Submitter : **Dr. Rodolfo Farhy** **Date: 07/27/2007**

Organization : **Dr. Rodolfo Farhy**

Category : **Physician**

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

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 Cardiologist who provides echocardiography services to Medicare patients and others in Royal Oak, MI, 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 (sueh 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 managemcnt. 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 independcnt 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 cstimatcd 400,000 color flow Doppler claims each year are provided in conjunction with 10 echocardiography imaging codes othcr 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,

Rodolfo D Farhy, MD, FACC, FAHA

Submitter : **Dr. Jagadeesh Ganji** **Date: 07/27/2007**

Organization : **Southeastern Heart and Vascular Center**

Category : **Health Care Professional or Association**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Please note that by reducing the reimbursement, practices may not perform the color Doppler and the study will be either incomplete or may have to be repeated, thus adding to the cost of imaging.

Submitter : **Dr. Kintur Sanghvi** **Date: 07/27/2007**

Organization : **Caritas Mary Immaculate hospital**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

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 Jamaica, NY, 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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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,

Kintur Sanghvi MD
Christian Medical Centers,
Caritas Mary Immaculate Hospital

Submitter : **Dr. John Banish** **Date: 07/27/2007**

Organization : **Alpena 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.

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.

John Banish MD

Submitter : Dr. William Bradbury **Date:** 07/27/2007

Organization : NECCA PC

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

On July 12, 2007, 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 would ignore the additional practice expense and physician work involved in the performance and interpretation of color flow studies. This data is a separate clinical assesment and workload.

The bundling would decrease reimbursement, rather than simplify coding at a higher payment for the bundled services.

Please consider bundling at the apppropriate global payment or continue with separate codes: 93307, 93320, & 93325.

Thank you,

William M Bradbury MD FACC

Submitter : Dr. Mark Lipton **Date:** 07/27/2007

Organization : Dr. Mark Lipton

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

I wish to emphasize that the performance of color doppler mapping takes our sonographer significant additional time, as well as interpretative time and effort on my part in cardiac sonography. It is a vital part of our service to carefully evaluate cardiac valve function as well as determine presence of heart failure through tissue doppler, which requires color mapping. I strongly urge your reconsideration of bundling this with the standard echo and doppler exam since it represents a significant additional investment in time and effort on the part of the provider.

Submitter : **Dr. Douglas Hagen** **Date: 07/27/2007**

Organization : **Anesthesia Associates of Kansas City**

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:
As a former psychiatric nurse who went on to medical school and became an anesthesiologist, I have seen healthcare from several vantage points. I want seniors to have access to healthcare for all of their needs.
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,
Douglas Hagen, MD

Submitter : **Samuel Manalo** **Date: 07/27/2007**

Organization : **Samuel Manalo**

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,

Samuel Manalo, MD
Grosse Pointe Woods, MI

Submitter : Dr. FAROOQ CHAUDHRY **Date:** 07/27/2007

Organization : ST LUKES ROOSEVELT HOSPITAL

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Bundling color flow Doppler into all other echo codes would be detrimental to patient managment and my practice as it ignorcs time and skill involved in performance and interpretation of color flow studies.
Kindly refrain from such measures.

Submitter : Mrs. Nancy Quigley **Date:** 07/27/2007

Organization : ICS

Category : Other Technician

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

Please do not include in the Echo procedure payment the color flow. This essential part of an Echo involves significant assessment by a physician.

Submitter : **Dr. Linda Lutz** **Date: 07/27/2007**

Organization : **Dr. Linda Lutz**

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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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 : **Mr. Michael Hartman** **Date: 07/27/2007**

Organization : **Molloy College**

Category : **Academic**

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.

As a healthcare educator who has a vested interest with regard to the delivery of echocardiography services to Medicare patients and others in New York, I am writing to object to CMS's proposal to bundle Medicare payment for color flow Doppler (CPT Code 93325) into all echocardiography basc services. This proposal would discontinuc 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, 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 American Society of Echocardiography (ASE) in response to the Proposed Rule confirms that this practice pattern has not changed over the past few 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 ASE 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,

Michael J. Hartman, MS, RDMS, RVT, RT(R)
Assistant Professor and Program Director, Cardiovascular Technology

Molloy College
Allied Health Sciences Department
1000 Hempstead Avenue, P.O. Box 5002
Rockville Centre, NY 11571-5002

Submitter : **Dr. James V Talano** **Date: 07/27/2007**

Organization : **Swicft Institute**

Category : **Physician**

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

Re: CMS 1385 P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008.

