Submitter : Dr. **Date:** 10/24/2006

Organization : Dr.

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Submitter : **Miss. Ka Wai Wong** **Date: 10/24/2006**

Organization : **Davita Inc.**

Category : **Dietitian/Nutritionist**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

GENERAL

GENERAL

Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae.

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

Submitter : Mr. Christopher Morgan **Date:** 10/24/2006

Organization : Mr. Christopher Morgan

Category : Individual

Issue Areas/Comments

ASC Office-Based Procedures

ASC Office-Based Procedures

I am totally against changing the present system of allowing vascular procedures to be performed in an ambulatory manner. At present I have had four angioplasty's and a transposition of my fistula connection , all performed on an outpatient basis. This does not include the insertion of four interjuglar catheters also done on an outpatient setting.
The cost savings to the insurance and public by allowing these type of procedures top be performed in an outpatient setting is enormous and must be considered. It has been shown over numerous tears the this system is safe and cost effective. Making these changes is not going to improve safety and is fiscally irresponsible.

Submitter : Corie Burgoyne **Date:** 10/24/2006

Organization : DaVita

Category : Individual

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Submitter : Mrs. Cecilia Amedia **Date:** 10/24/2006

Organization : Mrs. Cecilia Amedia

Category : Individual

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

GENERAL

GENERAL

Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae.

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

Submitter : **Beth Parker** **Date: 10/24/2006**

Organization : **Beth Parker**

Category : **Individual**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

GENERAL

GENERAL

Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae.

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures

Submitter : Mrs. Robyn Murray **Date:** 10/24/2006

Organization : Davita Houston Heights Dialysis

Category : Nurse

Issue Areas/Comments

ASC Payment for Office-Based Procedures

ASC Payment for Office-Based Procedures

I believe this initiative would significantly improve the quality of life for these patients. Dialysis patients would be able to obtain services in a more timely manner and possibly can come back to the treatment facility the same day. That would be a plus for all involved. Most of my patients go to the local downtown hospital which is very large and cumbersome. The possibility of going to an ambulatory care facility, for these necessary procedures, would make life a little easier for patients that already have so much to deal with. Thanks for considering this and I hope it becomes a reality.

Submitter : **Mrs. Sharon Dillenburg CHT** **Date: 10/24/2006**

Organization : **QCDC**

Category : **Other Technician**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

"ASC Payable Procedures"

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

GENERAL

GENERAL

'General Comments'

Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae.

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

I would also like to comment on the fact that for the patient aspect- When the come to the unit expecting to recieve dialysis and find out their access is clotted and they have to go to the hospital and get a declot, they know their day is shot. For the elderly it is really hard they have to wait at the hospital sometimes hours for the declot and then return to the unit to dialyze for 4 or more hours. This is very hard on them some even elect to skip their dialysis treatment which puts them at higher risk for other complications like hospitalization for congestive heart failure, fluid overload, elevated K+, etc.

If there was an outpatient center available to them I feel patient satisfaction would be greatly increased. As a Patient Care Technician I regularly hear the complaints from the patients about their difficulties when sent to the hospital for access related problems.

Submitter : Corie Burgoyne **Date:** 10/24/2006

Organization : Corie Burgoyne

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae.

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

Submitter : **Mrs. Dianne Tubbs** **Date: 10/24/2006**

Organization : **Mrs. Dianne Tubbs**

Category : **Individual**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Submitter : **Ms. Mary Kay Hensley** **Date: 10/24/2006**

Organization : **Ms. Mary Kay Hensley**

Category : **Dietitian/Nutritionist**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS' practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare payment Advisory Commission.
Patients will be more satisfied with having the option to secure access repair in an outpatient setting, because it will be faster and more accessible to them. It will allow more fistulas to be maintained and will improve dialysis care. Please be sure to include all angioplasty codes, including CPT 35476.

GENERAL

GENERAL

Vascular access is one of the greatest sources of complications and frustration for our dialysis patients. As I process the kinetic modeling and adequacy reports each month, I see multiple patients who need a better working access. Getting an appointment takes time and often means they may have to actually miss a treatment just to be seen. So please help us promote better outcomes for our patients.

Submitter : **Mrs. jeanne spagnoli** **Date: 10/24/2006**

Organization : **RMS Key to Better Health**

Category : **Nurse**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

Access care should be payable through ambulatory centers, it will reduce costs and patients may receive more timely intervention.

Submitter : Mr. FRANK JESUS **Date:** 10/24/2006

Organization : FRIENDSHIP CMHC

Category : Health Care Professional or Association

Issue Areas/Comments

CY 2008 ASC Impact

CY 2008 ASC Impact

Please refer to attachments.

CMS-1506-P2-235-Attach-1.DOC

CMS-1506-P2-235-Attach-2.DOC

#235

Association for Ambulatory Behavioral Healthcare
247 Douglas Avenue Portsmouth, VA 22307
Phone 757-673-3741 Fax 757-966-7734
E-mail: aabh@aabh.org Web: www.aabh.org

IMPACT STATEMENT

September 1, 2006

RE: Calendar year 2007 Proposed Rate Cut for Partial Hospitalization Programs (PHP) and Outpatient (OP) services: Crisis for our Nation's "Least Well Off" Mentally Ill Patients

Description of the Problem:

In 1988, the Health Care Finance Administration (HCFA), now CMS, created the Medicare benefit of Partial Hospitalization for hospitals under a cost-based reimbursement structure, and in 1992, they expanded the benefit to Community Mental Health Centers, allowing both provider organizations the opportunity to provide intensive therapeutic services to the Severe and Persistently Mentally Ill, Disabled and/or Elderly adults.

Over the past 18 years, providers and consumers have witnessed many highs and lows. The peak years showing the services being offered virtually everywhere across the country, while the lows included the near shutdown of the services with the intense reviews and scrutiny by the Office of the Inspector General and the Fiscal Intermediaries in the late 1990s. After the meltdown of the reviews, the strong, legitimate programs that survived have managed to continue offering the Partial Hospitalization and Outpatient Services and even experienced a small flourish of growth in service opportunities until the last two years.

In late 2005, the 2006 calendar year rates for Partial and Outpatient Services were finalized and the programs absorbed a crushing blow of a **12%** reimbursement cut. This forced many programs to close or limit their participation for Medicare recipients as they could not meet their costs in delivering this demanding service to a needy and deserving population. Now in 2006, the 2007 proposed per diem of **$208.27** could send the services to the graveyard, with another **15%** cut.

1. Proposed 2007 rates result in 26% cut in last two years.

Table A below outlines the PHP per diem National Rate for each of the last 5 years.

