Submitter : Dr. Eric Stucky **Date:** 08/07/2007

Organization : Heart Clinics Northwest

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

See Attachment

CMS-1385-P-5285-Attach-1.DOC

#5285

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Suwong Wongsuwan, MD

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Joseph A. Abate, MD; Dennis B. Cooke, MD; Ronald M. Fritz, DO; Carl L. Hanson, MD; Ronald D. Jenkins, MD; James Pataky, MD; Wolfgang J.T. Spyra, MD

SANDPOINT
606 N 3rd Avenue, Suite 203
Sandpoint, ID 83864
208-263-2505 ⁂ Fax 208-263-2908
Robert L. Holman, MD; Ronald D. Jenkins, MD

August 7, 2007

Dear Mr. Kuhn:

As a cardiologist who provides echocardiography services to Medicare patients and others in Spokane, WA, I am writing to object to CMS's proposal to "bundle" Medicare payment for color flow Doppler (CPT Code 93325) into all echocardiography "base" services. This proposal would discontinue separate Medicare payment for color flow Doppler effective on January 1, 2008, on the grounds that color flow Doppler has become "intrinsic to the performance" of all echocardiography procedures.

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Sincerely,

Eric D. Stucky, MD, FACC

EDS:jk

Submitter : Dr. Stephen Thew **Date:** 08/07/2007

Organization : Heart Clinics Northwest

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

See Attachment

CMS-1385-P-5286-Attach-1.DOC

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August 7, 2007

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Sincerely,

Stephen T. Thew, MD, FACC

STT:jk

Submitter : Dr. L. Douglas Waggoner **Date:** 08/07/2007

Organization : Heart Clinics Northwest

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

See Attachment

CMS-1385-P-5287-Attach-1.DOC

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August 7, 2007

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For these reasons, I urge you to refrain from finalizing the proposed "bundling" of color flow Doppler into other echocardiography procedures, and to work closely with the American Society of Echocardiography to address this issue in a manner that takes into account the very real resources involved in the provision of this important service.

Sincerely,

L. Douglas Waggoner, Jr., MD, FACC

LDW:jk

Submitter : **Dr. Karen Sibert** **Date: 08/07/2007**

Organization : **General Anesthesia Specialists Partnership, LA**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I appreciate the fact that CMS has recognized the significant undervaluation of anesthesia services, and that the Agency is addressing this complex issue.

The current Medicare payment for anesthesia services does not cover the cost of caring for our nation's senior citizens, and is creating a system in which anesthesiologists, for the sake of their own families, are leaving areas with disproportionately high Medicare populations.

Another issue which is seldom addressed in public discussion of physician compensation is that ambitious young Americans are less and less likely to choose medicine as their profession if their anticipated future compensation does not enable them to pay back student loans within a reasonable time frame. Ultimately, an intelligent young person seeks a career that will enable him/her to support their children comfortably, finance their children's education, and eventually retire without financial worry. Medicine traditionally has been a profession which attracted the best college graduates because it offered great career satisfaction with financial rewards that made up for the years of hard work and night duty. The less we compensate today's physicians, the more we can look forward to a future without excellent physicians to care for us.

The RUC has recommended that CMS increase the anesthesia conversion factor to offset a calculated 32% work undervaluation--a move that would result in an increase of nearly $4 per anesthesia unit. I suport full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology care by physicians, it is vitally important that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you very much for your consideration of this serious issue.

Sincerely,

Karen S. Sibert, MD
Attending Anesthesiologist
Cedars-Sinai Medical Center
Los Angeles, CA 90048
ksiberthaddy@hotmail.com

Submitter : **Dr. Michael Williams** **Date: 08/07/2007**

Organization : **Heart Clinics Northwest**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

See Attachment

CMS-1385-P-5289-Attach-1.DOC

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August 7, 2007

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Sincerely,

Michael P. Williams, MD, FACC

MPW:jk

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Sincerely,

Suwong Wongsuwan, MD, FACC

SW:jk

Submitter : **Dr. Louis Siciliano** **Date: 08/07/2007**

Organization : **ASA**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just $16.19 per unit. This amount does not cover the cost of caring for our nation s seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : **Dr. Terence Gray** **Date: 08/07/2007**

Organization : **Dr. Terence Gray**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Sincerely,
Dr. Terence K. Gray

Submitter : Mr. Clifford Thornton **Date:** 08/07/2007

Organization : American Society of Echocardiography

Category : Other Technician

Issue Areas/Comments

GENERAL

GENERAL

Color-Flow doppler SHOULD NOT be bundled with other components of an echocardiogram. I often perform "limited echocardiograms" say to rule-out a pericardial effusion and this does not always mandate that color-flow doppler or doppler be employed. Bundling color-flow doppler components would not be fair and does not make sense. Utilizing the color-flow doppler is a unique skill set to both perform and assess.

Submitter : **Dr. Paul Wolpert** **Date: 08/07/2007**

Organization : **South Denver Anesthesiologists P.C.**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just $16.19 per unit. This amount does not cover the cost of caring for our nation s seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Paul A. Wolpert M.D.

Submitter : **Dr. Diana Cardona** **Date: 08/07/2007**

Organization : **Dr. Diana Cardona**

Category : **Physician**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

August 7, 2007

To Whom It May Concern:

Thank you for the opportunity to submit comments on the Physician Self-Referral Provisions of CMS-1385-P entitled Medicare Program; Proposed Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2008. I am currently a resident completing my last year of pathology residency at the University of Florida in Gainesville. I am also an active member of the College of American Pathologists.

I applaud CMS for undertaking this important initiative to end self-referral abuses in the billing and payment for pathology services. Even during my training, I have become aware of practice arrangements in our surrounding communities that give physician groups a share of the revenues from the pathology services ordered and performed for the group s patients. I believe these arrangements are an abuse of the Stark law prohibition against physician self-referrals and I support revisions to close the loopholes that allow physicians to profit from pathology services.
Specifically, I support the expansion of the anti-markup rule to purchased pathology interpretations and the exclusion of anatomic pathology from the in-office ancillary services exception to the Stark law. These revisions to the Medicare reassignment rule and physician self-referral provisions are necessary to eliminate financial self-interest in clinical decision-making. I believe that physicians should not be able to profit from the provision of pathology services unless the physician is capable of personally performing or supervising the service.

Opponents to these proposed changes assert that their captive pathology arrangements enhance patient care. I agree that the Medicare program should ensure that providers furnish care in the best interests of their patients, and, restrictions on physician self-referrals are an imperative program safeguard to ensure that clinical decisions are determined solely on the basis of quality. The proposed changes do not impact the availability or delivery of pathology services and are designed only to remove the financial conflict of interest that compromises the integrity of the Medicare program.

Sincerely,

Diana M. Cardona, MD

CMS-1385-P-5296

Because the referenced comment number was withdrawn per commenter’s request, it is not included in the electronic public comments for this regulatory document.

Submitter : Dr. David Anderson **Date:** 08/07/2007

Organization : Cardiovascular Consultants Medical Group, Inc

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

See attachment

CMS-1385-P-5297-Attach-1.DOC

#2297

CARDIOVASCULAR CONSULTANTS
MEDICAL GROUP, INC.

Board Certified in Cardiovascular Diseases

Alameda County
David J. Anderson, M.D.
John H. Chiu, M.D.
Robert C. Feldman, M.D.
Robert E. Gwynn, M.D.
Eric J. Johnson, M.D.
Steven Kang, M.D.
Michael A. Lee, m.D.
Paul L. Ludmer, M.D.
Richard W. Terry, M.D.
Jeffrey A. West, M.D.
Gary R. Woodworth, M.D.