Dear Mr. Kuhn:
I am a cardiologist who provides echocardiography services to Medicare patients and others in [Naples Florida, 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 leakages and intracardiac shunts such as an atrial septal defect), 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 in the last 5 years. 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.

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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,

James V Talano, MD, MM FACC, FAHA
Director
SWICFT Cardiovascular Institute
Naples Florida

GENERAL

GENERAL

Re: CMS 1385 P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008.

Dear Mr. Kuhn:
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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.

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Sincerely yours,

James V Talano, MD, MM FACC, FAHA
Director
SWICFT Cardiovascular Institute
Naples Florida

Submitter : **Blaine John** **Date: 07/27/2007**

Organization : **Blaine John**

Category : **Physician**

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

Doppler imaging is critical for echocardiography and DOES take additional time and expertise.
Also, it is not always performed.

Therefore, it SHOULD be billed separately and the performing sonographer and interpreting physician should be reimbursed.

Submitter : **Dr. David Wiener** **Date: 07/27/2007**

Organization : **Thomas Jefferson University**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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 January 1, 2008, on the grounds that color flow Doppler has become intrinsic to the performance of all echocardiography procedures.

I speak as a cardiologist with twenty five years experience, board certified in echocardiography, and a member of the faculty at Thomas Jefferson University instructing cardiology fellows and sonographers in echocardiography.

In conjunction with two-dimensional echocardiography, color Doppler is used for identifying cardiac malfunctions (such as valvular regurgitation and intracardiac shunting), and for quantitating the severity of these lesions. This information is critical to the decision making process in patients with heart valve diseases, and for 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.

CMS is incorrect in assuming that color flow Doppler is intrinsic to the provision of all echocardiography procedures. Although color flow Doppler is often performed in conjunction with CPT code 93307, it is 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 other echocardiography codes, the proportion of claims that include Doppler color flow approximates or is less than 50%. Data submitted by the ASE in response to the Proposed Rule confirms that this practice pattern has not changed over the past several years.

CMS is incorrect in equating performed with and intrinsic to. Color flow Doppler imaging does not merely comprise flicking a switch and recording information. Specific additional views and settings are used which may differ from what is acquired in the base study. Complex calculations are made (effective regurgitant orifice area, vena contracta width, valve diameter to name but a few). Significant additional sonographer and physician work are involved in color flow Doppler imaging, which has become an important quantitative technique and is not merely a pretty picture.

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,

David H. Wiener, M.D., F.A.C.C., F.A.S.E.
Board Certified-Comprehensive Adult Echocardiography
Clinical Professor of Medicine, Thomas Jefferson University

Submitter : **Dr. matthew sevensma** **Date: 07/27/2007**

Organization : **west michigan heart**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

I was informed by email that CMS is planning to bundle reimbursment of 2D echo and doppler imaging together. I feel this is inappropriate. Not all echo requires doppler. Doppler imaging and interp takes increase sonographer and physician time. If they are bundled, at least an equivalent increase in reimbursment should be considered. Sincerely, M. Sevensma

Submitter : Mr. Terry Vito, RDCS, A.E. **Date:** 07/27/2007

Organization : Danville Cardiovascular Consultants

Category : Other Practitioner

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Mr. Kuhn:

As a Cardiac Sonologist who provides services to medicare patients, I am writing to object to CMS's proposal to 'bundle' or eliminate medicare payment for color flow Doppler (CPT Code 93325). This proposal would eliminate payment for a service that has great benifits for patients with heart valve related issues along with many other issues regarding the cardiovascular system. Danville Cardiovascular Consultants has been serving Medicare patients for approximately 18 years. We do not provide color Doppler services on everyone or every procedure. However, we do in fact follow many patients who do require the need for color Doppler to help in our medical management of these patients. The studies that do call for us to interrogate with color Doppler does in fact consume a significant increase in time not only in the length of performing the procedure, but also in the interpretation of the particular study.

I feel CMS is incorrect in assuming that color Doppler is 'intrinsic' to the provisions of all echo related procedures. In short, if a patient has known or unknown cardiac related issues hence, receiving cardiology services, I feel as a professional, that the use of color Doppler is very important to help determine the underlying problem, and aid in the management of these patients.

I urge you to refrain from finalizing the proposed 'bundling'of color flow Doppler into other echo related 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 very important sercice. If I can personaly be of any assistance to you, feel free to contact me. My email address is dougvito1@yahoo.com. You may also feel free to contact me by phone at 606 305 7317.

Sincerely yours,

T. Douglas Vito, RDCS, A.E.
Chief Cardiac Sonologist
Danville Cardiovascular Consultants

Submitter : Ms. CORRINE RENAULT **Date:** 07/27/2007

Organization : UCVA

Category : Health Care Professional or Association

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 cardiac sonographer and member of the American Society of Echocardiography who provides echocardiography services to Medicare patients in the Greater Rochester Area, 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. [Include additional examples from your practice of CPT codes that are rarely billed with color flow Doppler.]

