

CMS-1385-FC-11

**Revisions to Payment Policies Under the Physician Fee Schedule,
and Other Part B Payment Policies; Revisions to Payment Policies
for Ambulance Services for CY 2008;**

Submitter : Dr. Linda Yarris Ewert

Date & Time: 11/15/2007

Organization : Dr. Linda Yarris Ewert

Category : Physician

Issue Areas/Comments

Refinement of RVUs for CY 2008 and Response to Public Comments on Interim RVUs for 2007

As a solo family practice physician in Ft. Myers, Florida I am barely making ends meet on the current payment schedules by Medicare and private insurers. A 10% cut in Medicare would definately cause a severe financial hardship for my office and may force me to stop seeing Medicare patients. Please look at rates of inflation and practice overhead costs and base the payment schedule on these parameters.

**CMS-1385-FC-12 Revisions to Payment Policies Under the Physician Fee Schedule,
and Other Part B Payment Policies; Revisions to Payment Policies
for Ambulance Services for CY 2008;**

Submitter : Dr. leonard lyon

Date & Time: 11/17/2007

Organization : leonard j lyon, md,pa

Category : Physician

Issue Areas/Comments

Refinement of RVUs for CY 2008 and Response to Public Comments on Interim RVUs for 2007

my office expenses have risen about 10% this year and yet the cms 2008 fee schedule as seen today, november 17, 2007 offers a 10% reduction. this is impossible to accept. according to the fee schedule the limiting charge for x-ray is reduced to under \$30 from \$34, ecg's are reduced to \$26 from \$32. my comment is, do not allow this schedule to go forward without revision. i refer to TRHCA-Section 101(b):PQRI

**CMS-1385-FC-13 Revisions to Payment Policies Under the Physician Fee Schedule,
and Other Part B Payment Policies; Revisions to Payment Policies
for Ambulance Services for CY 2008;**

Submitter : **Dr. Scott Podnos**

Date & Time: **11/19/2007**

Organization : **Advanced Dermatology**

Category : **Physician**

Issue Areas/Comments

GENERAL

The rationale used by CMS appears illogical and based upon misperceptions about what occurred at the RUC and CPT level. This policy change will have an adverse effect on the effective treatment of patients suffering from skin cancer and will certainly encourage an unintended practice dynamic leading to referrals and delay. I would urge the continuation of the Mohs surgery exemption to allow the proper care of our patients.