Actual/Proposed Medicare
Per Diem National Rates
Table A

APC	2003	2004	2005	2006	2007*
0033 Partial Hospitalization	$240.03	$286.82	$281.33	$245.91	$208.27

The proposed rate by CMS in its current position will result in a **26%** cut in rates in just two years. With the reduction, the standards and requirements for care have not changed as programs are still required "to have

available at least 20 hours of scheduled therapeutic programming extending over a minimum of five days per week.*

***Mutual of Omaha, Adminastar Federal, Empire Health Services, Partial Hospitalization Local Coverage Determination.**

Actual/Proposed Rates For Individual Treatment Modalities
Table B

APC	2003	2004	2005	2006	2007*
0322 Brief Individual Therapy	$69.23	$69.35	$73.60	$73.22	$72.32
0323 Extended Ind. Therapy	$96.01	$101.97	$100.23	$97.59	$105.68
0324 Family Therapy	$128.35	$133.53	$161.59	$137.58	$135.95
0325 Group Therapy	$74.28	$81.10	$83.62	$79.95	$66.40

*** Per Table B, Medicare costs are identified by treatment modalities as calculated by CMS and released in CMS 1506-P.**

To meet the minimum service requirements, at least 4 group psychotherapy services will be made available per day per patient. At the designated CMS cost of **$66.40** per group and a minimum of 4 groups, the minimum daily cost per day according to CMS calculations is **$265.60** vs. the **$208.27** CMS is suggesting. This is suggesting a **$57.33** loss per patient, per day at a minimum. Yet, the needs and the demands of the patients have grown to new heights with the continued pressure to reduce inpatient psychiatric stays to just 2-4 days.

2. Current Rate Calculation is Self-destructive.

It is felt by the Association of Ambulatory Behavioral Healthcare (AABH), that the current structure for determining rates will only contribute to an on-going downward spiral on current and future rates. Rates are determined from cost reports based on services from past years and do not consider inflation, current service modalities, legal costs, food, transportation, etc. unavailable to the population being served by the benefit. It is believed that the rate, determined by averaging the program costs across the country, will lose access to the most expensive service days of the calculations.

Each year, the most expensive tier of service providers will not be able to continue providing services that exceed their reimbursement. As the higher layer drops out, their costs also drop out of the averages and calculations and the next years' rates drop proportionately. The rates of the next year are calculated and created and the vicious circle continues as another rate reduction (2007) will cause further closing of the higher cost programs, which will feed further cuts. Eventually, the rates are below every providers costs and the benefit will literally die. The current calculation process ensures a quick death for this life saving benefit.

The only way rates can go up under the current calculation is for providers to intentionally incur **significant** costs exceeding their reimbursement. No hospitals or CMHCs are in a position to lose money intentionally. The business world will not allow it. Even not-for-profit organizations are designed to break-even or finish slightly ahead, not to purposely lose money. Programs that are a drain on the fiscal viability of organizations are being closed or eliminated.

3. PHP Rates Penalize Hospital Outpatient Rates As Well

The PHP rate is only the beginning of the rate cuts that cripple this benefit. The PHP rate actually carries over deeply into the hospital outpatient services and adds a double jeopardy result to the service cuts applied to the individual therapy(s), family therapy and in particular to group psychotherapy. While Hospital Outpatient Services are often believed by CMS and Fiscal Intermediaries to be separate programs from Partial Hospitalization Programs, the overall functioning of these services are virtually always blended together in terms of space, administration, staff and service delivery. Only United Government Services specifies that PHP

and OP patients must be separated by groups, and this only contributes to driving up the costs of providing services.

While **Table A** reflects the rate cuts for the last several years, it can also be used to illustrate the impact that the PHP per diem has on Hospital Outpatient Services. Hospital Outpatient Services are paid on a per service basis up to the PHP daily per diem limit. While the costs identified by CMS, in their calculations, represent the actual cost of the provider, when applied for payment, if more than 3 services are needed and provided in a day, the provider reaches the per diem cap and is then intentionally paid **less than their costs.** As an example, a patient attends an Outpatient program and participates in 3 psychotherapy groups and a 45 minute extended individual therapy service. The claim for these services would be paid like this:

	CMS Cost	CMS paid*	Loss
• Group Psychotherapy x 3	$199.20		
• Extended Ind. Therapy x 1	$105.68		
Services @ CMS calculated costs	**$304.88**		
PHP-OP reimbursement cap		**$208.27**	
Provider loss per CMS per patient/ per day			**($96.61)**

***CMS Pub 100-04, Transmittal 888, March 10, 2006, Change Request 4360, April 2006 Outpatient Prospective Payment System Code Editor (OPPS OCE), Specifications Version 7.1, Appendix C.**

Another example can be derived from the 2006 AABH Membership Survey. The average layout of daily program services for Hospital Outpatient programs is 3.76 services, predominantly group services. In a calculation of the same nature as above (and understanding that CMS would only pay for full services), the Provider reimbursement would generally be as follows:

	CMS Cost	CMS Paid*	Loss
• Group Psychotherapy x 4	$265.60		
Services @ CMS calculated costs	$265.60		
PHP-OP reimbursement cap		**$208.27**	
Provider loss per CMS per patient/ per day			**($57.33)**

***CMS Pub 100-04, Transmittal 888, March 10, 2006, Change Request 4360, April 2006 Outpatient Prospective Payment System Code Editor (OPPS OCE), Specifications Version 7.1, Appendix C.**

4. CMS Requirements Compromise Rate Calculations

CMS states that per diem costs were computed by summarizing the line item costs on each bill and dividing by the number of days on the bills. This calculation can severely dilute the rate and penalize providers. All programs are strongly encouraged by the fiscal intermediaries to submit all PHP service days on claims, even when the patient receives less than 3 services. Programs must report these days to be able to meet the 57% attendance threshold and avoid potential delays in the claim payment. Yet, programs are only paid their per diem when 3 or more qualified services are presented for a day of service. If only 1 or 2 services are assigned a cost and the day is divided into the aggregate data, the cost per day is significantly compromised and diluted. Even days that are paid but only have 3 services dilute the cost factors on the calculations. With difficult challenges of treating the severe and persistently mentally ill adults, these circumstances occur frequently.

5. Medicaid Cuts Substantially Impact Copays.

At the proposed CMS rate of **$208.27**, the Medicare payment is actually **80% or $166.62** with the copay of **$41.65**. Not all, but most Medicare recipients eligible for this benefit are also Medicaid recipients for their copay.

Many states (example-West Virginia) have recognized partial services as a Medicaid benefit. Unfortunately, their reimbursement rates are generally one-third to one-half of the Medicare rate at best. These states have declared that when crossover claims are submitted for the copay, that if the provider has already received payment above the state rate, then they do not pay any of the copay. This in essence creates a per diem rate of **$166.62** for CY 2007, further below the unacceptable rate of **$208.27.** In addition, other states (example – Florida) do not recognize partial services as a Medicaid benefit at all, so they pay none of the copay.