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,

Corrine D. Renault, RDMS, RDCS, RVT
UCVA

Submitter : **Dr. David Dautenhahn** **Date: 07/27/2007**

Organization : **Dr. David Dautenhahn**

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 : Mr. bryon Medley **Date:** 07/27/2007

Organization : Cox Health Systems

Category : Health Care Professional or Association

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

I am writng this to ask you to please refrain from eliminating payment for color flow Doppler. Color is not intrinsic to every echocardiogram performed. While it is common place to utilize color Doppler, there are instances that it is not utilized. When it is used, it adds to the amount of time it takes to capture the images, not to mention the extra storage capacity required to store the data. The physician spends additional time to review and interpret the color information as well. I urge you to reconsider the bundling of this service code. Thank you

Submitter : **Dr. Brian Hoit** **Date: 07/27/2007**

Organization : **University Hospitals Case Medical Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS 1385 P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008.

Dear Mr. Kuhn:

As a physician who provides echocardiography services to Medicare patients and others in Cleveland OH, I am writing to object vigorously 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 cchocardiography procedures.

In conjunction with two-dimensional cchocardiography, 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,

Brian D Hoit MD
Professor of Medicine, Case Western Reserve University
Director of Echocardiography, University Hospitals Case Medical Center

Submitter : Mr. Patrick BeDell **Date:** 07/27/2007

Organization : Emory Healthcare

Category : Other Technician

Issue Areas/Comments

GENERAL

GENERAL

Attachment

CMS-1385-P-4301-Attach-1.DOC

#4301

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 cardiac sonographer who provides echocardiography services to Medicare patients and others Atlanta, Georgia, 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,

Patrick BeDell
Technical Director
Clinical & Research Echocardiography
The Emory Clinic, Crawford Long Hospital
550 Peachtree St. NE
Atlanta, Georgia 30308
Ph: 404.686.3914
Fax: 404.686.4463

Submitter : **Ms. Janet Kimmel** **Date: 07/27/2007**

Organization : **Exempla Lutheran Medical Center**

Category : **Other Practitioner**

Issue Areas/Comments

Impact

Impact

CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

Dear Mr. Kuhn:

As a cardiac sonographer who provides echocardiography services to Medicare patients and others in Colorado, 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, Sonographer time and expertise 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 climinatcs Mcdicare payment for a service that (as CMS itself acknowledges) is important for accurate diagnosis and that is not reimbursed under any other CPT code.

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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,

Janet Kimmel, RN, RDCS, MBA
Exempla Lutheran Medical Center

Submitter : **Mrs. Kathleen Garcia** **Date: 07/27/2007**

Organization : **Methodist Debakey Heart**

Category : **Other Health Care Professional**

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

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 cardiac sonographer who provides echocardiography services to Medicare patients and others at Methodist DeBakey Heart Center, in Houston Texas, 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 Quantifying 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 echocardiograph 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. This will be detrimental to the quality of echocardiography.

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 confirms 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, transesophogeal 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,

Kathleen Garcia

Methodist DeBakey Heart Center
Echocardiography Laboratory

Submitter : **Mrs. Lisa Norman** **Date: 07/27/2007**

Organization : **Cox Health**

Category : **Other Health Care Professional**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

I am writing to oppose to CMS's proposal to "bundle" medicare payment for Color flow doppler.

Color Flow Doppler requires additional time not only to perform the test but also to interpret the test.

Color Flow is not routinely done on follow up exams such as pericardial effusion.

Color Flow is sometimes added to stress testing exams to rule out valvular disease before stressing the patient. This is a common practice at the lab I work in but is not done in EVERY echo lab. Those that take the time to ensure better patient care should be able to charge for the extra time and service they provide.

Thank you

Lisa Norman

Submitter : **Mr. Brandon Elliot** **Date: 07/27/2007**

Organization : **Methodist DeBakey Heart Center**

Category : **Other Health Care Professional**

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

Dear Mr. Kuhn:

As a cardiac sonographer who provides echocardiography services to Medicare patients and others at Methodist DeBakey Heart Center, in Houston Texas, 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 discontinuc 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 Quantifying 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 echocardiograph 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. This will be detrimental to the quality of echocardiography.

