test, in an 8 hour day, that would mean the test was performed for 4 hours x 3 test per hour = 12 tests. I have never performed 12 tests in a day, 1 or 2 is more realistic.

Submitter : Dr. Michael Rutman **Date:** 08/09/2006

Organization : Dr. Michael Rutman

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I demand an inquiry into the steps for calculating CPT code 93701. This procedure is not part of the 5 year review and no inputs have changed from prior years. Yet, it is scheduled to go down substantially while other codes for no apparent reason stay flat or go up. CMS, explain yourself better please!

Submitter : Dr. Noswarrajbe Omoigui **Date:** 08/09/2006

Organization : Dr. Noswarrajbe Omoigui

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

The changes to the PE RVU for 93701 and 93701-TC are presumably based on changes in the indirect expense or some other reduction factor applied in a random fashion. No matter the cause, the result is completely unsubstainable for practices who do the test. Someone needs to examine the actual costs of performing the test and the frequency the test is performed. When you do, you will realize that every time we perform the test at the proposed RVU, we will LOSE MONEY! This makes no sense.

Submitter : Dr. Peter Reiter **Date:** 08/09/2006

Organization : Iowa Health Physicians

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to urge CMS to finalize the recommended work RVU increases for evaluation and management services. Over the past 10 years, the patients I see daily as an internist are increasingly complex. It is now routine for me to have each patient with 4 or more major chronic illnesses that require coordination and management. The time and effort needed has increased as well. This results in more time per patient contact, but restricts access. Current reimbursements drive physicians away from primary care and from our practice, making recruitment and retention difficult. This trend also has resulted in increasing fragmentation of patient care among specialists, rather than encouraging coordination by primary care specialists. Unless this trend is reversed, I fear for the future of both primary care Internal Medicine and Family Medicine. Further reversals in these disciplines would threaten quality health care for adults. It is crucial to begin to level the economic playing field between procedural disciplines and primary care. I also urge CMS to reject arguments that would lower the overall improvements to E & M services, which are in fact overdue.

Submitter : Mr. Sheppard Goldstein **Date:** 08/09/2006

Organization : Mr. Sheppard Goldstein

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

Should Medicaire reduce the fee schedule to clinical social workers by 14%, I will be forced to divert my resources to areas other than seniors. Please reconsider these changes.

Submitter : Ms. Sharon Lee **Date:** 08/09/2006

Organization : Ms. Sharon Lee

Category : Social Worker

Issue Areas/Comments

Other Issues

Other Issues

I'm in shock that this country would continue to cut fees and services for the needy. Cutting social worker fees is just wrong. It's hard enough to provide professional, effective services to those in need, especially the elderly, single mothers, and children with the current budget and system. It seems that every time something is cut, it is social service budgets or fees. When will this government understand that they are putting our citizens dead last? And, our neediest citizens suffer the greatest. I implore those in power to re-think the cutting of fees to social workers. Social Workers give so much extra as it is now. I think priorities are terribly lopsided. Sharon Lee

Submitter : **Ms. Patricia Wingenfeld** **Date: 08/09/2006**

Organization : **Patricia Wingenfeld, LCSW**

Category : **Social Worker**

Issue Areas/Comments

Practice Expense

Practice Expense

My ability to provide excellent patient care for Medicare recipients is correlated with my ability to collect a reasonable fee. The proposed fee reduction will not allow my continued involvement as a Medicare provider. This is unfortunate as there is a limited number of providers in my area. I encourage you to re-think your decisions in this matter. Respectfully Submitted, Patricia M. Wingenfeld, LCSW

Submitter : **Mrs. Denise Brody** **Date: 08/09/2006**

Organization : **Denise Brody LCSW, P.A.**

Category : **Social Worker**

Issue Areas/Comments

Practice Expense

Practice Expense

I am not in favor of a reduction in costs for social workers. The fees are already too low for social workers. We provide the most services in mental health. We should get an increase not a reduction.Please calculate fee structure without a negative impact on practitioners who are dedicated and provide mental health services to a growing society with major emotional and mental heath issues.

