

DATE, 2021

Ms. Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1751-P  
P.O. Box 8016  
7500 Security Boulevard  
Baltimore, MD 21244-8016  
Submitted electronically: <http://www.regulations.gov>

***Re: File Code CMS-1751-P; Medicare Program; CY 2022 Payment Policies under the Physician Payment Schedule and Other Changes to Part B Payment Policies; (July 23, 2021)***

Dear Administrator Brooks-LaSure:

My name is INSERT and I am a physician in LOCATION. I practice in an office setting and specialize in caring for patients with venous disease and lymphatic conditions.

I am writing regarding the Centers for Medicare and Medicaid Services (CMS) 2022 Physician Fee Schedule (PFS) proposed rule, released on July 13, 2021. In its present form, the proposed rule will result in cuts as high as almost 23% to critical venous care CPT codes. I am very concerned, because if the CMS proposals goes into effect, as written, this CMS action will without a doubt push Non-Facilities to the edge of fiscal viability, cause offices to close, staff layoffs, and limit access to care for Medicare patients. Venous care will move to other sites of service, and many Medicare beneficiaries will end up in the facility-based system at a significantly higher cost to the Medicare program and its patients. I consider it an honor to care for our Medicare seniors, but I truly believe that as proposed, CMS is opening a Pandora's box of unintended consequences that will impact patients and clinicians.

In the proposed Rule, the Agency proposes to update staff labor rates for the first time since 2002. While this seems to make sense, CMS places the burden of paying for this by deep cuts to office-based procedural CPT codes. Naturally, all health care providers compete to attract and retain talented staff, and my clinic is no exception. The proposed algorithm changes proposed to pay for the Clinical Labor Update places a massive burden on a small group of office based clinicians.

I humbly request that CMS withdraw this proposal, and to work with all stakeholders and Congress to come up with solution that holds-harmless any physician who is caring for Medicare beneficiaries.

For those physicians who focus on **venous diseases** and are mostly office-based specialists who use a handful of specific codes, the steep drop in total Non-Facility RVUs will have massive national practice implications. Recent literature on venous disease underscores the importance of

early intervention in resolving venous ulcers and improving quality of life.  
(<https://www.nejm.org/doi/full/10.1056/nejmoa1801214> )

The negative secondary effects of this Labor Update will severely affect office-based proceduralists and will decrease patient access to office-based care for the remainder of the decade. This will lead even greater delay and curative treatment of patients with debilitating leg ulcers [ <https://doi.org/10.1016/j.jvsv.2021.04.011> ]

In summary, and in particular during this ongoing COVID pandemic and health emergency, a shift in care to facility-based hospital settings will cause great burden on an already overwhelmed hospital system and will adversely affect physicians' ability to provide the right care to the right patient at the right time. I urge CMS to protect patient access to care in the office setting. **Please DO NOT implement the Medicare Clinical Labor Update as proposed, and let's all work together for the benefit of our Medicare patients.**

Sincerely,

NAME  
ADRESS  
CLINIC