Contra Costa County
Kristine W. Batten, M.D.
Andrew J. Benn, M.D.
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Matthew S. DeVane, D.O.
John R. Krouse, M.D.
Mark D. Nathan, M.D.
Pramodh S. Sidhu, M.D.
Neal W. White, M.D.
Christopher W. Wulff, M.D.

Electrophysiology
Shaun Cho, M.D.
Robert C. Feldman, M.D.
Steven Kang, M.D.
Michael A. Lee, M.D.
Paul L. Ludmer, M.D.

Vascular
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510.452.1345
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5201 Norris Canyon Road
Suite 200
San Ramon, CA 94583-5405
925.277.1900
FAX 925.277.1568

106 La Casa Via
Suite 140
Walnut Creek, CA 94598-3084
925.274.2860
FAX 925.4527

www.ccmgonline.com

Re: CMS—1385—P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008.
CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

Dear Mr. Kuhn:

As a physician who provides echocardiography services to Medicare patients and others in Oakland, California, I am writing to object to CMS's proposal to "bundle" Medicare payment for color flow Doppler (CPT Code 93325) into all echocardiography "base" services. This proposal would discontinue separate Medicare payment for color flow Doppler effective on January 1, 2008, on the grounds that color flow Doppler has become "intrinsic to the performance" of all echocardiography procedures.

In conjunction with two-dimensional echocardiography, color Doppler typically is used for identifying cardiac malfunction (such as valvular regurgitation and intracardiac shunting), and for quantitating the severity of these lesions. In particular, color Doppler information is critical to the decision making process in patients with suspicion of heart valve disease and appropriate selection of patients for valve surgery or medical management. In addition, color flow Doppler is important in the accurate diagnosis of many other cardiac conditions.

CMS's proposal to "bundle" (and thereby eliminate payment for) color flow Doppler completely ignores the practice expenses and physician work involved in performance and interpretation of these studies. While color flow Doppler can be performed concurrently or in concert with the imaging component of echocardiographic studies, the performance of color flow Doppler increases the sonographer time and equipment time that are required for a study; in fact, the physician and sonographer time and resources involved have, if anything, increased, as color flow Doppler's role in the evaluation of valve disease and other conditions has become more complex. The sonographer and equipment time and the associated overhead required for the performance of color flow Doppler are not included in the relative value units for any other echocardiography "base" procedure. Thus, with the stroke of a pen, the CMS proposal simply eliminates Medicare payment for a service that (as CMS itself acknowledges) is important for accurate diagnosis and that is not reimbursed under any other CPT code.

Moreover, CMS is incorrect in assuming that color flow Doppler is "intrinsic" to the provision of all echocardiography procedures. I understand that data gathered by an independent consultant and submitted by the American College of Cardiology and the American Society of Echocardiography confirm that color flow Doppler is routinely performed in conjunction with CPT code 93307. However, these data, which were previously submitted to CMS, also indicate that an estimated 400,000 color flow Doppler claims each year are provided in conjunction with 10 echocardiography imaging codes other than CPT Code 93307, including fetal echo, transesophageal echo, congenital echo and stress echo. For many of these echocardiography "base" codes, the proportion of claims that include Doppler color flow approximates or is less than 50%. More recent data submitted by the ASE in response to the Proposed Rule confirms that this practice pattern has not changed over the past several years.

For these reasons, I urge you to refrain from finalizing the proposed "bundling" of color flow Doppler into other echocardiography procedures, and to work closely with the American Society of Echocardiography to address this issue in a manner that takes into account the very real resources involved in the provision of this important service.

Sincerely yours,

David J. Anderson, M.D.
Cardiovascular Consultants Medical Group, Inc.

Submitter : Dr. Mark Zuckerman **Date:** 08/07/2007

Organization : Winchester Laboratory Associates; Strata Diagnosti

Category : Physician

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

August 6, 2007
To whom it may concern:
Thank you for the opportunity to submit comments on the Physician Self-Referral Provisions of CMS-1385-P entitled Medicare Program; Proposed Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2008. I am a board-certified pathologist and a member of the College of American Pathologists. I practice in the metropolitan Boston area in a community hospital practice as a member of five-member pathologist group as well as an owner and a pathologist of an independent anatomic pathology private laboratory practice.
I applaud CMS for undertaking this important initiative to end self-referral abuses in the billing and payment for pathology services. I am aware of arrangements in my practice area that give physician groups a share of the revenues from the pathology services ordered and performed for the group s patients. I believe these arrangements are an abuse of the Stark law prohibition against physician self-referrals and I support revisions to close the loopholes that allow physicians to profit from pathology services.
Specifically I support the expansion of the anti-markup rule to purchased pathology interpretations and the exclusion of anatomic pathology from the in-office ancillary services exception to the Stark law. These revisions to the Medicare reassignment rule and physician self-referral provisions are necessary to eliminate financial self-interest in clinical decision-making. I believe that physicians should not be able to profit from the provision of pathology services unless the physician is capable of personally performing or supervising the service.
Opponents to these proposed changes assert that their captive pathology arrangements enhance patient care. In the Boston and New England as well in most other areas around the country, there are many qualified pathologists and pathology labs ready and willing to perform the highest quality testing and service. In contrast, I have seen many lesser-qualified individuals perform pathology services in these in-office ancillary arrangements. It concerns me that some of these individuals who would not survive the scrutiny in a true peer reviewed environment, align themselves in these practices at a below the market rate for pathology services. It is also quite apparent that the number of biopsies per patient per procedure has soared. I agree that the Medicare program should ensure that providers furnish care in the best interests of their patients, and, restrictions on physician self-referrals are an imperative program safeguard to ensure that clinical decisions are determined solely on the basis of quality. The proposed changes do not impact the availability or delivery of pathology services and are designed only to remove the financial conflict of interest that compromises the integrity of the Medicare program.
Sincerely,

Mark Zuckerman M.D.

Submitter : **Ralph Millsaps** **Date: 08/07/2007**

Organization : **Ralph Millsaps**

Category : **Physician**

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

You elearly under estimate the work the sonographer is required to do in 2007. While "color" was a pretty addition years ago,we know use it to QUANTIFY valvular and congenital lestions. While we used to guesstimate severity, we now measure PISA, flow convergence zones, width ratios, isovelocity maps, tissue doppler and chareeterization. This requires TIME and EXPERTISE.
Now the physician has to spend MORE time and MORE expertise is needed to properly evaluate the lesion(s). You're assumptions as to less work etc are WOEFULLY misguided and incorrect. Has anyone who promulgated these rules stepped inside a busy echo lab reeently?? I doubt it.

Submitter : **Dr. Jeffrey Melnick** **Date: 08/07/2007**

Organization : **West County Pathologists, Inc.**

Category : **Physician**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

August 7, 2007

Thank you for the opportunity to submit comments on the Physician Self-Referral Provisions of CMS-1385-P entitled Medicare Program; Proposed Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2008. I am a board-certified pathologist and a member of the College of American Pathologists, United States and Canadian Academy of Pathology, The Society for Hematopathology, Missouri Society of Pathologists, The Wagih Bari Society of St. Louis Pathologists, and St. Louis Metropolitan Medical Society. I practice pathology in a five-member group based at St. Luke s Hospital in Chesterfield, Missouri, a suburb of St. Louis.