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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,

Brandon Elliot

Methodist DeBakey Heart Center
Echocardiography Laboratory

Submitter : Miss. Melissa Davis **Date:** 07/27/2007

Organization : Methodist DeBakey Heart Center

Category : Other Health Care Professional

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

Dear Mr. Kuhn:

As a cardiac sonographer who provides echocardiography services to Medicare patients and others at Methodist DeBakey Heart Center, in Houston Texas, 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,

Melissa Davis

Methodist DeBakey Heart Center
Echocardiography Laboratory

Submitter : **Dr. William Evans** **Date: 07/27/2007**

Organization : **Children's Heart Center**

Category : **Physician**

Issue Areas/Comments

Background

Background

I direct the Children's Heart Center Nevada. I am writing to oppose the bundling of echocardiography CPT code 93325 into the other codes for Echo. Color Flow Mapping is a unique component procedure to Echocardiography especially critical for congenital heart diseae requiring extra time and expertise to interprct. Echo is composed of 2d imaging covered under 93307 pulsed and continuous wave doppler under 93321 and color flow mapping under 93325. Each of these components are indepedent and complementary and provide distinctly unique information. Pleaes keep these codes separate and billable. With warmest regards

William Evans
Wnevans50@aol.com
702-732-1290

Submitter : Dr. Robert Taylor **Date:** 07/27/2007

Organization : NEA clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

Submitter : Dr. Erik Kraenzler **Date:** 07/27/2007

Organization : Cleveland Clinic

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

I have been a cardiothoracic anesthesiologist for the past 20 years and on a daily basis use echocardiography in my practice. Not all cases require or receive the application of color flow doppler. In more advanced, severely ill patients, color flow doppler is essential to obtain the correct diagnosis. To perform and interpret color flow doppler requires additional training and is used on select patients. It is clear to all physicians that color flow doppler is not intrinsic to the performance of echocardiography. As a result of the these clear facts color flow doppler should not be bundeled into any other echo base codes.

Submitter : **Dr. Shawn Lucas** **Date: 07/27/2007**

Organization : **Group Anesthesia Services/UCSF**

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.

Shawn Lucas, MD

Submitter : Dr. Denise Brathwaite **Date:** 07/27/2007

Organization : American 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)

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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 : Mrs. Cyndi Lufkin **Date:** 07/27/2007

Organization : Clearwater Cardiovascular

Category : Other Technician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Please reevaluate the effect of bundling color flow with the regular echo charge. The color flow is a separate modality applied selectively at discretion of the tech. Its use is widespread and common for every echo however the quality of the color flow image depends on the ultrasound system and probes. I fear all the cuts in vascular and echo ultrasound, which often run in parallel labs or shared systems platforms, will degrade the quality of ultrasound overall if machines are not maintained as part of cutting costs. Additionally, the vascular cuts last year were so severe that they eroded any profit margin. Many shared service echo and vascular labs now rely on solely the echo portion to realize any profit at all. To squeeze that out of the system will drive Mds and patients into ordering more costly tests down the road. New technologists would be less likely to enter the field as cuts drive down salaries & the quality of teh work environment. Ultrasound is an extremely sensitive & highly tech dependent modality. It is among the most labor intense of the various imaging modalities. Its non-invasive nature make it a first stop in evaluating for various pathologies. It is successful in controlling costs because normal pts often do not need any further testing. Ultrasound is less expensive than CT, MRI, Nuclear medicine. These issues ought to keep all types of ultrasound at an elevated status for its role in keeping overall costs down, instead it is being cut to the point where many cv ultrasound labs can't afford to even upgrade the quality of equipment. If I were my choice, labs would get paid based on who new & sophisticated their equipment is. Some MDs run low end systems with unregistered techs in office and make a profit but if a lab truly cares about great image quality and buys high end equipment and hires only registered techs then the profit is already very low... Why not consider sliding scales of reimbursement based on these capital outlays? Pay for Performance in Ultrasound?

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

Please consider the effects of bundling color flow on echo studies.
Additionally, the payment reductions in the non-invasive vascular ultrasound sector last year are driving many MDs to ultilize more expensive modalities like CTA and MRA for diagnositc info. Vascular ultrasound is capable of producing accurate studies at low cost but we have been squeezed to the point of nearly no revenue or profit to maintain equipment and train new staff. With the population aging ou have effectively increaced your costs by driving them into pricy testing alternatives as we cannot keep going with such little revenue.

Submitter : Dr. Ali Amkieh **Date:** 07/27/2007

Organization : Heart

Category : Physician

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

I am a cardiologist in southeast Louisiana that provides echocardiography services to my patients including those with Medicare. The purpose of this letter is to voice my objection to bundle Medicare payment for color flow Doppler (93325) into all echocardiography based services on January 1, 2008. The fact this service is frequently performed concurrently or in concert with the imaging component of echocardiographic studies in no way diminishes its financial value or lowers the cost. This proposal is simply another chapter in the continuing saga of cost control at the expense of the nation s physicians.