6. Data for settled Cost Reports fail to include costs reversed on appeal.

CMS historically has reduced certain providers' cost for purposes of deriving the APC rate based on its observation that "costs for settled cost reports were considerably lower than costs from 'as submitted' cost reports." (68 Federal Register 48012) While CMS's observation is true, it fails to include in the provider's costs, those costs denied/removed from "as submitted" cost reports, and subsequently reversed on appeal to the Provider Reimbursement Review Board ("PRRB"), subsequently settled pursuant to the PRRB's mediation program, or otherwise settled among the provider and intermediary. During the relevant years at issue, providers of PHP incurred particularly significant cost report denials, but also experienced favorable outcomes on appeal. Because the CMS analysis did not take into consideration what were ultimately the allowable costs, its data are skewed artificially low. The cost data used to derive the APC rate should be revised to account for these costs subsequently allowed.

7. FACTS FROM AABH 2006 MEMBERSHIP SURVEY RE: PHP AND OP

The AABH 2006 Membership Survey has generated the following information related to the PHP-OP level of service:

- 52 responses from approximately 275 members for a return rate of 20%, 35 hospitals and 17 CMHCs.
- Responding programs serve over 990 patients per day in PHP or 4950 Mentally Disabled patients per day for the entire membership.
- Responding programs serve over 585 patients per day in Hospital Outpatient Services or 2925 patients per day for the entire membership.
- Nearly **37%** of the patients served are minorities, while almost **32%** are African-American.
- A review of reimbursement rates for Managed Care indicates that these programs are paying as low as **$235** and as high as **$514** per day for the PHP level of service.

8. FACTS FROM AABH 2005 MEMBERSHIP SURVEY RE: PSYCHIATRIC TREATMENT STATISTICS

- **Suicide Rate of .0005%:** This translates into 5 suicides per 10,000 clients actively served in a PHP/IOP setting. This statistic speaks to the effectiveness and safety of the mode given that a high percentage of clients served present active risk of suicide.
- **Transfer to Inpatient Unit Rate of 8%:** 92% of those served were successfully kept out of the hospital, supporting the modality's basic mission of serving as an alternative to inpatient care. Many if not most of those individuals would have required an inpatient stay (or a more extended inpatient stay) had PH/IOP services not been available.
- **70% of PHP/IOP leaders projected an increase in number of individuals served this year:** This speaks to the perceived need for PHP/IOP services by those that are most knowledgeable about patterns of utilization.

BASED ON INFORMATION PRESENTED BELOW, AABH WOULD INSIST THAT CMS TAKE THE FOLLOWING COURSE OF ACTION:

1. **Suspend the current PHP rate proposal and leave the current CY2006 rate in place, while a new rate calculation is developed.**

2. **Develop a PHP-OP Rate Calculation Taskforce which includes CMS staff and representatives of AABH, NAPHS, APA and other National Psychiatric Healthcare Organizations.**

3. **Devise a Rate Calculation Process that supports and progresses the PHP benefit annually.**

4. **Protect the integrity of the PHP-OP benefit that ensures its' future availability for the Severe and Persistent Mentally Ill Adult.**

#285-2

friendship
community mental health center

October 23, 2006

Dept. of Health and Human Services
Attention: CMS-1506-P, or CMS-4125-P
P.O. Box 8011
Baltimore, MD 21244-1850

My name is Frank Jesus, administrator for Friendship Community Mental Health Center in Phoenix, AZ. We provide psychiatric services to clients suffering from severe mental illnesses. Most of our clients are receiving Medicare benefits due to their psychiatric disability. Friendship CMHC has been providing these services as a Medicare provider since 1995.

I am writing to let you know our Agency's protest against CMS's proposed daily rate cut to a vital psychiatric service of Partial Hospital Programs in CY 2007, a cut of 15%, the second large rate cut in two years, now a total of 26%. With this extraordinary rate of reduction, the viability of these programs is marginal, at best. The cost of this rate reduction would greatly reduce our ability to afford the daily costs of providing this service. As an example, we stand to lose $300,000.00 – $400,000.00 per year if this proposal is passed. This amount alone is approximately what we spend on providing transportation to our clients in a year. The majority of our clients need transportation assistance either because they could not afford public transit or their psychiatric symptoms make it too difficult for them to arrange transportation on their own.

This rate reduction would force health care companies to hire lesser qualified or credentialed clinicians which would greatly reduce the quality of services that clients suffering from a severe psychiatric disorder deserves.

We are shocked by this news, especially at a time when we are seeing increased numbers of elderly, mentally ill, and veterans in need of psychiatric care. Without these partial hospital programs and their capability to stabilize both the mental and medical health of these patients, there will be a significant increase in the numbers of patients admitted to psychiatric and medical hospitals, emergency departments, and nursing homes. Why? There will be no where else for them to go. If it comes down to hospitals and nursing homes as the remaining options for patients who need psychiatric care, they will get little of it. Without the partial programs, even hospitals will have very little in the way of psychiatric care available.

This reduction will cause the closure of many Medicare reimbursed mental health programs due to a proposed daily rate that is below the cost of providing treatment programs and services. Those hospitals and programs that were able to sustain the CY 2006 rate cut can cut no deeper. The few that remain in the country will be lost, too. With shrinking state mental health dollars to spend, and with proposed Medicare cuts that put programs in jeopardy, a mental health crisis is unquestionably in the country's future. We are asking for your help.

It just makes good fiscal sense that we look for lower cost, alternative ways to help these patients and save Medicare dollars, as well. Our goal should be to help people "age in place", or remain in their homes with assistance from partial programs and periodic in-home care, rather than look to the more expensive hospital and nursing home solutions.

The decision to decrease the daily rate to partial programs, putting the existence of these programs at risk, is beyond logical, especially given the considerable increase in these populations, and the extreme needs of the patients who require these services.

In our opinion, partial programs and mental health services:

1. Save Medicare dollars by keeping patients out of the more expensive alternatives: inpatient hospitals, emergency departments and nursing homes;
2. Save Medicare dollars by reducing the number of medications the patient requires by monitoring symptoms and medication misuse; and
3. Save Medicare dollars by coordinating the care of these patients through ongoing monitoring of psychiatric symptoms and medical problems, eliminating multiple doctor visits for multiple and often related symptoms, and reducing duplication and toxic interactions of prescribed medications

We ask that you consider the potential harmful effects of this decision by Medicare as you imagine what will happen if we no longer have these programs and services as options for these patients. If hospitals and programs conclude that admitting Medicare patients to their partial programs and mental health services is fiscally irresponsible, it will be unduly injurious to the elderly, mentally ill and veterans of this country.

Additionally, we have experienced the tragedies of Hurricanes and a War that continues to leave citizens and solders with severe post traumatic fears and anxieties. We have a responsibility to help them.

The aspects of this impending crisis are complex, but the solution is simple. Make no adjustments to the daily rate (APC Code 0033) for CY 2007 until the potential injurious effects of this imprudent decision can be evaluated by Medicare, Health and Human Services, and discussed with community providers and organizations; then re-evaluate for CY 2008.