I applaud CMS for undertaking this important initiative to end self-referral abuses in the billing and payment for pathology services. I am aware of arrangements in my practice area that give physician groups a share of the revenues from the pathology services ordered and performed for the group s patients. I believe these arrangements are an abuse of the Stark law prohibition against physician self-referrals and I support revisions to close the loopholes that allow non-pathologist physicians to profit from pathology services.

Specifically I support the expansion of the anti-markup rule to purchased pathology interpretations and the exclusion of anatomic pathology from the in-office ancillary services exception to the Stark law. These revisions to the Medicare reassignment rule and physician self-referral provisions are necessary to eliminate financial self-interest in clinical decision-making. I believe that physicians should not be able to profit from the provision of pathology services unless the physician is capable of personally performing or supervising the service.

Opponents to these proposed changes assert that their captive pathology arrangements enhance patient care. I have witnessed the initial set-up of several such arrangements and am convinced that profit not enhanced patient care is the driving force. For this reason I personally have refused to be a part of such captive pathology arrangements. I agree that the Medicare program should ensure that providers furnish care in the best interests of their patients, and that restrictions on physician self-referrals are an imperative safeguard to ensure that clinical decisions are determined solely on the basis of quality. The proposed changes will not adversely impact the availability or delivery of pathology services and are designed only to remove the financial conflict of interest that compromises the integrity of the Medicare program.

Sincerely,
Jeffrey R. Melnick, M.D., Ph.D.

Submitter : **Dr. Steven Berndt** **Date: 08/07/2007**

Organization : **MeritCare Health System**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just $16.19 per unit. This amount does not cover the cost of caring for our nation s seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Respectfully,
Steven D. Berndt, MD

Submitter : Dr. Kunjan Bhatt **Date:** 08/07/2007

Organization : Dr. Kunjan Bhatt

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

I disagree with the proposed grouping of color doppler into the reimbursement for an echoeardiogram. Color doppler is a science that requires significant additional time and effort on the part of the sonographer to perform the study and on the behalf of the physician to read the study.

Most importantly it is crucial to the care of patients. Making this part of the study financially unrewarding will ultimately lead to a markedly reduced quality of study and ultimately a reduction in the quality of care for our patients.

Plcase stop to consider that if you continue to proceed with budget cuts to imaging, quality of studies will become worsc as practices will struggle to levy the cut in imaging with their overhead. It will be a cascade effect that will not benefit anyone apart from the insurance companies. Worst of all, patients will suffer

Submitter : **Dr. William Dombrowski** **Date: 08/07/2007**

Organization : **Hunt Valley Anesthesia**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : **Dr. Kenneth Swank** **Date: 08/07/2007**

Organization : **South Denver Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely,

Kenneth Swank
6186 E. Princeton Ave.
Englewood, CO 80111

Submitter : **Dr. Benjamin Webster** **Date: 08/07/2007**

Organization : **University of Wisconsin Hospitals and Clinics**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely,

Ben Webster, MD
CA-2
University of Wisconsin
Department of Anesthesiology

Submitter : **Dr. Stephen Ball** **Date: 08/07/2007**

Organization : **ASA**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Submitter : Dr. David D'Agate **Date:** 08/07/2007

Organization : Suffolk Heart Group

Category : Physician

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

Dear Sir/madam,
Please note we do not use color flow Doppler with all echo procedures. If color flow is needed it requires a significant amount of additional sonographer and physician time needed.

Please do not bundle the flow Doppler.

Thank you,

Dr. David D'Agate

Submitter : **Mr. Jeffrey Fields** **Date: 08/07/2007**

Organization : **Mr. Jeffrey Fields**

Category : **Other Technician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Further Down the Spiral.
The bundling of the echocardiography color Doppler procedure will be another step down in American health care quality. I do not use color Doppler in every procedure I do. For example, specific procedures such as contrast studies do not require color flow. Not to mention other limited studies such as ruling out cardiac tamponade in code situations. Echocardiography is a profession with a spectrum of quality because of the high level of skill required. If cardiac sonographers are paid less due to this action, we will either have to complete more exams in the same 8 hour day to maintain the same pay rate, or employers will hire people willing to accept lower pay. Quality will suffer either way. Guaranteed.

Please reconsider this action.

Submitter : Dr. Douglas Hagan **Date:** 08/07/2007

Organization : Dr. Douglas Hagan

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I feel strongly that CMS should correct the 32% undervaluation of the anesthesiology work component of the Medicare anesthesia conversin factor (CF). Not doing so could seriously affect seniors access to health care.

Douglas Hagan, M.D.

Submitter : Dr. Himanshu Patel **Date:** 08/07/2007

Organization : Harbin Clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am against this bundling for the following reason. Yes, color doppler is becoming a useful tool for all echocardiograms, however, this crucial information comes at a cost, that is time for acquisition and interpretation. Please again do not discount the power of information that is useful to helping the clinician take care of patients safely. Thanks. Himanshu Patel, MD.

Submitter : **Date: 08/07/2007**

Organization :

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Re: CMS 1385 P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008. CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

Dear Mr. Kuhn:

As a practicing physician who provides echocardiography services to Medicare patients, I am writing to object to CMS s proposal to bundle Medicare payment for color flow Doppler (CPT Code 93325) into all echocardiography base services. This proposal would discontinue separate Medicare payment for color flow Doppler effective on January 1, 2008, on the grounds that color flow Doppler has become intrinsic to the performance of all echocardiography procedures.

CMS s proposal to bundle (and thereby eliminate payment for) color flow Doppler completely ignores the practice expenses and physician work involved in performance and interpretation of these studies. While color flow Doppler can be performed concurrently or in concert with the imaging component of echocardiographic studies, the performance of color flow Doppler increases the sonographer time and equipment time that are required for a study; in fact, the physician and sonographer time and resources involved have, if anything, increased, as color flow Doppler s role in the evaluation of valve disease and other conditions has become more complex. The sonographer and equipment time and the associated overhead required for the performance of color flow Doppler are not included in the relative value units for any other echocardiography base procedure.

I realize that CMS is trying to save money, but this is patently unfair.

For these reasons, I urge you to refrain from finalizing the proposed bundling of color flow Doppler into other echocardiography procedures, and to work closely with the American Society of Echocardiography to address this issue in a manner that takes into account the very real resources involved in the provision of this important service.

Sincerely yours,

Lawrence Liao, M.D.
Duke Cardiology of Raleigh

Submitter : Mr. ross kunimitsu **Date:** 08/07/2007

Organization : ase

Category : Other Practitioner

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

please know that it takes 30 minutes to do a echo with doppler and color doppler. sometimes color is not needed for instance pericardial eff, wall motion abnormalities etc. color should never be bundled as it is used seperate from imaging . ross kunimitsu echo tech.

Submitter : Dr. Gaetano Pastore **Date:** 08/07/2007

Organization : Cardiology physicians, PA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

CODI(NG-ADDITIONAL CODES FROM 5-YEAR REVIEW. Reg citation 72 Fed Register 38122
Color flow and doppler analysis is used in select patients for the purposes evaluating valvular heart disease and is crucial to patient care!! It is especially essential in aiding Cardiologist to determine timing of open heart surgery and guiding medical therapy. The ICAEL governing body for echo standard and accredidation mandates that colorflow and doppler be done on the above selected patients. This add on to 2D echo imaging takes SIGNIFICANT additional time for both the sonographer and physician interpretation (trust me, I do this everyday!!!) and therefore the consideration of "bundling" this important component of the echo exam is frankly ludicrous and without basis. Thank you for your consideration.

Submitter : Dr. Qiao-Ling Li **Date:** 08/07/2007

Organization : Solo practioner

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am extremely pleased that CMS is considering an increase in the anesthesia conversion factor for 2008 by $3.30 per unit.