In conjunction with two-dimensional echocardiography, color Doppler typically is used for identifying cardiac malfunction (such as valvular regurgitation and intracardiac shunting), and for quantization of 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

The CMS proposal to bundle and eliminate payment for color flow Doppler completely ignores the additional training and expertise required to complete the procedure, practice expenses and the work of the physician and sonographer required to perform and interpret these studies. 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 CMS itself acknowledges is important for accurate diagnosis.

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,

Ali M. Amkieh, M. D.
Heart & Vascular Clinic
Lacombe, Louisiana

Submitter : **Dr. David Jackson** **Date: 07/27/2007**

Organization : **Southwest anesthesia group**

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

Rc: CMS-1385-P

Ancsthesia Coding (Part of 5-Year Review)

Dcar Ms. Norwalk:

I am writing to expross my strongest support for the proposal to increase anesthesia paymcnts 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 thc 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 nationa?"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 undervaluationa? 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 RUCa?"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.

Please consider this increase. At current rates, most of us would rather sit at home or mow our lawns than do a medicare case as the reimbursement does not even cover the cost of our liability insurance and expenses. I would like to know that my parents as well as I, when I reach 65, will be able to find providers who have some incentive to deliver medical care.

Regards,

David Jackson
Mt. Vernon, Texas

Submitter : Dr. Erik Kraenzler **Date:** 07/27/2007

Organization : Cleveland Clinic

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

I am writing to urge you to follow through on the proposal to increase the anesthesia conversion factor by nearly $4.00 per anesthesia unit. Medicare patients are of largest group of patients and gain the most by receiving our care. We provide the best cardiothoracic care for seniors in the US. We continue to provide surgery and care for patients who would never be considered for surgery 5 or 10 years ago due to their high risk. We have developed and perfected surgical techniques and care such that the elderly survive high risk surgery and continue to live a quality life. As our population continues to age more and more surgery and care will be required. Our current payment for anesthesia services of $16.19 currently does not cover our costs and cannot be good for the future sustainment of services on such high risk patients. Increasing the Medicare payment for servies will only serve to improve care and to continue pioneering efforts to provide the best possible care for our beloved senior citizens. They absolutely deserve it!

Submitter : **Dr. Raghuraman Vidhun** **Date: 07/27/2007**

Organization : **Cardiology Associates of Waterbury**

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 waterbury, CT area, 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 cardiae 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 cchocardiographic 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 have 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 thc 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 climinates 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. [Includc additional examples from your practice of CPT codes that are rarely billed with color flow Doppler.]

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 aceount the very real resourccs involvcd in the provision of this important service.

Sincerely yours,

Raghuraman Vidhun, MD
Cardiology Associates of Waterbury, P.C.

Submitter : **Date: 07/27/2007**

Organization :

Category : **Physician**

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

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.

While it may be true that color Doppler has become more widely adopted and implemented in the clinical practice, given its unique ability to identify and quantify regurgitant valvular lesions, this application requires significant additional imaging time and expertise by the performing sonographer and the interpreting physician. CMS s proposal to bundle color flow Doppler completely ignores the practice expenses and sonographer and physician work involved in performance and interpretation of these studies. 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. This CMS proposal simply eliminates Medicare payment for a service that is important for accurate diagnosis and that is not reimbursed under any other CPT code. Over the last several years, the depth and complexity of Echocardiographic studies have continued to increase; yet the reimbursement has progressively declined. This increased level of complexity is evident by the standards that have been published and constantly revisited by the American Society of Echocardiography (www.asecho.org).

I urge you to reconsider from finalizing the proposed bundling of color flow Doppler into other echocardiography procedures. Implementing this change will invariably result in a reduction in quality and an increase in utilization of additional diagnostic procedures such as cardiac catheterization and cardiac magnetic resonance. Most importantly, I strongly believe that the consequences of these changes will result in a change in practice patterns that will be detrimental for patient s quality of care.

Submitter : **Ms. Paula Prem** **Date: 07/27/2007**

Organization : **Hinds Cardiology Clinic**

Category : **Other Technician**

Issue Areas/Comments

GENERAL

GENERAL

CODING ADDITIONAL CODES FROM 5-YEAR REVIEW
Federal register citation: 72 Federal Register 38122 (July 12, 2007)
Please, please for the love of God do not cut or bundle color doppler codes into the other base echocardiogram codes. Color doppler interrogation of the heart requires extra time for PISA and volume measurements from both the sonographer and the interpreting physician. It is not included in limited exams. It is a additional part of a complete exam and is time consuming. We can't find cardiologists to join our practice in Mississippi because the socio-economic situation of Medicare/Medicaid patient reimbursement combined with Medical malpractice rates sky high. This makes young physicians not look twice at this state. Meanwhile our cardiologist population is aging just like our patients. Physicians retire early and there is no one to take their place.
These proposed cuts are going to further burden an underserved population and put healthcare workers out of jobs.