For any questions, I can be reached at 602-241-6656 or my email, fjesus@friendshipcmhc.org. Thank you for your attention.

Sincerely,

Frank Jesus
Administrator

Submitter : Mr. sTANLEY mCdONALD **Date:** 10/24/2006

Organization : Mr. sTANLEY mCdONALD

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I AM VERY HAPPY WITH THE TREATMENT CENTER THAT I AM USING., and also the one in Wenatchee, WA.

Submitter : Ms. Patricia Dean **Date:** 10/24/2006

Organization : Ms. Patricia Dean

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Submitter : Ms. ANITA GUARINO **Date:** 10/24/2006

Organization : Ms. ANITA GUARINO

Category : Nurse

Issue Areas/Comments

ASC Payment for Office-Based Procedures

ASC Payment for Office-Based Procedures

Most patient select the out patient setting where there is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting. The inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Submitter : **Mrs. Linda Lewandowski** **Date: 10/24/2006**

Organization : **Mrs. Linda Lewandowski**

Category : **Dietitian/Nutritionist**

Issue Areas/Comments

GENERAL

GENERAL

Yes I believe ASC would be a safe option for patients. But I want a VASCULAR SURGEON only to perform this surgery.

Submitter : **Mrs. Lashobie Avery** **Date: 10/24/2006**

Organization : **DaVita**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

Submitter : **Mrs. Evette Jackson** **Date: 10/24/2006**

Organization : **Team Evergreen-DaVita**

Category : **End-Stage Renal Disease Facility**

Issue Areas/Comments

ASC Office-Based Procedures

ASC Office-Based Procedures

10/24/06

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1506-P2
P.O. Box 8011
Baltimore, MD 21244-1850

Dear Sirs:

Please consider the following comments for CMS 1506-P2; The Hospital Outpatient Prospective Payment Systems and CY 2007 payment Rates; FY 2008 ASC Payment.

General Comments
Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

ASC Payable Procedures (Exclusion Criteria)
We support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Thank you.
Sincerely,
Evette Jackson
Team Evergreen-DaVita
1423 Pacific Avenue
Tacoma, WA 98401

ASC Office-Based Procedures

ASC Office-Based Procedures

10/24/06

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1506-P2
P.O. Box 8011
Baltimore, MD 21244-1850

Dear Sirs:

Please consider the following comments for CMS 1506-P2; The Hospital Outpatient Prospective Payment Systems and CY 2007 payment Rates; FY 2008 ASC

Payment.

General Comments
Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

ASC Payable Procedures (Exclusion Criteria)
We support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Thank you.
Sincerely,
Evette Jackson
Team Evergreen-DaVita
1423 Pacific Avenue
Tacoma, WA 98401

GENERAL

GENERAL

10/24/06

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1506-P2
P.O. Box 8011
Baltimore, MD 21244-1850

Dear Sirs:

Please consider the following comments for CMS 1506-P2; The Hospital Outpatient Prospective Payment Systems and CY 2007 payment Rates; FY 2008 ASC Payment.

General Comments
Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

ASC Payable Procedures (Exclusion Criteria)
We support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Thank you.
Sincerely,
Evette Jackson
Team Evergreen-DaVita
1423 Pacific Avenue
Tacoma, WA 98401

Submitter : Mrs. Lianne Meuse **Date:** 10/24/2006

Organization : Mrs. Lianne Meuse

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae.

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

Submitter : Mrs. **Date:** 10/24/2006

Organization : Mrs.

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

There is supposed to be quality care in the US and there is not. It is run so shabby and NOW they want to put my husbands life in jeapardy as the FEEL services should be changed or totally cut?? This is BULL!
Many will DIE as a result from this and I for one guarentee I will sue whomever to the highest extent of the law...How dare you even ASSUME to know what is best for a person kept alive by these proceedures..you are ALL idiots.

Submitter : Mrs. Sondi Kihle **Date:** 10/24/2006

Organization : Davita

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

We have a Vascular Center next door to our center. I know that the impact for the patients to have their procedures, Declots, new IJ catheters, vein mapping, fistulograms, angioplasties is very important. The patients used to have to go to the hospital and get these procedures done with great time waiting for a surgeon and late or days of hospitalizations. This has made a hugh difference for our patients to just have the procedures done right away and then go on to dialysis without disruption. It is less costly and much better for the patients.

Submitter : **Date: 10/24/2006**

Organization :

Category : **Individual**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.
Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting.
Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.
Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Submitter : **Date: 10/24/2006**

Organization :

Category : **Ambulatory Surgical Center**

Issue Areas/Comments

GENERAL

GENERAL

No enough vascular surgeon in the area that can help accommodate our patients especially insurance issue as medi-medi patient, only 1 vascular surgeon accept this kind of insurance in our area. Mostly depends on the insurance of the patients in order to improve the quality of life of patients.

Submitter : Ms. Christi Godfrey **Date:** 10/24/2006

Organization : Ms. Christi Godfrey

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am a kidney transplant patient. I have a hard time paying for my medication. I was on Medicaid, but that has been suspended until my appeal is over. There should be a program in place that pays for a transplant patient's medication and doctors visits. Without these medications and check-ups I will be back on dialysis. That will be much more expensive to the government than simply helping me to maintain my health.

Submitter : **Ms. Tracy Dean** **Date: 10/24/2006**

Organization : **Ms. Tracy Dean**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I do support the CMS re-examination of the kidney care. I believe that patients' should have the choice of picking their own care. Vascular Access is safe and less painful. I feel that we should allow Angioplasty to be a part of the procedures. Most of all I feel that patients should be treated fairly. What about kidney Transplants patients.

CMS-1506-P2-248-Attach-1.RTF

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERIVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

Please note: We did not receive the attachment that was cited in this comment. We are not able to receive attachments that have been prepared in excel or zip files. Also, the commenter must click the yellow "Attach File" button to forward the attachment.

Please direct your questions or comments to 1 800 743-3951.

Submitter : Mr. Chris Pomager **Date:** 10/24/2006

Organization : DaVita

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Submitter : Ms. Boyetteine **Date:** 10/24/2006

Organization : DaVita

Category : Health Care Professional or Association

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Submitter : **Date: 10/24/2006**

Organization :

Category : **Nurse**

Issue Areas/Comments

GENERAL

GENERAL

With improvements in technology and changes in practice, it is important to give patients this choice in procedures. The Medicare Payment Advisory Commission (MedPAC) March 2004 report to Congress supports this option. Please support patient choice!

Submitter : **Ms. Sherryl Nibbs** **Date: 10/24/2006**

Organization : **Davita diallyis the center I go to.**

Category : **Ambulatory Surgical Center**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I think that vascular procedures should be able to be performed in out patient care. That is very very important.

Sherryl Nibbs.