Repeated yearly reductions in reimbursement have now reached a level, which in many cases, is below that of Medicaid. Coupled with an ever increasing Medicare population, a situation has been created that makes it more and more difficult to retain and recruit anesthesiologist. The enactment of CMS-1385-P would do a great deal in alleviating the situation.

Please consider this message an indication of my wholehearted support for your consideration of CMS-1385-P.
Li qiaoling, MD

Submitter : Dr. Brian Fedgchin **Date:** 08/07/2007

Organization : HGNC Cardiology Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Our practice is one of a handful that still cares for Medicaid patients in Philadelphia. We strive to provide quality care to all of our patients. Color doppler is not part of the standard echo protocol. It requires special imaging software, acquisition time by the echo technician and additional time dedicated to interpretation by the physician. If color doppler is not reimbursed, it will be likely foregone in Medicare and Medicaid patients which will only result in reduced quality of care in those populations.

Submitter : **Dr. James Byland** **Date: 08/07/2007**

Organization : **Tennessee Society of Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

Thank you and your agency for adressing the marked undervaluation of anesthesia services. I am very pleased to learn of the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule.

The present undervaluation of 32% is imperiling the care of patients in areas with high Medicare populations, as it does not cover the cost of caring for these generally sicker and more complex patients. By enabling access to expert anesthesiology medical care via fair valuation of anesthesiology services, this patient population will certainly reap the benefits of high quality perioperative care.

It is extremely important that CMS follow through with the proposal to increase the anesthesia conversion factor as recommended by the RUC immediately and fully.

I appreciate your consideration of this vital matter.

Sincerely,

James T. Byland, MD
9535 Butler Dr.
Brentwood, TN 37027
byland@comcast.net

Submitter : **Dr. Enrique Pantin** **Date: 08/07/2007**

Organization : **University of Medicine and Dentistry of New Jersey**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just $16.19 per unit. This amount does not cover the cost of caring for our nation s seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Enrique Pantin, MD
Assistant Professor of Anesthesiology
Head Section of Pediatric Anesthesia
Head Section of Intraoperative Echocardiography
Robert Wood Johnson University Hospital - UMDNJ

Clinical Academic Building, Suite 3100
125 Paterson Street,
New Brunswick, NJ 08901

Email: pantin@comcast.net

Office: 732 9378841
732 2357827
Fax: 732 4188492

Submitter : **Dr. Mark Lewis** **Date: 08/07/2007**

Organization : **Dr. Mark Lewis**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : **Dr. Benjamin Abraham** **Date: 08/07/2007**

Organization : **Cleveland CLinic FOundation**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : Dr. Andrew Stern **Date:** 08/07/2007

Organization : anesthesiologist

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-5320-Attach-1.RTF

#5320

–
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.
Sincerely,

Andrew C. Stern, MD

Submitter : **Mrs. Anna Hebert** **Date: 08/07/2007**

Organization : **Brazosport Cardiology**

Category : **Other Health Care Professional**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

CODING ADDITIONAL CODES FROM 5-YEAR REVIEW. The federal register citation is 72 Federal Register 38122 (July 12, 2007).

As a sonographer 10 years into my career, I would like to comment on the above proposal. I work in a busy private practice. "Bundling" the color portion of an echo exam is not in the best interest of the CMS. The color portion is important, but 2D alone is very critical to a patient with tamponade or an aortic root dissection. Following a pericardial effusion uses 2D alone. Please reconsider this proposal.

Anna Hebert
215 Oak Dr. S. Ste L
Lake Jackson, TX 77566
979-297-5481
hebertm@sbcglobal.net

Submitter : Dr. ANAND PREM **Date:** 08/07/2007

Organization : GREAT RIVER MEDICAL CENTER

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : **Dr. Samson Wiseman** **Date: 08/07/2007**

Organization : **Dr. Samson Wiseman**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
P.O. Box 8017
Baltimore, MD 21244-8018
Re: CMS 1512-PN; PRACTICE EXPENSE
Dear Dr. McClellan:
I am a practicing cardiologist and I am delighted to have the opportunity to comment on the Proposed Notice published by CMS in the Federal Register of June 29, 2006, which sets forth
proposed changes to the relative value units used to establish payment for services to Medicare patients under the Physician Fee Schedule.
I am extremely concerned about the possible impact of these changes on Medicare payment for cardiac ultrasound and other cardiac imaging services performed in the office setting. While the Proposed Notice would result in increases in Medicare payment for some of the services that we provide most notably evaluation and management services we are concerned that, by the end of the transition period, the Proposed Notice would result in payment reductions in the range of 25% for the most common combination of echocardiography procedures (transthoracic echocardiogram with spectral and color flow Doppler (CPT codes 93325, 93320 and 93325).
Echocardiography is a crucial tool in the diagnosis of a broad range of cardiac disease, the performance of echocardiography requires the acquisition and maintenance of costly medical equipment and the retention of highly trained cardiac sonographers who are in increasingly short supply. We are concerned that payment reductions of the magnitude outlined in the Proposed Notice may have an adverse impact on the overall quality of the echocardiography services provided to our patients at the very time that the federal government is seeking to improve quality through pay for performance and similar quality-related initiatives.

Thank you for your attention to this most important matter.
Sincerely yours,
Samson Wiseman, MD
Cardiology Associates
3201 Grand Concourse
Bronx, NY 10461
718-933-2244

Submitter : Dr. Michael Miguez **Date:** 08/08/2007

Organization : CAP

Category : Physician

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

August 6, 2007

Thank you for the opportunity to submit comments on the Physician Self-Referral Provisions of CMS-1385-P entitled Medicare Program; Proposed Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2008. I am a board-certified pathologist and a member of the College of American Pathologists. I practicc in Alcxandria, LA as part of part of a 11 member group which opcrates an independent laboratory and practices in a local hospital.

I applaud CMS for undertaking this important initiative to end self-referral abuses in the billing and payment for pathology services. I am aware of arrangements in my practice area that give physician groups a share of the revenues from the pathology serviees ordered and performed for the group s patients. I believe these arrangements are an abuse of the Stark law prohibition against physician self-referrals and I support revisions to close the loopholes that allow physicians to profit from pathology services.

Specifically I support the expansion of the anti-markup rule to purchased pathology interpretations and the exclusion of anatomic pathology from the in-office ancillary services exception to the Stark law. These revisions to the Medicare reassignment rule and physician self-referral provisions are necessary to eliminate financial self-interest in clinical decision-making. I believe that physicians should not be able to profit from the provision of pathology services unless the physician is capable of personally performing or supervising the service.

Opponents to these proposed changes assert that their captive pathology arrangements enhance patient care. I agree that the Medicare program should ensure that providers furnish care in the best interests of their patients, and, restrictions on physician self-referrals are an imperative program safeguard to ensure that clinical decisions are determined solely on the basis of quality. The proposed changes do not impact the availability or delivery of pathology services and are designed only to remove the financial conflict of interest that compromises the integrity of the Medicare program.

Sincerely,

Michael Miguez, MD

Submitter : **Dr. James Hall** **Date: 08/08/2007**

Organization : **Pikes Peak Anesthesia Associates**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely,
J. Michael Hall MD
Anesthesiologist
Medical Director, Audubon Surgery Center
Colorado Springs, Colorado 80918

Submitter : **Dr. Aaron Hansen** **Date: 08/08/2007**

Organization : **South Denver Anesthesiologists, P.C.**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

Sincerely,

Aaron J Hansen, M.D.

