



NOV 20 2007

WILLIAM M. RAMSDELL, MD
D E R M A T O L O G Y

AESTHETIC LASER SURGERY

MOHS MICROGRAPHIC SURGERY

13 November 2007

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1385-FC
Mail Stop C4-26-05
7500 Security Blvd
Baltimore, MD 21244-1850

RE: MOHS SURGERY FEE REDUCTIONS

To Whom It May Concern:

I am writing to express my alarm at the changes in the way that Mohs micrographic surgery will be reimbursed beginning January 1, 2008. As you know, following excision of a skin cancer via the Mohs technique, reimbursement for necessary reconstructive surgery will be cut by 50%. All subsequent skin cancers will be reimbursed at 50% of the usual fee as well.

This will have a seriously negative impact on patient care. Many of our patients are elderly, have multiple skin cancers and travel quite a distance to have their cancers removed. The new rules will force Mohs surgeons to treat only one cancer per patient per day. Furthermore, I believe that most Mohs surgeons will either perform the reconstruction the following day or refer patients out to another surgeon for reconstruction. This is clearly not in the patients' best interest. Patients that are sent out of the office with open wounds will be more likely to suffer side effects such as bleeding and infections.

I hope that you will consider the nature of Mohs surgery and the types of patients we treat with skin cancer and, in so doing, realize that the new reimbursement procedures will be extremely detrimental to patient care. It is my hope that this very unwise ruling can be reversed prior to January 1, 2008. Please contact me if you have any questions.

Sincerely,

William M. Ramsdell, M.D.

WMR/tf

2
NOV 26 2007

November 17, 2007

Center for Medicare & Medicaid Services
Dept. Of Health & Human Services
Attention: CMS-1385-FC
P.O. Box 8020
Baltimore, MD 21244-8020

To Whom It May Concern:\

Pending changes in Medicare reimbursement will seriously affect the treatment of skin cancer patients. Beginning January 1, 2008 reimbursement for wound closure following Mohs surgery for skin cancer will be cut by 50%. Any subsequent cancers treated on the same day will also have the fees cut by 50%. If the patient returns to the office the day after excision of a skin cancer, then the closure of the wound will be paid by 100% of the usual fee.

What this means is that dermatologists will be forced to treat only one cancer per day and then close the wound at a separate appointment on a different day. This is obviously extremely inconvenient for both physicians and patients and does not represent good medical care. It causes the patient to endure additional suffering with an open wound, as well as the danger of infection. In our case, it also means traveling an additional 150 miles for a return trip to Austin, as well as more prescriptions for the care of the patient.

These changes will more than double the cost to Medicare. Please reconsider these changes and leave the procedures the same as they are now. I am anxious to hear what measures you are taking to correct this issue.

Sincerely,



Ted Winder
1 Beaver Island
Granite Shoals, Texas 78654

CC: William Ramsdell, M.D.

NOV 26 2007

3

November 16, 2007

Center for Medicare & Medicaid Services
Dept. of Health & Human Services
Attention: CMS-1385-FC
P. O. Box 8020
Baltimore, MD 21244-8020

Gentlemen:

I understand there are pending changes in Medicare reimbursement that will seriously affect the treatment of skin cancer patients. I have been told that beginning January 1, 2008, reimbursement for wound closure following Mohs surgery for skin cancer will be cut by 50%. Any subsequent cancers treated on the same day will also have the fees cut by 50%. If the patient returns to the office the day after excision of a skin cancer, then the closure of the wound will be paid at 100% of the usual fee.

It appears that what this means is that dermatologists will be forced to treat only one cancer per day and then close the wound at a separate appointment on a different day. This is obviously extremely inconvenient for both physicians and patients and does not represent good medical care.

This, of course, is ridiculous! Please do whatever is necessary to make certain that this change in Medicare reimbursement does not occur. Wound closure following Mohs surgery for skin cancer should be paid 100% whether on the same or another day. In addition, all cancers treated, whether on the same day or not, should be covered. To require me to return another day is a huge waste of time on my part as well as the physician and his staff.

Very truly yours,

William R Wines

William R. Wines
P. O. Box 4304
Horseshoe Bay, TX 78657-4304

19 NOVEMBER, 2007
CENTER FOR MEDICARE & MEDICAID SERVICES
DEPT OF HEALTH & HUMAN SERVICES
ATTENTION: CMS-1385-FC
P.O. BOX 8020
BALTIMORE, MD 21244-8020

NOV 26 2007

4

DEAR LADIES AND GENTLEMEN:

IT HAS COME TO MY ATTENTION THAT EFFECTIVE JANU, 2008, SOME CHANGES IN MEDICARE REIMBURSEMENT WILL SERIOUSLY AFFECT THE TREATMENT OF SKIN CANCER PATIENTS. I AM VERY CONCERNED ABOUT THIS.

I AM A VERY HEALTHY 76 YEAR OLD. HOWEVER, I HAVE SUFFERED FROM THE TEXAS SUN OVER THE YEARS, AND HAVE HAD SEVERAL MOHS SURGERIES FOR SKIN CANCER PERFORMED ON ME IN RECENT YEARS.