Submitter : Mr. bill bewley **Date:** 10/24/2006

Organization : *davita patient citizens*

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

How can you comment on anything when there are no details to read?

Submitter : **Barbara Cromwell** **Date: 10/24/2006**

Organization : **Davita Corporation**

Category : **Social Worker**

Issue Areas/Comments

GENERAL

GENERAL

I am in favor of patient choice. I believe dialysis access surgery can and should be available in an outpatient surgery setting for those patients who are medically stable. I am also very supportive of the fistula first initiative. Here in Detroit, the available vascular surgeons did not emphsize fistulas until pressure was put on them to do so. Now we are seeing more and more successful fistulas.

Submitter : **Date: 10/24/2006**

Organization :

Category : **End-Stage Renal Disease Facility**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Submitter : **Date: 10/24/2006**

Organization :

Category : **End-Stage Renal Disease Facility**

Issue Areas/Comments

GENERAL

GENERAL

Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae.

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

Submitter : Mr. Robert Peters **Date:** 10/24/2006

Organization : individal

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I do believe that they should support and help the kidney services, on what ever is needed

Submitter : **Mrs. Erika Osborne** **Date: 10/24/2006**

Organization : **DaVita**

Category : **Health Care Professional or Association**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Submitter : **Date: 10/24/2006**

Organization :

Category : **Ambulatory Surgical Center**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting

Submitter : **Ms. Myrlita Clark** **Date: 10/24/2006**

Organization : **Davita**

Category : **End-Stage Renal Disease Facility**

Issue Areas/Comments

GENERAL

GENERAL

Ambulatory Care center is the best it provides the patient with instant care to their access problems and prevents hospitalizations. Patient are able to be seen the same day and come back for thier treatment. When you have to contact surgeons the next available appointment maybe days to weeks away and patients miss their treatments and are often admitted to the hospital.

Submitter : **Mrs. Carol Vaughn** **Date: 10/24/2006**

Organization : **Mrs. Carol Vaughn**

Category : **Ambulatory Surgical Center**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

Please pass the Ambulatory Surgical Payment System and CY 2008 Payment Rates.

Thank you

Submitter : Mr. John Rizzo **Date:** 10/24/2006

Organization : Mr. John Rizzo

Category : Individual

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

- Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center settings.

- Incude angioplasty codes in the ASC setting to support CMS Fistula First initiative, permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

- Treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes are allowed in the ASC setting.

Submitter : Kimberly Sheinen, R.N., Esq. **Date:** 10/24/2006

Organization : DaVita - RMS Disease Management

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Submitter : **Mr. Ruben Lopez** **Date: 10/24/2006**

Organization : **Davita Dialysis**

Category : **Other Technician**

Issue Areas/Comments

CY 2008 ASC Impact

CY 2008 ASC Impact

I am a Certified Hemodialysis Technician. The patients at my clinic know the importance of maintaining a working fistual or graft. When a patient's access clots, they sometimes have to wait days before a surgical appointment can be made. This is stressful to the patients since they are uncertain of when they will next be dialyzed. Making this process quicker and more accessable would be invaluable in assisting dialysis personel in giving the patients the best care possible. Making sure the patients recieve every treatment during the week will also improve their outcomes and general quality of life. I have discussed this issue with the patients at my clinic and every one of them has agreed that having an ASC readily available to them would make the process less invasive to their everyday lives. Having to have dialysis three times a week interferes enough, but having to spend a day or two waiting for an appointment, traveling to the hospital, and waiting for the surgery is overly cumbersome, though necessary at this point.

Submitter : **Mr. Crawford Hamlett** **Date: 10/24/2006**

Organization : **Mr. Crawford Hamlett**

Category : **Individual**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS' practice of re-examining its policies as technology improves and practices patterns chane, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPac) in their March 2004 report to Congress. The report concluded that clinical safety standards and the need for an overnight stay be the only critria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Furhter, the inclusion of angioplasty codes in the ASC setting would support CMS' Fistula First Initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and mor accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patient fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

GENERAL

GENERAL

Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to reater clinical complications, and results in higher mortality than arterio-venous(AV) fistulae.

The inclusion of CPT codes 35475, 35476, 36205and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease(ESRD).

Submitter : **Date: 10/24/2006**

Organization :

Category : **Individual**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Submitter : Ms. **Date:** 10/24/2006

Organization : Ms.

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

i believe this procedures should be done at hospitals. Hospitals are more equipped if something should go wrong

Submitter : Mr. John Rizzo **Date:** 10/24/2006

Organization : Mr. John Rizzo

Category : Individual

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

*

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center settings.

*

Incude angioplasty codes in the ASC setting to support CMS Fistula First initiative, permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

*

Treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes are allowed in the ASC setting.

ASC Payable Procedures

ASC Payable Procedures

*

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center settings.

*

Incude angioplasty codes in the ASC setting to support CMS Fistula First initiative, permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

*

Treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes are allowed in the ASC setting.

Submitter : **Date: 10/24/2006**

Organization :

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

October 24, 2006

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1506-P2
P.O. Box 8011
Baltimore, MD 21244-1850

Dear Sirs:

Please consider the following comments for CMS 1506-P2; The Hospital Outpatient Prospective Payment Systems and CY 2007 payment Rates; FY 2008 ASC Payment.

General Comments
Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

ASC Payable Procedures (Exclusion Criteria)
We support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Thank you.
Sincerely,
Laura Peterson
15504 SE Meadow Park Drive
Vancouver, WA 98683-4605

Submitter : **Mrs. Deborah Richards** **Date: 10/24/2006**

Organization : **ESRD patient Kaiser Permanetee**

Category : **Individual**

Issue Areas/Comments

ASC Office-Based Procedures

ASC Office-Based Procedures

I had my fistula development located and implanted in office

ASC Office-Based Procedures

ASC Office-Based Procedures

Same as above

Submitter : Mr. Robert A. Caughie **Date:** 10/24/2006

Organization : Mr. Robert A. Caughie

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Any betterment of the procedures would make life better for the ESRD patients.

Submitter : Janet Stephens Slocum **Date:** 10/24/2006

Organization : Janet Stephens Slocum

Category : End-Stage Renal Disease Facility

Issue Areas/Comments

GENERAL

GENERAL

CMS would benefit, not only financially, but in allowing ESRD patients ease of access for needed patient interventions. As we work towards getting more of our patients with fistulae's, this would allow our patients to have access procedures done much more conveniently, with no hospitalization.