P.Prem RDCS, RVT, Hinds Cardiology Clinic, Jackson, MS

Submitter : **Dr. michael hiller** **Date: 07/27/2007**

Organization : **Dr. michael hiller**

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.

Michael Hiller, MD

Submitter : **Dr. Gordon Blair** **Date: 07/27/2007**

Organization : **Radiology Consultants**

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 physician who provides echocardiography services to Medicare patients and others in Alaska, 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 eode 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. [Include additional examples from your practice of CPT codes that are rarely billed with color flow Doppler.]

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,

Gordon T. Blair
Radiology Consultants

Submitter : Dr. William Richie **Date:** 07/27/2007

Organization : Radiology Consultants

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 physician who provides echocardiography services to Medicare patients and others in Alaska, 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,

William Richie
Radiology Consultants

Submitter : Dr. Ira Parness **Date:** 07/27/2007

Organization : Mount Sinai Medical Center

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

I am the Chief of the Division of Pediatric Cardiology at the Mounta Sinai Medical Center and oversee the operation of our Echocardiography Laboratory. The proposal to eliminate the code for color Doppler would have a devastating impact on our practice. The use of color Doppler has greatly enhanced congenital heart disease detection in the child and in the fetus and is used in most, but not all, of our studies. there is tremendous time, skill and effort expended in performing and interpreting color flow mapping.

To eliminate reimbursement for this activity would cut reimbursement for most of our studies by 33%. This will mean that we face an ugly choice: eliminate color mapping from studies in which it's indicated or do it without reimbursement. Our costs to provide the studies would remain the same but our ability to pay our staff to perform and interpret the studies would be devastated.

These sort of decisions have a profound impact on our ability to deliver appropriate care. Reimbursement for pediatric echocardiography is already difficult - our studies are longer and more detailed than adult studies but reimbursed no better. This change would bankrupt our ability to provide care to children and fetuses with congenital and acquired heart disease.

Sincerely,

Ira A. Parness, MD
Professor of Pediatrics
Chief, Division of Pediatric Cardiology
Mount Sinai Medical Center
New York, NY 10029

Submitter : **Dr. William Zoghbi** **Date: 07/27/2007**

Organization : **The Methodist Hospital**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-4323-Attach-1.WPD

#4323

Methodist DeBakey
Cardiology Associates
Members of Methodist DeBakey Heart Center

6550 Fannin Street, Suite 1901
Houston, TX 77030

July 27, 2007

Center for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

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 Houston, Texas, and Director of the Echocardiography Laboratory at the Methodist Hospital in Houston, 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 fact, color Doppler is essential in certain conditions, in preventing patients from going to more invasive and costly procedures by excluding severe or moderately severe valvular lesions.** In addition, color flow Doppler is important in the accurate diagnosis of many other cardiac conditions.

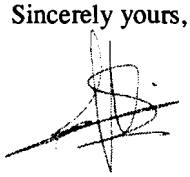
CMS's proposal to "bundle" (and thereby eliminate payment for) color flow Doppler completely ignores the practice expenses and physician work involved in performance and interpretation of these studies. While color flow Doppler can be performed concurrently or in concert with the imaging component of 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.

Several examples of conditions that are not performed with color Doppler include among others: pericardial effusions, assessment of cardiac systolic function, patients undergoing chemotherapy for cancer or neurologic disorders whose studies echocardiographic studies only include 2D echos to assess ventricular function at baseline and serially.

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,



William A. Zoghbi MD FASE FAHA FACC
William L. Winters Endowed Chair in CV Imaging
Professor of Medicine, Weill Cornell Medical College
Director, Cardiovascular Imaging Institute
The Methodist DeBakey Heart Center

WAZ/jar

Submitter : **Dr. George Smith** **Date: 07/27/2007**

Organization : **Heart**

Category : **Physician**

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

I am a cardiologist in southeast Louisiana that provides echocardiography services to my patients including those with Medicare. The purpose of this letter is to voice my objection to bundle Medicare payment for color flow Doppler (93325) into all echocardiography based services on January 1, 2008. The fact this service is frequently performed concurrently or in concert with the imaging component of echocardiographic studies in no way diminishes its financial value or lowers the cost. This proposal is simply another chapter in the continuing saga of cost control at the expense of the nation s physicians.