Submitter : **Dr. George Lappas** **Date: 08/08/2007**

Organization : **Western Anesthesiology Associates**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

George D Lappas, MD

Submitter : **Date: 08/08/2007**

Organization : **St. John Hospital and Medical Center**

Category : **Health Care Professional or Association**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Dear Mr. Kuhn:

As a cardiac sonographer who provides echocardiography services to Medicare patients and others in Detroit, I am writing to object to CMS s proposal to bundle Medicare payment for color flow Doppler (CPT Code 93325) into all echocardiography base services. This proposal would discontinue separate Medicare payment for color flow Doppler effective on January 1, 2008, on the grounds that color flow Doppler has become intrinsic to the performance of all echocardiography procedures.

In conjunction with two-dimensional echocardiography, color Doppler typically is used for identifying cardiac malfunction (such as valvular regurgitation and intracardiac shunting), and for quantitating the severity of these lesions. In particular, color Doppler information is critical to the decisionmaking process in patients with suspicion of heart valve disease and appropriate selection of patients for valve surgery or medical management. In addition, color flow Doppler is important in the accurate diagnosis of many other cardiac conditions.

CMS s proposal to bundle (and thereby eliminate payment for) color flow Doppler completely ignores the practice expenses and physician work involved in performance and interpretation of these studies. While color flow Doppler can be performed concurrently or in concert with the imaging component of echocardiographic studies, the performance of color flow Doppler increases the sonographer time and equipment time that are required for a study; in fact, the physician and sonographer time and resources involved have, if anything, increased, as color flow Doppler s role in the evaluation of valve disease and other conditions has become more complex. The sonographer and equipment time and the associated overhead required for the performance of color flow Doppler are not included in the relative value units for any other echocardiography base procedure. Thus, the CMS proposes to simply eliminate Medicare payment for a service that (as CMS itself acknowledges) is important for accurate diagnosis and that is not reimbursed under any other CPT code. This would have a major impact in the care we provide in this depressed area.

Moreover, CMS is incorrect in assuming that color flow Doppler is intrinsic to the provision of all echocardiography procedures. I understand that data gathered by an independent consultant and submitted by the American College of Cardiology and the American Society of Echocardiography confirm that color flow Doppler is routinely performed in conjunction with CPT code 93307. However, these data, which were previously submitted to CMS, also indicate that an estimated 400,000 color flow Doppler claims each year are provided in conjunction with 10 echocardiography imaging codes other than CPT Code 93307, including fetal echo, transesophageal echo, congenital echo and stress echo. For many of these echocardiography base codes, the proportion of claims that include Doppler color flow approximates or is less than 50%. More recent data submitted by the ASE in response to the Proposed Rule confirms that this practice pattern has not changed over the past several years.

For these reasons, I urge you to refrain from finalizing the proposed bundling of color flow Doppler into other echocardiography procedures, and to work closely with the American Society of Echocardiography to address this issue in a manner that takes into account the very real resources involved in the provision of this important service.

Sincerely yours,

Teresa Jacobson, BS, RDCS
St. John Hosptial and Medical Center
Non-Invasive Cardiology Department
22151 Moross Rd. PB1, Suite 108
Detroit, Mi
48236

Submitter : **Dr. Kenneth Taylor** **Date: 08/08/2007**

Organization : **Cardiac Disease Specialists**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Dear Mr. Kuhn:

As a physician who provides echocardiography services to Medicare patients and others in Atlanta GA, I am writing to object to CMS s proposal to bundle Medicare payment for color flow Doppler (CPT Code 93325) into all echocardiography base services. This proposal would discontinue separate Medicare payment for color flow Doppler effective on January 1, 2008, on the grounds that color flow Doppler has become intrinsic to the performance of all echocardiography procedures.

In conjunction with two-dimensional echocardiography, color Doppler typically is used for identifying cardiac malfunction (such as valvular regurgitation and intracardiac shunting), and for quantitating the severity of these lesions. In particular, color Doppler information is critical to the decisionmaking process in patients with suspicion of heart valve disease and appropriate selection of patients for valve surgery or medical management. In addition, color flow Doppler is important in the accurate diagnosis of many other cardiac conditions.

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Moreover, CMS is incorrect in assuming that color flow Doppler is intrinsic to the provision of all echocardiography procedures. I understand that data gathered by an independent consultant and submitted by the American Collcgc of Cardiology and the American Society of Echocardiography confirm that color flow Doppler is routinely performed in conjunction with CPT code 93307. However, these data, which were previously submitted to CMS, also indicate that an estimated 400,000 color flow Doppler claims each year are provided in conjunction with 10 echocardiography imaging codes other than CPT Code 93307, including fetal echo, transesophageal echo, congenital echo and stress echo. For many of these echocardiography base codes, the proportion of claims that include Doppler color flow approximates or is less than 50%. More recent data submitted by the ASE in response to the Proposed Rule confirms that this practice pattern has not changed over the past several years.

For these reasons, I urge you to refrain from finalizing the proposed bundling of color flow Doppler into other echocardiography procedures, and to work closely with the American Society of Echocardiography to address this issue in a manner that takes into account the very real resources involved in the provision of this important service.

Sincerely yours,
Kcnneth Taylor MD, FACP, FACC
Cardiac Disease Specialists
Atlanta GA

Submitter : **Dr. James Seward** **Date: 08/08/2007**

Organization : **Mayo clinic**

Category : **Physician**

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

I am responding to the following notification:
On July 12, the Center for Medicare Services (CMS) proposed bundling color flow Doppler into all the other echo base codes, without providing any additional payment for those base codes, based on an argument that color flow Doppler has become intrinsic to the performance or all echocardiography procedures. This proposal ignores the additional practice expense and physician work involved in the performance and interpretation of color flow studies, and would mean a significant reduction in the reimbursement of appropriate services.

Comment: Echocardiography has become the most ubiquitous and superior tool for the diagnosis, characterization, assessment and treatment decision making for the most common indication for hospitalization in the USA (Heart Failure). While demand increases exponentially (aging population) and reimbursement remains stable or actually decreases (as proposed) the delivery of most appropriate testing for individual patients becomes a financial loss to the medical community. Anatomy, hemodynamics, function and color Doppler are essential components of a comprehensive "echo" examination.. each component, including color Doppler, is performed individually taking time (acquisition and interpretation), resources (time and salary) and logical decision processes (time). Color Doppler is frequently but not always performed (the same pertains to each echo component). Reducing reimbursement through bundling does not deliver better care, save money and certainly does not help the patient or the medical community deliver appropriate services. By reducing reimbursement for one of the most essential tests, which help reduce hospitalization of one of the most pervasive and costly medial conditions, is not in the best interest of anyone (ie., patient, medical community, government, etc.). There are much more appropriate and cost effective means of more dramatically reducing health care cost (national license of physicians, web-based medical records, best practice incentives, etc.). Do not disrupt best practice to save a small amount of money... attend to inappropriate practice and best practice initiatives and to save large amounts of money and improve the delivery of medical care.(design means of keeping patients out of the hospital.... echo risk profiles are one such mechanism).
James B. Seward, MD
Mayo clinic
Nasseff Professor of Cardiology

Submitter : Dr. Philip Katzman **Date:** 08/08/2007

Organization : College of American Pathologists

Category : Physician

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

August 8, 2007
Thank you for the opportunity to submit comments on the Physician Self-Referral Provisions of CMS-1385-P entitled Medicare Program; Proposed Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2008. I am a board-certified pathologist and a member of the College of American Pathologists. I practice in Rochester, New York as part of an academic pathology practice with multiple pathologists in a hospital setting.