AS I UNDERSTAND THE PROPOSED CHANGES, WOUND CLOSURE FOLLOWING MOHS SURGERY FOR SKIN CANCER WILL BE CUT BY 50%. ANY SUBSEQUENT CANCERS TREATED ON THE SAME DAY WILL ALSO HAVE THE FEES CUT BY 50%. IF THE PATIENT RETURNS TO THE OFFICE THE DAY AFTER EXCISION OF A SKIN CANCER, THEN THE CLOSURE WILL BE PAID AT 100% OF THE USUAL FEE.

THIS CERTAINLY WILL AFFECT THE POCKET BOOK OF WE RETIRED CITIZENS. IT ALSO MEANS THE DOCTOR WILL BE FORCED TO TREAT ONLY ONE CANCER PER DAY, AND THEN CLOSE THE WOUND AT A SEPARATE DAY AND ANOTHER APPOINTMENT. IT CERTAINLY IS VERY INCONVENIENT FOR THE DOCTORS AND PATIENTS. IT ALSO SEEMS TO BE VERY BAD MEDICAL CARE.

I WOULD IMPLORE YOU TO CHANGE THIS VERY UNWISE DECISION, IF YOU CAN, OR TO USE YOUR INFLUENCE TO CHANGE IT. THANKS FOR YOUR CONSIDERATION.

YOURS VERY TRULY
William Thurman

WILLIAM THURMAN
10500 PAINTED VALLEY COVE
AUSTIN, TEXAS 78759

NOV 26 2007

Tom & Donna Sweatman
2833 University club Drive
Austin, TX 78732-2020
512-266-2141
tom@sweatman.com

Center for Medicare & Medicaid Services
Dept. of Health & Human Services
Attn: CMS-1385-FC
P. O. Box 8020
Baltimore, MD 21244-8020

Medicare changes that will become effective 1-1-08 will require skin cancer surgery and closing of the wound to be performed on separate days at separate appointments in order to receive full coverage. This will only increase patient inconvenience and health care costs.

Please help to stop this change.

Sincerely,



Tom Sweatman



Donna Sweatman

November 20, 2007

Martha Langford
6707 Notre Dame
Austin, TX 78723

6

NOV 23 2007

Center for Medicare & Medicaid Services
Dept. of Health & Human Services
Attention: CMS-1385-FC
P.O. Box 8020
Baltimore, MD 21244-8020

To Whom It May Concern,

In October of this year I had Mohs surgery for skin cancer. I've had three facial basal cell Carcinomas in the past, but this was my first with roots. Before, my dermatologist had just cut them away, or frozen one off. However, this time he told me that I needed to have Mohs surgery and recommended someone for that. My Carcinoma was on my right temple between the corner of my right eye and my hair line. This area is not particularly fleshy. I was very fortunate in that the surgeon was able to remove all the Carcinoma tissue without repeating the process once it was checked by

the specialist on the microscope.

However, my scar is approximately three inches long. This seems to tell me that at least one root was a long one. If I had not gone to my primary dermatologist quickly as soon as I first felt a small itch, this particular Carcinoma might have spread more deeply. If I were to need this same type surgery after January, 2008 and cancerous tissue continued deeper I would have to go home with an open wound to return the next day to have more tissue removed. Conceivably, a person might have to do this more than once - that would be a terrible process.

Since I'm sixty-eight years old, a retired teacher, there is the distinct possibility that I might face this situation described above. I certainly would not be able to afford the procedure without my medical services. It would seem to me that the patient (possibly me) and Medicare would both be served best by allowing the patient ^{to} have the procedure completed in one day. Therefore, I urge that CMS-1385-FC be reconsidered. The charges that are set to take place in January.

Sincerely,
Martha Langford



A note from:

Melvin L. Brethower

NOV 23 2007



Please reconsider
your decision
on Mohs surgery
for skin cancer

I am 88 years old
and have to get
someone to drive
me to the skin
doctor. It will
be very hard for
me to get the
treatment the
new way.

Thanks,

M. L. Brethower
23 Fairway Ln.
Meadowdale, TX.
78654

William Ross
2500 Barton Creek Blvd., Apt. 3216
Austin, TX 78735

NOV 23 2007

8

Center for Medicare & Medicaid Services
Dept. of Health & Human Services
Attention: CMS-1385-FC
P.O. Box 8020
Baltimore, MD 21244-8020

November 21, 2007

Dear Sirs;

We have been advised by our dermatologist of a pending change in Medicare reimbursement that will seriously affect the way that our skin cancers are treated. It is proposed that, beginning January 1, 2008, reimbursement for wound closure following Mohs surgery for skin cancer will be cut by 50%. Any subsequent cancers treated on the same day will also have the fees cut by 50%. If we return to the office on the day after excision of a skin cancer, then the closure of the wound will be paid at 100% of the usual fee.

We are living on a retirement income and what this means to us is that our dermatologist will be forced to treat only one cancer per day and then close the wound at a separate appointment on a different day. This is not only inconvenient for both the doctor and us but it does not represent good medical care. We do not wish to be going around with an open wound.

We strongly request that you do not implement the pending change.

Sincerely,



William Ross



Karyl H. Ross

CC: Senator John Cornyn

Capital Office

United States Senate

Washington, DC 20510-0001

CC: Senator Kay Bailey Hutchison

Capital Office

United States Senate

Washington, DC 20510-0001

CC: Representative Lamar Smith

Capital Office

United States House of Representatives

Washington, DC 20510-0001