In conjunction with two-dimensional echocardiography, color Doppler typically is used for identifying cardiac malfunction (such as valvular regurgitation and intracardiac shunting), and for quantization of 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

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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,

George J. Smith, M. D.
Heart & Vascular Clinic
Lacombe, Louisiana

Submitter : **Mr. Matthew Smith** **Date: 07/27/2007**

Organization : **American Society of Echocardiography**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

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 cardiac sonographer who provides echocardiography services to Medicare patients and others in Michigan, 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.

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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 Smith, Registered Cardiac Sonographer
American Society of Echocardiography

Submitter : Dr. Alex Dobbertin **Date:** 07/27/2007

Organization : MAPA

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 increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : **Dr. John Sauter** **Date: 07/27/2007**

Organization : **Dr. John Sauter**

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. As everyone is aware, the current payment structure is grossly undervalued and inadequate to continue quality services.

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.

Submitter : **Dr. William Atmore** **Date: 07/27/2007**

Organization : **Dr. William Atmore**

Category : **Individual**

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.

William G Atmore

Submitter : **Barbara Lamey** **Date: 07/27/2007**

Organization : **ASE**

Category : **Other Technician**

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 cardiac sonographer who provides echocardiography services to Medicare patients and others at the Family Medical Center in Griffin, 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.

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,

Barbara D. Lamey, RT(R), RDMS, RVT
Ultrasound & Echocardiography Department
Family Medical Center

Submitter : Ms. Sue Hill **Date:** 07/27/2007

Organization : N Miss. Medical Center

Category : Other Technician

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.

Dcar Mr. Kuhn:

As a{cardiac sonographer} who provides echocardiography services to Medicare patients and others in NorthEast Mississippi 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,

Sue Hill, RDCS A&P

Submitter : **Dr. Mark Eggen** **Date: 07/27/2007**

Organization : **Midwest Anesthesiologists, P.A.**

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:

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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.

Mark A. Eggen, M.D.

Submitter : **Dr. Norman Starr** **Date: 07/27/2007**

Organization : **The Cleveland Clinic**

Category : **Physician**

Issue Areas/Comments

GENERAL

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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.

Norman J. Starr, M.D.

Submitter : **Elizabeth Cavanagh** **Date: 07/27/2007**

Organization : **Elizabeth Cavanagh**

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,
Elizabeth J. Cavanagh M.D.

Submitter : Dr. James Stein **Date:** 07/27/2007

Organization : University of Wisconsin Hospital and Clinics

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Re: CMS 1385P; 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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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,

James H. Stein, MD
University of Wisconsin Hospital and Clinics
Madison, Wisconsin

Submitter : **Dr. PAUL BRZOZOWSKI** **Date: 07/27/2007**

Organization : **Dr. PAUL BRZOZOWSKI**

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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Thank you for your consideration of this serious matter.

Submitter : **Mrs. KELLY BRZOZOWSKI** **Date: 07/27/2007**

Organization : **Mrs. KELLY BRZOZOWSKI**

Category : **Physical Therapist**

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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Thank you for your consideration of this serious matter.

Submitter : **Date: 07/27/2007**

Organization :

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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Thank you for your consideration of this serious matter.

Eric Moy, MD

Submitter : Dr. Curtis Climer **Date:** 07/27/2007

Organization : Curtis Climer, MD

Category : Physician

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

I believe this refers to a reduction of payment or bundling of echocardiography with color flow echo. I know the professional organizations want us to plead for maintaining separate codes, but as a physician who does the procedure, I have felt for several years that these codes should be bundled together. I beleieve doing the color flow is just part of the procedure, however, it does take a little more time, so I think that you should eliminate the color flow code and add the reimbursement for color to the standard echo code. It is possible one would do a standard echo without color but not likely. If I were consider such a situation it would be when someone said they only want to know an ejection fraction and they really want to spend as little money as possible, once again this is not real common, but if it were an available option people might use it. We could debate the usefulness of doing a thorough echo over doing just an ejection fraction check.

Submitter : Dr. David Stultz **Date:** 07/27/2007

Organization : Southwest Cardiology, Inc

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Bundling the color doppler into the regular 2-D echo exam without changing the fundamental reimbursement for the procedure will be deleterious to patient care. There are times when color doppler is not needed. Also, using color takes additional technician AND physician time in order to do properly. Decreasing reimbursement for the combined procedure will encourage inadequate or incomplete exams due to the financial constraints of overhead, technician fees, equipment costs, etc. As physicians we are constantly battling decreased reimbursements in the face or increasing costs (malpractice, overhead, staff costs, etc). This is a particular issue which will impact a significant number of practices, and even more patients.