I applaud CMS for undertaking this important initiative to end self-referral abuses in the billing and payment for pathology services. I am aware of arrangements in some practice areas that give physician groups a share of the revenues from the pathology services ordered and performed for the group s patients. I believe these arrangements are an abuse of the Stark law prohibition against physician self-referrals and I support revisions to close the loopholes that allow physicians to profit from pathology services.

Specifically I support the expansion of the anti-markup rule to purchased pathology interpretations and the exclusion of anatomic pathology from the in-office ancillary services exception to the Stark law. These revisions to the Medicare reassignment rule and physician self-referral provisions are necessary to eliminate financial self-interest in clinical decision-making. I believe that physicians should not be able to profit from the provision of pathology services unless the physician is capable of personally performing or supervising the service.

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Sincerely,
Philip Katzman, M.D.
Rochester, NY

Submitter : **Dr. Michael Buys** **Date: 08/08/2007**

Organization : **Dr. Michael Buys**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just $16.19 per unit. This amount does not cover the cost of caring for our nation s seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor inerease as recommended by the RUC.

Thank you for your consideration of this serious matter.

Michael Buys, MD

Submitter : **Dr. Keith Volmar** **Date: 08/08/2007**

Organization : **UNC-Chapel Hill**

Category : **Physician**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

I am a board-certified pathologist and I practice in Chapel Hill, NC in an academic department at a tertiary care center.

I am aware of arrangements in North Carolina that give physician groups a share of the revenues from the pathology services ordered and performed for the group s patients. I believe these arrangements are an abuse of the Stark law prohibition against physician self-referrals and I support revisions to close the loopholes that allow physicians to profit from pathology services.

Specifically I support the expansion of the anti-markup rule to purchased pathology interpretations and the exclusion of anatomic pathology from the in-office ancillary services exception to the Stark law. These revisions to the Medicare reassignment rule and physician self-referral provisions are necessary to eliminate financial self-interest in clinical decision-making. I believe that physicians should not be able to profit from the provision of pathology services unless the physician is capable of personally performing or supervising the service.

Opponents to these proposed changes assert that their captive pathology arrangements enhance patient care. I ABSOLUTELY DISAGREE. Time and again I am asked to review biopsies with erroneous or incomplete diagnoses that have been rendered by labs that have a special financial arrangement with a group of clinicians. Often, the specimens have been sent out of state to groups with questionable credential, rather than to local pathologists with well-established expertise. I agree that the Medicare program should ensure that providers furnish care in the best interests of their patients, and, restrictions on physician self-referrals are an imperative program safeguard to ensure that clinical decisions are determined solely on the basis of quality. The proposed changes do not impact the availability or delivery of pathology services and are designed only to remove the financial conflict of interest that compromises the integrity of the Medicare program.

Sincerely,
Keith E. Volmar, M.D.
Assistant Professor
UNC-Chapel Hill

Submitter : **Mr. Brett Bennett** **Date: 08/08/2007**

Organization : **Lee Memorial**

Category : **Occupational Therapist**

Issue Areas/Comments

GENERAL

GENERAL

Regarding CMS 1385-P In my area of Florida I have seen a steady increase in the number of physician owned therapy practices. What has disappointed me greatly is that our referral base is contantly being lost everytime a POP is opened. I do not like that these practices are not offering options for other therapy locations that are much more convienant for a patient to go to and equally or more qualified to treat. The patient is not usually told they can go anywhere they want to for this service. The reasons I have heard from patients that they were told that they needed to go to their physicians therapy practice was: I want to keep a close eye on your progress, or the therapist can't do what I want over there, or I want to keep you here for your therapy, or they are not even given the option. I believe there should be some type of form given to the patient from the physician office stating the various therapy locations a patient can choose from. This form should have to be signed and kept in the patients chart. Unfortunately jobs in hand therapy are becoming positions in POP's and quality of care is being reduced because of the volume expected by that therapist. When I receive a patient who has reached their medicare cap limits they are amazed of the 1 to 1 treatment that a hospital based system provides compared to 2 or 3 patients being treated at the same time by one therapist.

Submitter : **Dr. Darryl Malak** **Date: 08/08/2007**

Organization : **Presbyterian Anesthesia Associates**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just $16.19 per unit. This amount does not cover the cost of caring for our nation s seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations. The situation is only going to get worse.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation. It will still be way short of what is truly needed, but any increase is welcomed.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Darryl Malak MD

Submitter : **Dr. Wayne Ambrous** **Date: 08/08/2007**

Organization : **Anesthesia Consultants of Indianapolis, LLC**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Wayne Ambrous, MD

Submitter : Dr. gregory dewerd **Date:** 08/08/2007

Organization : Dr. gregory dewerd

Category : Physician

Issue Areas/Comments

Impact

Impact

Plese support the increase in anesthesia payments.

Submitter : **Dr. Beekman Lee Youngblood** **Date: 08/08/2007**

Organization : **Dr. Beekman Lee Youngblood**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely,
Lee Yougblood, MD

Submitter : **Dr. Mukarram Baig** **Date: 08/08/2007**

Organization : **Heart Care Center of NW Houston**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

CODING-ADDITIONAL CODES FROM 5 YEAR REVIEW
FEDERAL REGISTER CITATION IS 72 FEDERAL REGISTER 38122(JULY 12, 2007)

Mukarram A. Baig, M.D.
HEART CARE CENTER OF NW HOUSTON
11840 FM 1960 West
Houston, Texas 77065

Re: CMS1412-PN; PRACTICE EXPENSE

Dear Dr. McClellan:

As an active cardiologist in private practice , I would like to comment on the Proposed Notice published by CMS in the Federal Register of June 29, 2006 which sets forth proposed changes to the relative value units used to establish payment for services to Medicare patients under the Physician Fee Schedule.

My concerns are in regards to the impact of payment reductions for the most common combination of echocardiography procedures: transthoracic echocardiograms with spectral and color flow Doppler (CPT codes 93307, 93320, and 93325).

We recently completed our application for echo lab accreditation in line with recent federal government attempts to improve quality and standardize echocardiographic studies. Our practice agrees strongly with the regulations that accompany accreditation. However, I am concerned that payment reductions of this magnitude will have an adverse effect on patient care by reducing the quality of these crucial echocardiographic studies at the very time we are trying to rapidly advance quality and consistency.

In our practice, we use echocardiography daily in the diagnosis of a broad range of adult cardiac disease, including but not limited to congestive heart failure, valve disorders, coronary artery disease, and congenital heart defects seen in the adult population. Even though color flow doppler is not used in every study, it is an invaluable tool in the assessment of valvular regurgitation by locating the origin and direction of the regurgitant jets prior to the performance of PW or CW doppler. Jet width and spectral strength is essential for assessing the severity of some valvular disorders. The performance of this portion of the examination must be done by a skilled sonographer who has had extensive and expensive trai ning. These sonographers are in increasingly short supply due to the push for registration or certification and the need for lab accreditation. This portion of the examination is a separate process which should not be lumped in with other procedures since it offers information not readily measured by other echocardiographic techniques. The interpretation of color flow and spectral doppler also requires additional physician time and training.

I understand that the American Society of Echocardiography(ASE) is conducting a complete technical analysis of the Proposed Notice and will be submitting comprehensive comments. I support and strongly urge you to consider making the changes suggested by ASE in the Final Rule. It would be very detrimental to the practice of cardiology for us to take two steps forward in improving quality and standardization of testing and then to take three steps back.