Submitter : **Teresa Maxwell** **Date: 08/09/2006**

Organization : **Teresa Maxwell**

Category : **Social Worker**

Issue Areas/Comments

GENERAL

GENERAL

Clinical Social Work is already one of the most underpaid / under reimbursed professional service. If reimbursement is cut to Social Workers who already struggle to make a living, the ultimate person to suffer is the consumer/ client. Social Workers provide a valuable service to clients yet the world of reimbursement continues to tell them they are not very valuable. Pretty soon there will be no one who graduates from Schools of Social Work, because they know they can't make a living. Please reconsider your recommendation to cut their reimbursement and reduce work values. I am currently a Licensed Clinical Social Worker working in a dialysis clinic where I see a lot of patients who have Medicare and already very few Medicare providers to refer them to for out patient mental health services. I too have a Medicare provider # but cannot afford to be in private practice b/c of low reimbursement, and then the lack of affordable health insurance for myself and family. Social Workers have a very difficult time covering expenses and making a living in private practice.
Teresa Maxwell, MPH, LCSW

Submitter : **Dr. Richard Reiter** **Date: 08/09/2006**

Organization : **self**

Category : **Social Worker**

Issue Areas/Comments

Other Issues

Other Issues

I am a clinical social worker seeing Medicare patients. If the proposed severe Medicare fee reduction occurs, and (of course) my operating expenses continue to increase, I do not see how I would be able to possibly continue to treat these patietns who are so much in need. FYI, the average number of patient visits with Medicare patients is far less than with private pts. This would be a complete disservice. Thank you for listening.

Submitter : Dr. Alan Fixelle **Date:** 08/09/2006

Organization : Gastroenterology Consultants, P.C.

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

see attachment

CMS-1512-PN-1167-Attach-1.DOC

Attachment #
1167

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

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

Dear Dr. McClellan:

I am a practicing gastroenterologist in Atlanta, GA and have been a Medicare participating provider since ~1987. Thank you for the opportunity to comment regarding the proposed changes to the Physician Fee Schedule for 2007.

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

I am also supportive of the increases proposed to the physician work values for the evaluation and management codes. However, I am concerned about the constraints caused by budget neutrality and a flawed sustainable growth rate formula, and hope that Congress can allocate additional money to prevent cuts in reimbursement for other services. Given that our practice overhead continues to increase beyond reasonable limits, it is unconscionable for CMS to recommend a reduction in fees when Medicare payments ALREADY fail to cover our costs for providing services to Medicare beneficiaries. In addition, we have endured either a payment freeze or a slight increase in Medicare payments for the past several years, marginal increases based on absurdly low reimbursement rates, especially when these fees are considered in relation to the knowledge and technical skill needed to deliver these (and other) highly specialized procedures to the patients under our care. The reduced reimbursement further negatively impacts the risk:benefit ratio in the decision to treat Medicare beneficiaries, especially when considered in the context of rising malpractice premiums for procedure-based practitioners.

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

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

Thank you for your consideration of my comments.

Sincerely,

Alan M. Fixelle, M.D.

Submitter : Mrs. Marlies Gluck **Date:** 08/09/2006

Organization : Self Employed

Category : Social Worker

Issue Areas/Comments

Other Issues

Other Issues

Already, our seniors are deprived of clinical social work services when they enter a long term care facility. This measure will deprive those who are going through enormous life and end of life changes of the remaining therapy services. Long term care facilities will not hire or pay for professional therapists, and the clients cannot afford private pay. I suggest you look at the impact of these cuts on senior services.

Submitter : Ms. Leslie Weiner **Date:** 08/09/2006

Organization : NASW

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

1.a 14 percent reimbursement cut will affect my practice as a Medicare provider; making it impossible to continue working with clients that greatly need these services.
2.Please do not reduce work values by 7 % for clinical social workers effective January 1, 2007;
I am requesting CMS to withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers; and
please do not approve the proposed "Top down" formula to calculate practice expense. It is imperative to select a formula that does not create a negative impact for mental health providers.

Submitter : **Patricia Hall** **Date: 08/09/2006**

Organization : **North Palm Beach Dialysis**

Category : **Social Worker**

Issue Areas/Comments

GENERAL

GENERAL

I am requesting that you not enforce the proposed 7-14% reduction in reimbursement to mental health professionals. I have been working as a dialysis social worker for 16 years. Each day it becomes harder and harder to find GOOD doctors that are willing to accept Medicare patients due to ongoing reductions in reimbursement. Mental health professionals play a vital role in the health of the elderly and chronically ill. The elderly suffer from depression at a significant rate. Physicians do not feel comfortable managing anti-depressant or other psychiatric medications. It is imperative that administrative costs be cut and costs for actual care to patients be increased not decreased. I am appalled at the way medical reimbursement is handled in this country. It is definitely time for a change...the honest doctors spend hours completing paperwork that could be better spent caring for patients. And, cheaters and those committing fraud get away with a slap on the wrist. The real issue is patient care. Emotional well-being effects physical well-being. Mental health professionals provide a valuable service and should be reimbursed appropriately for their professional expertise.

No increase should be made in Evaluation and Management services unless there is a corresponding increase for mental health services. There is already far too much spent on Administrative costs!!