

## A Note to Our Patients Suffering from Skin Cancer

On November 1, 2007, the Centers for Medicare and Medicaid Services (CMS) published a ruling that has significantly affected our ability to care for patients needing Mohs micrographic surgical excision. This ruling applies the “*Multiple Procedure Reduction Rule*” (MPRR) to Mohs surgery for the first time. The MPRR reduces Mohs surgical payment by 50% if more than one cancer is removed at a single visit. It also reduces payment by 50% if reconstructive surgery is performed on the same day. This decision marks a sharp reversal of CMS policy since 1992. It goes into effect on January 1, 2008, and will be copied by all private insurers.

**As a result of this 50% reduction in payment, compensation no longer covers our costs of providing this service.** This is supported by the AMA’s valuation of Mohs codes by its Relative Value Scale Update Committee, whose findings are historically accepted by CMS. Unlike traditional surgery, Mohs surgery involves careful preparation of frozen sections, and interpretation of these sections, by our surgeons *prior* to reconstruction. One benefit of this careful Mohs analysis of all surgical margins is a cure rate of 99.5%, compared to a cure rate of 90-94% with traditional surgical excision. Mohs surgery requires us to maintain a very expensive on-site laboratory with several full-time technicians who can quickly prepare these technically complex sections. We utilize Mohs surgery, and avoid traditional anesthesiologist, pathologist, and hospital fees, because we are committed to providing the highest quality care at the lowest possible cost.

Dr. Dhir and Dr. Davey spent considerable time in Washington, D.C., during 2007 to educate governmental officials about the negative impact that this ruling would have on our patients. We were joined in our efforts by several Kentucky legislators, including Hal Rogers, Geoff Davis, Ron Lewis, and Ed Whitfield, who wrote letters to CMS urging it not to apply the MPRR to Mohs surgery. Senator Mitch McConnell also asked CMS for a reanalysis. We are indebted to the hundreds of DAK patients who also took the time to write both legislators and CMS regarding their concerns. Despite these efforts and a full understanding of the negative impacts on patients and their families, CMS officials still implemented this detrimental and unjustifiable change.

We have been caring for patients for 56 years, and providing Mohs surgical services for the past 20 years. This is the first time in our history that we are struggling to maintain the financial viability of Mohs surgery. **We desperately want to continue this valuable service, because returning to the days of non-Mohs surgery will increase cancer recurrence rates by at least 10 fold. However, we regret that CMS’s decision has left us no choice but to perform Mohs surgery & reconstruction on only one cancer per visit.** We truly regret the inconvenience and hardship this causes you. We did our absolute best over the past year to avoid this situation. Please note that many other Mohs surgeons have been forced to institute even more drastic measures, such as performing reconstructions the day following actual cancer removal. If you share our concerns regarding the negative impact of CMS’s policy reversal on the quality of your care, we encourage you to contact CMS (Mr. Kerry Weems, Acting Administrator, Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services, Room 314-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201-0004). Please consider sharing copies of your letters with your elected representatives. Thank you for your time and understanding. We will continue to work hard to bring the highest quality, most advanced care to the patients of Kentucky.