Sincerely yours,

Mukarram Baig, M.D.
Heart Care Center of NW Houston
11840 FM 1960 West, Houston, Texas 77095 (281-955-7863)

Submitter : **Dr. Rupin Kadakia** **Date: 08/08/2007**

Organization : **Heart Care Center of NW Houston**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

CODING-ADDITIONAL CODES FROM 5 YEAR REVIEW
FEDERAL REGISTER CITATION IS 72 FEDERAL REGISTER 38122(JULY 12, 2007)

Rupin A. Kadakia, M.D.
HEART CARE CENTER OF NW HOUSTON
11840 FM 1960 West
Houston, Texas 77065

Re: CMS1412-PN; PRACTICE EXPENSE

Dear Dr. McClellan:

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Sincerely yours,

Rupin A. Kadakia, M.D.
Heart Care Center of NW Houston
11840 FM 1960 West, Houston, Texas 77095 (281-955-7863)

Submitter : Dr. Daniel Ferry **Date:** 08/08/2007

Organization : University of Arizona Health Sciences Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

Submitter : **Dr. Kamran Sherwani** **Date: 08/08/2007**

Organization : **Heart Care Center of NW Houston**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

CODING-ADDITIONAL CODES FROM 5 YEAR REVIEW
FEDERAL REGISTER CITATION IS 72 FEDERAL REGISTER 38122(JULY 12, 2007)

Kamran K. Sherwani, M.D.
HEART CARE CENTER OF NW HOUSTON
11840 FM 1960 West
Houston, Texas 77065

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Sincerely yours.

Kamran K. Sherwani, M.D.
Heart Care Center of NW Houston
11840 FM 1960 West, Houston, Texas 77095 (281-955-7863)

Submitter : **Dr. Karl Kulikowski** **Date: 08/08/2007**

Organization : **Danbury Office of Physicians Services**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Karl Kulikowski M.D.

Submitter : Dr. Kristine Batten **Date:** 08/08/2007

Organization : Cardiovascular Consultants Medical Group, Inc

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

see attached

CMS-1385-P-5347-Attach-1.DOC

#5347

CARDIOVASCULAR CONSULTANTS
MEDICAL GROUP, INC.

Board Certified in Cardiovascular Diseases

Alameda County
David J. Anderson, M.D.
John H. Chiu, M.D.
Robert C. Feldman, M.D.
Robert E. Gwynn, M.D.
Eric J. Johnson, M.D.
Steven Kang, M.D.
Michael A. Lee, m.D.
Paul L. Ludmer, M.D.
Richard W. Terry, M.D.
Jeffrey A. West, M.D.
Gary R. Woodworth, M.D.

Contra Costa County
Kristine W. Batten, M.D.
Andrew J. Benn, M.D.
Shaun Cho, M.D.
Matthew S. DeVane, D.O.
John R. Krouse, M.D.
Mark D. Nathan, M.D.
Pramodh S. Sidhu, M.D.
Neal W. White, M.D.
Christopher W. Wulff, M.D.

Electrophysiology
Shaun Cho, M.D.
Robert C. Feldman, M.D.
Steven Kang, M.D.
Michael A. Lee, M.D.
Paul L. Ludmer, M.D.

Vascular
John H. Chiu, M.D.
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365 Hawthorne Avenue
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510.452.1345
FAX 510.452.1102

5201 Norris Canyon Road
Suite 200
San Ramon, CA 94583-5405
925.277.1900
FAX 925.277.1568

106 La Casa Via
Suite 140
Walnut Creek, CA 94598-3084
925.274.2860
FAX 925.4527

www.ccmgonline.com

Re: CMS—1385—P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008.
CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

Dear Mr. Kuhn:

As a physician who provides echocardiography services to Medicare patients and others in San Ramon, California, I am writing to object to CMS's proposal to "bundle" Medicare payment for color flow Doppler (CPT Code 93325) into all echocardiography "base" services. This proposal would discontinue separate Medicare payment for color flow Doppler effective on January 1, 2008, on the grounds that color flow Doppler has become "intrinsic to the performance" of all echocardiography procedures.

In conjunction with two-dimensional echocardiography, color Doppler typically is used for identifying cardiac malfunction (such as valvular regurgitation and intracardiac shunting), and for quantitating the severity of these lesions. In particular, color Doppler information is critical to the decision making process in patients with suspicion of heart valve disease and appropriate selection of patients for valve surgery or medical management. In addition, color flow Doppler is important in the accurate diagnosis of many other cardiac conditions.

CMS's proposal to "bundle" (and thereby eliminate payment for) color flow Doppler completely ignores the practice expenses and physician work involved in performance and interpretation of these studies. While color flow Doppler can be performed concurrently or in concert with the imaging component of echocardiographic studies, the performance of color flow Doppler increases the sonographer time and equipment time that are required for a study; in fact, the physician and sonographer time and resources involved have, if anything, increased, as color flow Doppler's role in the evaluation of valve disease and other conditions has become more complex. The sonographer and equipment time and the associated overhead required for the performance of color flow Doppler are not included in the relative value units for any other echocardiography "base" procedure. Thus, with the stroke of a pen, the CMS proposal simply eliminates Medicare payment for a service that (as CMS itself acknowledges) is important for accurate diagnosis and that is not reimbursed under any other CPT code.

Moreover, CMS is incorrect in assuming that color flow Doppler is "intrinsic" to the provision of all echocardiography procedures. I understand that data gathered by an independent consultant and submitted by the American College of Cardiology and the American Society of Echocardiography confirm that color flow Doppler is routinely performed in conjunction with CPT code 93307. However, these data, which were previously submitted to CMS, also indicate that an estimated 400,000 color flow Doppler claims each year are provided in conjunction with 10 echocardiography imaging codes other than CPT Code 93307, including fetal echo, transesophageal echo, congenital echo and stress echo. For many of these echocardiography "base" codes, the proportion of claims that include Doppler color flow approximates or is less than 50%. More recent data submitted by the ASE in response to the Proposed Rule confirms that this practice pattern has not changed over the past several years.

For these reasons, I urge you to refrain from finalizing the proposed "bundling" of color flow Doppler into other echocardiography procedures, and to work closely with the American Society of Echocardiography to address this issue in a manner that takes into account the very real resources involved in the provision of this important service.

Sincerely yours,

Kristine W. Batten, M.D.
Cardiovascular Consultants Medical Group, Inc.

Submitter : Dr. John Hendricks **Date:** 08/08/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please reconsider this outdated fee schedule.

Submitter : Dr. Andrew Benn **Date:** 08/08/2007

Organization : Cardiovascular Consultants Medical Group, Inc

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

see attached

CMS-1385-P-5349-Attach-1.DOC

#5349

CARDIOVASCULAR CONSULTANTS
MEDICAL GROUP, INC.

Board Certified in Cardiovascular Diseases

Alameda County
David J. Anderson, M.D.
John H. Chiu, M.D.
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www.ccmgonline.com

Re: CMS—1385—P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008.
CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

Dear Mr. Kuhn:

As a physician who provides echocardiography services to Medicare patients and others in Walnut Creek, California, I am writing to object to CMS's proposal to "bundle" Medicare payment for color flow Doppler (CPT Code 93325) into all echocardiography "base" services. This proposal would discontinue separate Medicare payment for color flow Doppler effective on January 1, 2008, on the grounds that color flow Doppler has become "intrinsic to the performance" of all echocardiography procedures.

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For these reasons, I urge you to refrain from finalizing the proposed "bundling" of color flow Doppler into other echocardiography procedures, and to work closely with the American Society of Echocardiography to address this issue in a manner that takes into account the very real resources involved in the provision of this important service.

