



AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*

October 9, 2006

Mark McClellan, MD, PhD
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1321-P
PO Box 8014
Baltimore MD 21244-8014
Attention: CMS-1321-P

Dear Dr. McClellan:

The American College of Physicians (ACP), representing more than 120,000 physicians specializing in internal medicine and medical students is pleased to have the opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) proposed rule *Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2007 and Other Changes to Payment under Part B*.

DRA Proposals

Imaging Reductions

The rule proposes to continue a 25% reduction in fees for the technical component for certain imaging procedures on contiguous body parts and a decision not to increase the reduction to 50% as proposed in last year's rule. ACP recommends that CMS continue to very closely examine the costs of performing these imaging procedures to insure that physicians are paid properly for their costs as overpaying can lead to overutilization. Also, ACP recommends that CMS continue to study the cost of capital for equipment and the extent to which the equipment is used to insure that the practice expense for equipment is properly reimbursed. ACP provided recommendations to CMS on these issues in its comment letter in response to the proposed rule that the agency published in the June 29, 2006 *Federal Register*. It is very important that CMS make use of as much information as possible in order to consider payments for expensive imaging studies.

ACP is concerned that the savings generated by these imaging reductions will not be returned to the physician fee schedule. While ACP understands that this is a legislative requirement, ACP urges CMS to encourage legislators that savings made in parts of the physician fee schedule go back to physicians through payments for other fee schedule services.

Abdominal Aortic Aneurysm Screening Coverage

ACP supports the required implementation of the Abdominal Aortic Aneurysm screening benefit for those beneficiaries which meet the risk factors. ACP is concerned, however, that the legislative requirement that the test be referred during the Initial Preventive Physical



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Examination (IPPE) could result in fewer patients receiving the benefit than would be clinically appropriate. CMS is aware of the low utilization of the IPPE, also known as the “Welcome to Medicare” exam. ACP believes that one major contributing factor to this low utilization is the low payment rate for the service. ACP has consistently advocated that the payment for IPPE be tied to the established Relative Value Units (RVUs) for the existing preventive medicine codes (99381-99387). If CMS makes the decision to increase these values as ACP has recommended, it will make it more financially viable for physicians to furnish this important preventive benefit and increase utilization of the service. With additional services being tied to the IPPE, it is more important than ever to increase the payment level so that patients may receive the full benefits to which they are entitled.

Elimination of Deductible for Colorectal Screening

ACP supports the required elimination of the deductible required for colorectal screening. The elimination of this deductible will help encourage more beneficiaries to receive this important screening. However, ACP believes that more can be done to raise the rates of colorectal screening among Medicare beneficiaries. Patients often require extensive counseling in order to consent to receive screening endoscopies and this counseling service is not paid for at all by Medicare. If physicians are reimbursed for the important work that they do in coordinating these important preventive health services, they will be more likely to spend the time to encourage patients to receive these services.

ACP urges CMS to continue its support for preventive health benefits by recognizing the important contribution of physicians, often primary care physicians, in coordinating and referring for many of these preventive screenings. Those physicians need to be reimbursed for these services.

We appreciate the opportunity to review and comment on the proposed rule.

Sincerely,

Joseph W. Stubbs, MD
Chairman, Medical Service Committee
American College of Physicians