Submitter : **Mr. Nick Antonio** **Date: 10/24/2006**

Organization : **none**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Gentlemen and Ladies, I am almost 70 and have had type 1 Diabetes for about 20 years. My disease was given to me by my fathers' side of my family. I now have about 20 per cent kidney function and I'm sure I will be on dialysis in the near future. Two things cause me great concern; A: Payment B: Access to the needed service. I live in a rural community and don't drive outside of the area very much. They always say- location-location-location, and that concerns me very much. I will need to have this service available in my area. I need reassurance that a provider will be paid to perform this service. Age has made me blunt- please help all of us who are in this position. Thank you, Nick Antonio

Submitter : **Miss. Alejandra Alvarez** **Date: 10/24/2006**

Organization : **Miss. Alejandra Alvarez**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I think that this decision should be made entirely by the physician, based on each individual patient. The medical condition of each patient varies. Some patients may be more prone to complications, than others. The last thing a patient with this condition needs is to be in a facility that can't handle a major complication. We also have to realize that the majority of End-Stage Renal patients have numerous other conditions that they develop as the years go by just by being on hemodialysis, for example my mother is prone to excessive bleeding. Ultimately, this is a decision only her Physician is qualified to take but honestly I would feel more at ease knowing that should an emergency arise the facility has the full capacity of dealing with it. The last thing we need is more medical problems or complications given that she is so sick already.

Submitter : Ms. CAROLE BUZA **Date:** 10/24/2006

Organization : Ms. CAROLE BUZA

Category : Individual

Issue Areas/Comments

ASC Office-Based Procedures

ASC Office-Based Procedures

PLEASE HELP ALL PEOPLE WHO ASK FOR HELP THEY HAVE JUST A MUCH RIGHT TO LIVE AS WE DO

ASC Office-Based Procedures

ASC Office-Based Procedures

YOU NEED TO CHANGE YOUR OFFICE BASED PROCEDURES SO THAT ALL ARE ENTITLED FOR HELP

Submitter : Mrs. Robin Casseb **Date:** 10/24/2006

Organization : Mrs. Robin Casseb

Category : Individual

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

GENERAL

GENERAL

Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae.

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

Submitter : Mr. EUGENE ROHLING **Date:** 10/24/2006

Organization : RENAL FAILURE PATIENT

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

AS A PATIENT WITH KIDNEY FAILUR3 TO 35% I AM INTERESTED IN ANY TREATMENT/PROCEDURE THAT CAN IMPROVE MY QUALITY OF LIFE

Submitter : **Date: 10/24/2006**

Organization :

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

24 October 2006

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1506-P2
P.O. Box 8011
Baltimore, MD 21244-1850

Dear Sirs:

Please consider the following comments for CMS 1506-P2; The Hospital Outpatient Prospective Payment Systems and CY 2007 payment Rates; FY 2008 ASC Payment.

General Comments
Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

ASC Payable Procedures (Exclusion Criteria)
We support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Thank you.
Sincerely,
Darlene Cannon
PO BOX 344
Toquerville, Utah 84774

Submitter : Mrs. Mary Kriete **Date:** 10/24/2006

Organization : Mrs. Mary Kriete

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Please provide safe kidney procedures available to all Medicare recipients

Submitter : Mrs. Eula McCarver-Johnson **Date:** 10/24/2006

Organization : DaVita

Category : Nurse

Issue Areas/Comments

CY 2008 ASC Impact

CY 2008 ASC Impact

The Ambulatory Surgical Centers are very capable of performing safe atmospheres for Vascular Access placement. It is also an environment that will minimize overnight stays in the hospitals and cut down on newly diagnosed patients reluctance to have the procedure performed.

Submitter : Mrs. Pua Dorothy **Date:** 10/24/2006

Organization : Mrs. Pua Dorothy

Category : Congressional

Issue Areas/Comments

GENERAL

GENERAL

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Submitter : Dr. Antony Boody **Date:** 10/24/2006

Organization : Western Sierra Orthopaedic Center

Category : Physician

Issue Areas/Comments

ASC Conversion Factor

ASC Conversion Factor

Finally, I disagree with CMS use of a 62 percent budget-neutrality adjustment to calculate the ASC conversion factor. This calculation is based on unfounded assumptions and does not reflect the actual cost of providing services to Medicare beneficiaries in an ASC. CMS must establish ASC payment rates that more accurately reflect the cost of operating these facilities and that are not bound by Congress recommended 62 percent adjustment.

ASC Inflation

ASC Inflation

I am also concerned about the proposal to use the Consumer Price Index for All Urban Consumers (CPI-U) to calculate annual updates to the ASC conversion factor for inflation. As you know, the OPPS rates are measured against a market basket of items that hospitals use in practice. When the price of those items increases, the payment rate increases. The CPI-U does not specifically measure the cost of items used in the medical profession. Rather, the CPI-U measures the cost of consumer goods and is not tied to the highly inflationary nature of operating a health care facility.

ASC Payable Procedures

ASC Payable Procedures

I disagree with CMS decision to exclude procedures from receiving an ASC facility fee if the CY 2005 Part B Extract Summary System data indicated that the procedures were performed in a hospital inpatient setting 80 percent or more of the time. This proposal includes procedures that are not listed on the OPPS inpatient list; it excludes procedures that may be performed in an outpatient setting up to 20 percent of the time. This arbitrary distinction does not adequately reflect procedures that may safely be performed in an ASC.

ASC Phase In

ASC Phase In

CMS has proposed to phase in the new ASC payment system over two years. This does not give ASCs enough time to adjust to the revised payment rates. A four-year phase-in would allow a more gradual, less disruptive transition to the new system. Therefore, I strongly urge CMS to extend the phase-in period to four years.

ASC Wage Index

ASC Wage Index

I understand that CMS is proposing to apply the Inpatient Prospective Payment System (IPPS) pre-reclassification wage index values to adjust the national ASC payment rates for geographic wage differences. As CMS admits in its proposed rule, the agency is relying on 12-year-old data to determine the appropriate labor adjustment factor [71 Fed. Reg. 49,506, 49,655 (Aug. 23, 2006)]. To accurately measure ASC costs, CMS must collect new data on the costs of delivering services in an ASC. In addition, CMS has not yet published regulations to explain how this proposal will be implemented.

Submitter : **Mr. Bharat Bhushan Roy** **Date: 10/24/2006**

Organization : **Bharat Heavy Electricals Ltd.**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I am a patient of Chronic Renal Failure and am undergoing CAPD since November,2003. I am leading a normal life and have no problem.

Submitter : **Mrs. Marlene Brunswick** **Date: 10/24/2006**

Organization : **Blanchard Valley Hospital**

Category : **Nurse**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

Vascular surgeries can be safely and cost effectively be done in an ambulatory setting.

Submitter : Mrs. John Vigil **Date:** 10/24/2006

Organization : Mrs. John Vigil

Category : Ambulatory Surgical Center

Issue Areas/Comments

GENERAL

GENERAL

My husband had his access in the upper part of his left arm. They put it in about 5 to 6 months before they used it. He had it in outpatient surgery and did fine despite his problems of high blood pressure and previous problems with gallbladder surgery. He had to have a stent put in a few months after they started using it, but otherwise has had no problems with it.