Sincerely yours,

Andrew J. Benn, M.D.
Cardiovascular Consultants Medical Group, Inc.

Submitter : Dr. John Chiu **Date:** 08/08/2007

Organization : Cardiovascular Consultants Medical Group, Inc

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

see attached

CMS-1385-P-5350-Attach-1.DOC

H-5350

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Re: CMS—1385—P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008.
CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

Dear Mr. Kuhn:

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Sincerely yours,

John H. Chiu, M.D.
Cardiovascular Consultants Medical Group, Inc.

Submitter : **Dr. Stephen Jacobs** **Date: 08/08/2007**

Organization : **Pikes Peak Anesthesiology Associates**

Category : **Physician**

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just $16.19 per unit. This amount does not cover the cost of caring for our nation s seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely,

Stephen J. Jacobs, MD

CMS-1385-P-5351-Attach-1.DOC

#5351

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Sincerely,

Stephen J. Jacobs, MD

Submitter : Dr. Richard Terry **Date:** 08/08/2007

Organization : Cardiovascular Consultants Medical Group, Inc

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

see attached

CMS-1385-P-5352-Attach-1.DOC

1+5352

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Re: CMS—1385—P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008.
CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

Dear Mr. Kuhn:

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Sincerely yours,

Richard W. Terry, M.D.
Cardiovascular Consultants Medical Group, Inc.

Submitter : Dr. Jeffrey West **Date:** 08/08/2007

Organization : Cardiovascular Consultants Medical Group, Inc

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

see attached

CMS-1385-P-5353-Attach-1.DOC

#5353

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Re: CMS—1385—P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008.
CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

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Sincerely yours,

Jeffrey W. West, M.D.
Cardiovascular Consultants Medical Group, Inc.

Submitter : Dr. Gary Woodworth **Date:** 08/08/2007

Organization : Cardiovascular Consultants Medical Group, Inc

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

see attached

CMS-1385-P-5354-Attach-1.DOC

#5354

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Re: CMS—1385—P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008.
CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

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Sincerely yours,

Gary R. Woodworth, M.D.
Cardiovascular Consultants Medical Group, Inc.

Submitter : Dr. Shaun Cho **Date:** 08/08/2007

Organization : Cardiovascular Consultants Medical Group, Inc

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

see attached

CMS-1385-P-5355-Attach-1.DOC

#5356

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CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

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For these reasons, I urge you to refrain from finalizing the proposed "bundling" of color flow Doppler into other echocardiography procedures, and to work closely with the American Society of Echocardiography to address this issue in a manner that takes into account the very real resources involved in the provision of this important service.

Sincerely yours,

Matthew S. DeVane, D.O.
Cardiovascular Consultants Medical Group, Inc.

Submitter : Dr. Mark Nathan **Date:** 08/08/2007

Organization : Cardiovascular Consultants Medical Group, Inc

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

see attached

CMS-1385-P-5357-Attach-1.DOC

#3357

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Re: CMS—1385—P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008.
CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

Dear Mr. Kuhn:

As a physician who provides echocardiography services to Medicare patients and others in Walnut Creek, California, I am writing to object to CMS's proposal to "bundle" Medicare payment for color flow Doppler (CPT Code 93325) into all echocardiography "base" services. This proposal would discontinue separate Medicare payment for color flow Doppler effective on January 1, 2008, on the grounds that color flow Doppler has become "intrinsic to the performance" of all echocardiography procedures.

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Sincerely yours,

Mark D. Nathan, M.D.
Cardiovascular Consultants Medical Group, Inc.

Submitter : Dr. Bahman Nouri **Date:** 08/08/2007

Organization : Cardiovascular Consultants Medical Group, Inc

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

see attached

CMS-1385-P-5358-Attach-1.DOC

#5358

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Re: CMS—1385—P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008.
CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

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Sincerely yours,

Bahman J. Nouri, M.D.
Cardiovascular Consultants Medical Group, Inc.

Submitter : Dr. Robert Feldman **Date:** 08/08/2007

Organization : Cardiovascular Consultants Medical Group, Inc

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

see attached

CMS-1385-P-5359-Attach-1.DOC

#5359

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Re: CMS—1385—P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008.
CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

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Sincerely yours,

Robert C. Feldman, M.D.
Cardiovascular Consultants Medical Group, Inc.

Submitter : Dr. Robert Gwynn **Date:** 08/08/2007

Organization : Cardiovascular Consultants Medical Group, Inc

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

see attached

CMS-1385-P-5360-Attach-1.DOC

#5360

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Re: CMS—1385—P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008.
CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

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Sincerely yours,

Robert E. Gwynn, M.D.
Cardiovascular Consultants Medical Group, Inc.

Submitter : Dr. Eric Johnson **Date:** 08/08/2007

Organization : Cardiovascular Consultants Medical Group, Inc

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

see attached

CMS-1385-P-5361-Attach-1.DOC

#5361

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Re: CMS—1385—P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008.
CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

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Sincerely yours,

Eric L. Johnson, M.D.
Cardiovascular Consultants Medical Group, Inc.

Submitter : Dr. Steven Kang **Date:** 08/08/2007

Organization : Cardiovascular Consultants Medical Group, Inc

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

see attached

CMS-1385-P-5362-Attach-1.DOC

5362

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In conjunction with two-dimensional echocardiography, color Doppler typically is used for identifying cardiac malfunction (such as valvular regurgitation and intracardiac shunting), and for quantitating the severity of these lesions. In particular, color Doppler information is critical to the decision making process in patients with suspicion of heart valve disease and appropriate selection of patients for valve surgery or medical management. In addition, color flow Doppler is important in the accurate diagnosis of many other cardiac conditions.

CMS's proposal to "bundle" (and thereby eliminate payment for) color flow Doppler completely ignores the practice expenses and physician work involved in performance and interpretation of these studies. While color flow Doppler can be performed concurrently or in concert with the imaging component of echocardiographic studies, the performance of color flow Doppler increases the sonographer time and equipment time that are required for a study; in fact, the physician and sonographer time and resources involved have, if anything, increased, as color flow Doppler's role in the evaluation of valve disease and other conditions has become more complex. The sonographer and equipment time and the associated overhead required for the performance of color flow Doppler are not included in the relative value units for any other echocardiography "base" procedure. Thus, with the stroke of a pen, the CMS proposal simply eliminates Medicare payment for a service that (as CMS itself acknowledges) is important for accurate diagnosis and that is not reimbursed under any other CPT code.

Moreover, CMS is incorrect in assuming that color flow Doppler is "intrinsic" to the provision of all echocardiography procedures. I understand that data gathered by an independent consultant and submitted by the American College of Cardiology and the American Society of Echocardiography confirm that color flow Doppler is routinely performed in conjunction with CPT code 93307. However, these data, which were previously submitted to CMS, also indicate that an estimated 400,000 color flow Doppler claims each year are provided in conjunction with 10 echocardiography imaging codes other than CPT Code 93307, including fetal echo, transesophageal echo, congenital echo and stress echo. For many of these echocardiography "base" codes, the proportion of claims that include Doppler color flow approximates or is less than 50%. More recent data submitted by the ASE in response to the Proposed Rule confirms that this practice pattern has not changed over the past several years.

For these reasons, I urge you to refrain from finalizing the proposed "bundling" of color flow Doppler into other echocardiography procedures, and to work closely with the American Society of Echocardiography to address this issue in a manner that takes into account the very real resources involved in the provision of this important service.

Sincerely yours,

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