David Stultz, MD

Submitter : **Dr. Steven Luke** **Date: 07/27/2007**

Organization : **Pinnacle Partners in Medicine**

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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Thank you for your consideration of this serious matter.
Steven J. Luke, MD

Submitter : Dr. steven schrader **Date:** 07/27/2007

Organization : Dr. steven schrader

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to express my strongest support for CMS-1385-P. I believe anesthesiologists deserve the proposed increase in fees for the safe and quality care they provide to medicare patients.

Submitter : **Dr. Ronald Voice** **Date: 07/27/2007**

Organization : **Thoracic and Cardiovascular Institute**

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.

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Sincerely yours,

Ronald A. Voice, MD, FACC
Thoracic and Cardiovascular Institute
1200 East Michigan Ave, Suite 525
Lansing, MI 48912

Telephone: (517) 485-1294
Facsimile: (517) 485-9518
Email: rvoice@tciheart.com

Submitter : Dr. Steven Schrader **Date:** 07/27/2007

Organization : Dr. Steven Schrader

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

CMS-1385-P

CMS-1385-P-4344-Attach-1.TXT

#4344

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.

Submitter : **Dr. Michael Tiblandi** **Date: 07/27/2007**

Organization : **Associated Anesthesiologists, S.C.**

Category : **Physician**

Issue Areas/Comments

GENERAL

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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. Mario Camps** **Date: 07/27/2007**

Organization : **Brevard Anesthesia Services**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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Mario A. Camps MD

Submitter : **Dr. Brent Henderson** **Date: 07/27/2007**

Organization : **ASA**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
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Submitter : **Date: 07/27/2007**

Organization :

Category : **Hospital**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

As it relates to the "per click" payments in space and equipment leases, how would the proposal impact lithotripsy? Lithotripsy has been defined as a non-DHS service and thus exempt. However, no service area is more ripe for abuse than physician-owned lithotripsy per click arrangements.

Submitter : Dr. Erik Condon **Date:** 07/27/2007

Organization : Dr. Erik Condon

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As a resident anesthesiologist at North Carolina Baptist Hospital, affilitated with Wake Forest University, I would encourage you to follow through with an increase in the anesthesia conversion factor. It is difficult for academic centers, who train all of the future anesthesia providers for this country, to attract and retain bright and gifted teachers with the current level of reimbursement.

Thank you

Submitter : **Dr. Prapti Kanani** **Date: 07/27/2007**

Organization : **Pediatric Cardiology of Western PA**

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 pediatric cardiologist who provides echocardiography services to Medicare patients and others in Wexford, PA, I am writing to object tCMS's proposal to bundle 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 is intrinsic to the performance of all echocardiography procedures. Color Doppler typically is used for identifying cardiac malfunction and complex congenital heart defects,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 for appropriate selection of patients for surgery or medical management. In pediatric cardiology, for the diagnosis of complex congenital heart defects color flow Doppler plays a major role in the assessment of different flow patterns, both in native lesions and post-operatively after the surgical procedures.

CMS's proposal to bundle(and thereby eliminate payment for) color flow Doppler eliminates Medicare and third party payment for a service that (as CMS itself acknowledges) is important for accurate diagnosis and that is not reimbursed under any other CPT code.

Color flow Doppler is an essential tool but it definitely increases the sonographer time and equipment time that are required for a study. Not only that, it increases the resources used in the practice setting. 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 procedure. The color flow Doppler code is not intrinsic to echocardiography and should have a separate payment for its aditional benefits in assessment of the heart which translates into more time and personnel hours spent.

I therefore urge you not to finalize the proposed bundling of Color flow Doppler into other echocardiography procedures.

I also request you to work closely with the American Society of Echocardiography to account for the extra time and resources involved in order to provide this important service, especially in the field of pediatric cardiology with coongenital heart defects.

Sincerely,

Prapti Kanani, M.D.
Pediatric Cardiology of Western PA

Submitter : Tammy Troutman RDCS RVT **Date:** 07/27/2007

Organization : Tammy Troutman RDCS RVT

Category : Other Technician

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

It has come to my attention that consideration is being given to "bundling" color flow Doppler into all the other echo base codes, without providing any additional payment for those base codes. Due to the fact that we do not use color flow Doppler with all echo procedures, this is a change that would not be in the best interest of the people that we are here to serve, (the patient). If there is no reimbursements for a service that we provide then how many offices can afford to pay the additional cost of the resources needed to provide the service. Not to mention the additional sonographer and physician time needed to preform the exam and interpret the study.