Submitter : **Mr. Richard Iten** **Date: 10/25/2006**

Organization : **Mr. Richard Iten**

Category : **Individual**

Issue Areas/Comments

ASC Office-Based Procedures

ASC Office-Based Procedures

Not save -- this is a money making idea only

Submitter : Mrs. Lynn Winningham **Date:** 10/25/2006

Organization : Individual

Category : Individual

Issue Areas/Comments

ASC Office-Based Procedures

ASC Office-Based Procedures

Support ESRD Patients' Access to Quality Care. There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center (ASC) settings.

ASC Office-Based Procedures

ASC Office-Based Procedures

Support CMS' Fistula First Initiative. Angioplasty codes should be included to permit a full range of vascular access procedures to be performed in accessible, cost-effective ASC settings.

Submitter : Mrs. Ellie Suhl **Date:** 10/25/2006

Organization : DaVita

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

I am writing to ask for CMS support and reimbursement for quality care for ESRD patients by including reimbursement for vascular access procedures performed in the ASC setting. As an ESRD nurse for 25 years, I have had jobs with responsibility for dialysis access procedures in the hospital setting, and know first-hand the obstacles the hospital setting poses for dialysis patients in need of vascular access interventions. Specialized ASC centers specializing in dialysis access procedures have been a God-send for the ESRD population, by providing care focused on the special needs of this population. Vascular access procedures are frequently seen as a nuisance in the hospital setting. As a result, dialysis patients are shuffled to the end of the schedule and procedures are delayed in order to fit in to the hospital schedule. As a result, patients' dialysis schedule is altered, and their continuity of care is disrupted. By contrast, the specialized ASC setting is designed to accommodate the needs of the dialysis patients, allowing them to regain a patent dialysis access and return to dialysis treatment in the same day. Also important to recognize is the difference in the level of committment and investment in the success of the procedures in the ASC setting. In contrast to the hospital setting, where the surgeon/interventionist may perform the vascular access procedure by the luck of the draw (their rotation on the call schedule, etc.,) physicians in the ASC have elected to dedicate all or a portion of their practice to the wellbeing of the dialysis patient and their vascular access. The dedicated ASC setting is committed to the success of the ESRD access and the patient's reaching optimal dialysis through a funcitonal dialysis access.

With everything from plastic surgery to cardiac caths being performed in the ASC setting, it seems only fair and logical that the ESRD patients also have the opportunity to benefit from a reimbursement model that allows them to receive treatment in the most conducive setting--the ASC. Thank you for hearing my perspective.

Submitter : Ms. Nancy Wagner **Date:** 10/25/2006

Organization : DaVita

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Submitter : **Ms. Wanda Joshua** **Date: 10/25/2006**

Organization : **Patient at Davita**

Category : **Individual**

Issue Areas/Comments

ASC Office-Based Procedures

ASC Office-Based Procedures

I am currently a Dialysis patient who on occasion has needed a "cleaning out" of my shunt. In my case due to the injectable dye being used I am not a candidate for office based procedures. I am allergic to the dye, resulting in very bad respiratory reactions. I came to find this out after a office based cleaning out in June of this year. I was told that any further procedures would need to be done in the hospital. I feel any patient who knows and trusts his or her doctor needs to feel asured that this physician can determine where his patient should have this procedure not an individual away in Washington D.C. Having only been on Dialysis for 18 months, I find I am still in the learning process, but I do believe that the Doctor makes this dicision, not any Congressman! Thanks.

Submitter : **Ms. Pamala Stanfa** **Date: 10/25/2006**

Organization : **Ms. Pamala Stanfa**

Category : **Ambulatory Surgical Center**

Issue Areas/Comments

GENERAL

GENERAL

I think the chose should be left to the person and their doctor every person is different with different heatth problems

Submitter : **Mrs. Brenda Goode** **Date: 10/25/2006**

Organization : **Davita**

Category : **Nurse**

Issue Areas/Comments

ASC Office-Based Procedures

ASC Office-Based Procedures

I am in supoprt of this initiative. This is necesary to ensure continued quality of care as well as improve availablity and convenience for patients.

Submitter : **Coleen Cottrell** **Date: 10/25/2006**

Organization : **Coleen Cottrell**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Submitter : **Mrs. Bonnie Novakovski** **Date: 10/25/2006**

Organization : **Davita**

Category : **Nurse**

Issue Areas/Comments

GENERAL

GENERAL

I am of the opinion that anything and everything should be done to "save" a patients dialysis access. Especially if the access is an avf or avg. The access is a patients life line so to speak. It provides them with an opportunity to continue their lives. With the technological advances made in Dialysis, it allows a good quality of life to many patients.

Dialysis patients deserve the best quality care available. I have heard about access centers. If they are even half as good as what I have heard they are an excellent place to provide quality access care to patients.

Finally, the "fistula first" program is a good thing. I have been a hemodialysis nurse for over 5 years and have seen fistulas last longer than grafts, and be less prone to problems. Any and all measures should be taken to save the avf.

Submitter : Mrs. Terry Munsinger **Date:** 10/25/2006

Organization : The Nebraska Medical Center

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center (ASC) settings.
Angioplasty codes should be included to permit a full range of vascular access procedures to be performed in accessible, cost-effective ASC settings.
Vascular access is one of the greatest sources of complications and cost for dialysis patients. America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae.
The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Submitter : Mr. Jerry Coln **Date:** 10/25/2006

Organization : Davita Dialysis

Category : Other Technician

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

October 25,2006

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1506-P2
P.O. Box 8011
Baltimore, MD 21244-1850

Dear Sirs:

Please consider the following comments for CMS 1506-P2; The Hospital Outpatient Prospective Payment Systems and CY 2007 payment Rates; FY 2008 ASC Payment.

Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

We support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Thank you.
Sincerely,
Jerry Dale Coln, BMT
308 Dupree Street
Brownsville, Tennessee 38012

Submitter : **Date: 10/25/2006**

Organization :

Category : **Individual**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Submitter : **Date: 10/25/2006**

Organization :

Category : **Nurse**

Issue Areas/Comments

GENERAL

GENERAL

Im undecided at this time.

Submitter : TIna LAng **Date:** 10/25/2006

Organization : TIna LAng

Category : Comprehensive Outpatient Rehabilitation Facility

Issue Areas/Comments

GENERAL

GENERAL

I think that ambulatory facilities should be allowed to perform procedures that cares for all patient needs. These places are mostly more affordable, and just as competant as hospitals or more elaborate facilities. Kidney care is not widely available and patients need access wherever they can get it. As long as it adheres to guidelines and are cerified to perform procedures.

Submitter : **Ms. Maureen Michael** **Date: 10/25/2006**

Organization : **Central Florida Kidney Centers, Inc.**

Category : **Ambulatory Surgical Center**

Issue Areas/Comments

GENERAL

GENERAL

CMS should allow Ambulatory Surgery Centers and specialty vascular access centers to be reimbursed appropriately for vascular access procedures such as testing the patency of a fistula or graft used for dialysis and allow for interventional procedures and surgeries as needed.

