

based on the mix of services the physician provides. The average change in total revenues would be less than the impact displayed here because physicians furnish services to both Medicare and non-Medicare patients and specialties may receive substantial Medicare revenues for services that are not paid under the PFS. For instance, independent laboratories receive approximately 80 percent of their Medicare revenues from clinical laboratory services that are not paid under the PFS.

Table 35 shows only the payment impact on PFS services. The following is an explanation of the information represented in Table 35.

- Specialty: The physician specialty or type of practitioner/supplier.
- Allowed Charges: Allowed charges are the Medicare Fee Schedule amounts for covered services and include copayments and deductibles (which are the financial responsibility of the beneficiary.) These amounts have been summed across all services provided by physicians, practitioners, or suppliers with a specialty to arrive at the total allowed charges for the specialty.
- Impact of Work and PE RVU Changes using the methodology finalized in this rule.
- Impact of section 5102 of the DRA: The CY 2007

percentage decrease in allowed charges attributed to section 5102 of the DRA.

- Combined impact of the finalized work and PE RVUs and section 5102 of the DRA.

- CY 2007 Update: The percentage decrease in allowed charges attributed to the CY 2007 PFS conversion factor update (-5.0 percent).

- Combined impact with CY 2007 update: The CY 2007 percentage decrease in allowed charges attributed to the impact of the work and PE RVU changes, section 5102 of the DRA, and the CY 2007 update.

**TABLE 35: Combined CY 2007 Total Allowed Charge Impact for the 5-year Review of Work RVUs and Practice Expense Changes, Multiple Imaging Reduction, OPPIs Imaging Cap, and CY 2007 Update**

	Specialty	Allowed Charges (mil)	Impact of Work and PE RVU Changes*	Impact of DRA 5102	Combined Impact RVU and DRA 5102**	CY 2007 Update	Combined Impact with CY 2007 Update**
1	Total	\$ 75,408	0%	-1%	-1%	-5%	-6%
2	ALLERGY/IMMUNOLOGY	\$ 168	2%	0%	2%	-5%	-3%
3	ANESTHESIOLOGY	\$ 1,725	-7%	0%	-7%	-5%	-12%
4	CARDIAC SURGERY	\$ 391	3%	0%	3%	-5%	-2%
5	CARDIOLOGY	\$ 7,512	-1%	-1%	-2%	-5%	-7%
6	COLON AND RECTAL SURGERY	\$ 120	0%	0%	0%	-5%	-5%
7	CRITICAL CARE	\$ 173	4%	0%	4%	-5%	-1%
8	DERMATOLOGY	\$ 2,156	-3%	0%	-3%	-5%	-8%
9	EMERGENCY MEDICINE	\$ 2,010	7%	0%	7%	-5%	2%
10	ENDOCRINOLOGY	\$ 321	6%	0%	6%	-5%	1%
11	FAMILY PRACTICE	\$ 4,852	5%	0%	5%	-5%	0%
12	GASTROENTEROLOGY	\$ 1,745	0%	0%	0%	-5%	-5%
13	GENERAL PRACTICE	\$ 1,029	3%	-1%	2%	-5%	-3%
14	GENERAL SURGERY	\$ 2,346	0%	-1%	-1%	-5%	-6%
15	GERIATRICS	\$ 134	2%	0%	2%	-5%	-3%
16	HAND SURGERY	\$ 77	-2%	0%	-2%	-5%	-7%
17	HEMATOLOGY/ONCOLOGY	\$ 1,771	3%	0%	3%	-5%	-2%

	Specialty	Allowed Charges (mil)	Impact of Work and PE RVU Changes*	Impact of DRA 5102	Combined Impact RVU and DRA 5102**	CY 2007 Update	Combined Impact with CY 2007 Update**
18	INFECTIOUS DISEASE	\$ 454	9%	0%	9%	-5%	4%
19	INTERNAL MEDICINE	\$ 9,601	5%	0%	4%	-5%	-1%
20	INTERVENTIONAL RADIOLOGY	\$ 235	-5%	-2%	-7%	-5%	-12%
21	NEPHROLOGY	\$ 1,600	-1%	0%	-1%	-5%	-6%
22	NEUROLOGY	\$ 1,343	2%	-1%	1%	-5%	-4%
23	NEUROSURGERY	\$ 577	-2%	-1%	-3%	-5%	-8%
24	NUCLEAR MEDICINE	\$ 87	-3%	-2%	-4%	-5%	-9%
25	OBSTETRICS/GYNECOLOGY	\$ 630	1%	0%	1%	-5%	-4%
26	OPHTHALMOLOGY	\$ 4,808	-3%	0%	-3%	-5%	-8%
27	ORTHOPEDIC SURGERY	\$ 3,289	-1%	0%	-1%	-5%	-6%
28	OTOLARNGOLOGY	\$ 898	0%	0%	0%	-5%	-5%
29	PATHOLOGY	\$ 942	-6%	0%	-6%	-5%	-11%
30	PEDIATRICS	\$ 75	2%	0%	2%	-5%	-3%
31	PHYSICAL MEDICINE	\$ 793	2%	0%	2%	-5%	-3%
32	PLASTIC SURGERY	\$ 283	-1%	0%	-1%	-5%	-6%
33	PSYCHIATRY	\$ 1,150	-2%	0%	-2%	-5%	-7%
34	PULMONARY DISEASE	\$ 1,592	7%	0%	6%	-5%	1%
35	RADIATION ONCOLOGY	\$ 1,460	1%	0%	0%	-5%	-5%
36	RADIOLOGY	\$ 5,407	-5%	-5%	-9%	-5%	-14%
37	RHEUMATOLOGY	\$ 471	2%	-1%	2%	-5%	-3%
38	THORACIC SURGERY	\$ 445	3%	-1%	3%	-5%	-2%
39	UROLOGY	\$ 1,959	1%	-1%	0%	-5%	-5%
40	VASCULAR SURGERY	\$ 611	-1%	-4%	-6%	-5%	-11%
41	AUDIOLOGIST	\$ 32	-2%	0%	-2%	-5%	-7%
42	CHIROPRACTOR	\$ 783	-8%	0%	-8%	-5%	-13%
43	CLINICAL PSYCHOLOGIST	\$ 562	-9%	0%	-9%	-5%	-14%
44	CLINICAL SOCIAL WORKER	\$ 370	-9%	0%	-9%	-5%	-14%
45	NURSE ANESTHETIST	\$ 657	-8%	0%	-8%	-5%	-13%
46	NURSE PRACTITIONER	\$ 719	0%	0%	0%	-5%	-5%
47	OPTOMETRY	\$ 846	-3%	0%	-3%	-5%	-8%
48	ORAL/MAXILLOFACIAL SURG	\$ 38	-1%	0%	-1%	-5%	-6%
49	PHYS/OCC THERAPY	\$ 1,613	-5%	0%	-5%	-5%	-10%
50	PHYSICIANS ASSISTANT	\$ 543	2%	0%	2%	-5%	-3%
51	PODIATRY	\$ 1,563	-1%	0%	-1%	-5%	-6%
52	DIAGNOSTIC TESTING FACILITY	\$ 1,228	-2%	-11%	-13%	-5%	-18%
53	INDEPENDENT LABORATORY	\$ 673	2%	0%	2%	-5%	-3%
54	PORTABLE X-RAY SUPPLIER	\$ 88	-1%	0%	-1%	-5%	-6%

Table 36 shows the impact on total payments for