Submitter : **Mrs. Susan Nicholson** **Date: 10/25/2006**

Organization : **DaVita Dialysis-Palm Coast FL**

Category : **End-Stage Renal Disease Facility**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.
Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting.
Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.
Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting

Submitter : **Mrs. Cathy Matthews** **Date: 10/25/2006**

Organization : **The Christ Hospital Cincinnati**

Category : **Nurse**

Issue Areas/Comments

GENERAL

GENERAL

{INSERT DATE HERE}

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1506-P2
P.O. Box 8011
Baltimore, MD 21244-1850

Dear Sirs:

Please consider the following comments for CMS 1506-P2; The Hospital Outpatient Prospective Payment Systems and CY 2007 payment Rates; FY 2008 ASC Payment.

General Comments
Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

ASC Payable Procedures (Exclusion Criteria)
We support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Thank you.
Sincerely,
Cathy Matthews, RN
Hemodialysis Care Coordinator
The Christ Hospital

Submitter : Susan Nicholson **Date:** 10/25/2006

Organization : DaVita Dialysis-Palm Coast, FL

Category : End-Stage Renal Disease Facility

Issue Areas/Comments

GENERAL

GENERAL

Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae.
The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures

Submitter : Mrs. carolyn griffin **Date:** 10/25/2006

Organization : DaVita

Category : Ambulatory Surgical Center

Issue Areas/Comments

GENERAL

GENERAL

would like to see vascular access for dialysis patient in a surgical ambulatory unit would save money and time for the patient. most procedures are outpatient. it would be more convient for the patients.

Submitter : Bart Scott **Date:** 10/25/2006

Organization : DaVita Great Bridge Dialysis

Category : Other Health Care Professional

Issue Areas/Comments

ASC Office-Based Procedures

ASC Office-Based Procedures

Office based procedures give our patients access to quality medical care without the hassle of being tied up in a hospital all day which causes more stress and and makes it less likely patients will skip appointments. The one on one care provided by ACS providers also makes the patient feel more confident about their care and we often hear that they (the patient) are more than pleased about the flexiabilty of appointments making it easier for them to comply with NPO orders and diabetic will not be without food for hours

Submitter : **Date: 10/25/2006**

Organization :

Category : **Individual**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Submitter : Mr. Peter Mecouch **Date:** 10/25/2006

Organization : DaVita

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

Having practiced in both Hemodialysis and the ASC realms I feel it very important that patients be able to have access to all IR procedures in the outpatient setting. Often ESRD patients are treated as second hand citizens when they arrive at the hospital for IR procedures. Frequently they are "bumped" to the end of the day. Patients may wait hours if not a day to have a fistulagram or graftogram completed. This delay can sometimes mean the differecne between a clotted access and good treatment when on the machine. In many cases the turnaround time for outpatient treatment is same day. Patients with clotted AVGs can be declotted and returned to their HD unit same day or next morning! This turnaround is not possible with an inpatient setting. ESRD patients going to the hospital are at increased risk of having to stay, being exposed to infections while in that stay. Outpatient clinics if monitored and held accountable to CMS standards pose a lower exposure risk to our ESRD patients. Please consider the convience, care, and training of those outpatient facilities that are providing our patients, with a functional and efficient manner, to deal with their access needs. The patient's access is their lifeline! Vascular studies completed by outpatient clinics can often aide the surgeon with placing a fistula over a graft. This is vital to the "fistula first" program! All procedures that the ASCs are presently providiing should be considered for reimbursement. This clinics are and should remain vital to the ESRD's patients care and improvement of life.

Submitter : **Date: 10/25/2006**

Organization :

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae.

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

Submitter : Ms. Jenny Richeson **Date:** 10/25/2006

Organization : Davita Dialysis Care of Rowan/Kannapolis

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Submitter : **Ms. Jenny Richeson** **Date: 10/25/2006**

Organization : **Davita Dialysis Care of Rowan/Kannapolis**

Category : **Nurse**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae.

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

Submitter : Ms. Diane Trimboli **Date:** 10/25/2006

Organization : DaVita

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

I Support ESRD Patients' Access to Quality Care. There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center (ASC) settings.

I Support CMS' Fistula First Initiative. Angioplasty codes should be included to permit a full range of vascular access procedures to be performed in accessible, cost-effective ASC settings

Submitter : **Miss. Denise Uter** **Date: 10/25/2006**

Organization : **Miss. Denise Uter**

Category : **Individual**

Issue Areas/Comments

ASC Office-Based Procedures

ASC Office-Based Procedures

My father has been on dialysis for the last 8 months, and in this time, I have seen great changes in his health. He has went from being tired and swollen to more healther. I know this is due to the treatment that he is receiving from the center. His center is providing him with a higher quality of life, as well as, prolonging his life. If the congress and senate want to change any thing about the method of payment or treatment then they may as well get ready for a fight because there are a lot of people who have love one on this needed source of treatment, and if they try to change it there will be hell to pay.

Submitter : Mr. Robert Hansen **Date:** 10/25/2006

Organization : Mr. Robert Hansen

Category : Individual

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

Having this procedure done at an ambulatory center would cause less stress and be more convenient and cost effective both for the patient and for Medicare.

ASC Payable Procedures

ASC Payable Procedures

Fistula care

Submitter : Dr. Jack Work **Date:** 10/25/2006

Organization : Emory University

Category : Physician

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.

Vascular access is one of the greatest sources of complications and cost for dialysis patients; approximately 25% of hospitalizations in ESRD patients is for vascular access problems. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae. Providing access to ASC for these procedures will decrease costs by removing these procedures from the high cost setting of hospitals.

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

GENERAL

GENERAL

Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae.

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures. The inclusion of these codes in the ASC setting will result in less cost to the health care system by removing then from the high cost hospital setting.

Submitter : **Date: 10/25/2006**

Organization :

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Making things available for patients to give adequate and efficient services are needed. This can reduce overnight stay at hospitals leaving some patients with complicated lives more steady.

Submitter : Ms. Lisa Royset **Date:** 10/25/2006

Organization : DaVita

Category : Health Care Industry

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS practice of re-examining its policies as technology improves and practice patterns change, especially when supported by recommendations made by the Medicare Payment Advisory Commission (MedPAC) in their March 2004 report to Congress. The report concludes that clinical safety standards and the need for an overnight stay be the only criteria for excluding a procedure from the approved list.

Please support patient choice! There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting, and more importantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting. Further, the inclusion of angioplasty codes in the ASC setting would support CMS Fistula First initiative by permitting a full range of vascular access procedures to be performed in an ASC setting, a less expensive and more accessible option than the current prevalent hospital setting.

Please treat End Stage Renal Disease patients fairly by ensuring all angioplasty codes, including CPT 35476 are allowed in the ASC setting.