

Submitter :

Date: 10/25/2006

Organization :

Category : Health Care Industry

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. Steven Saltiel

Date: 10/25/2006

Organization : Davita Duncan Dialysis

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

It is my recommendation to allow payment for outpatient vascular access surgical procedures. After 14 years of dialysis experience I have seen a very low complication incidence surrounding vascular access placement and the outpatient access centers are very capable of caring for these patients.

Submitter : Ms. Leah Klein, LCSW, LMSW

Date: 10/25/2006

Organization : DaVita

Category : Social Worker

Issue Areas/Comments

CY 2008 ASC Impact

CY 2008 ASC Impact

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.

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Submitter : Mrs. Barbara Beile

Date: 10/25/2006

Organization : DaVita

Category : Health Care Professional or Association

Issue Areas/Comments

**ASC Payment for Office-Based
Procedures**

ASC Payment for Office-Based Procedures

Hemodialysis patients should be allowed to have their grafts or fistulas repaired in ASC centers to control hospital costs and stays

Submitter : Mr. Guy Daughetee

Date: 10/25/2006

Organization : DaVita

Category : End-Stage Renal Disease Facility

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

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Submitter : Ms. Fay Merritte
Organization : DaVita-Lamplighter Dialysis Center
Category : Dietitian/Nutritionist

Date: 10/25/2006

Issue Areas/Comments

GENERAL

GENERAL

Yes, I feel access issues can be addressed and resolved in an outpatient setting.

Submitter : Mr. Reed Roloff
Organization : transplant recipient
Category : Individual

Date: 10/25/2006

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

Support ESRD Patients' Access to Quality Care

GENERAL

GENERAL

I support ESRD Patients' Access to Quality Care.

Reed & Tami Roloff
10/25/06
952-844-0253

Submitter : Mr. Mark Theadore

Date: 10/25/2006

Organization : Davita

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

As a dialysis nurse, I feel that renal patient's could bennefit greatly by having Av fistula creation, AV fistula revision, and AV fistula thrombosis procedures done in an outpatient abulatory surgical setting.

Submitter : Mr. Arthur Rodriguez

Date: 10/25/2006

Organization : DaVita

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

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Submitter : Kenneth English

Date: 10/25/2006

Organization : Eleven years on dialysis before transplant

Category : Individual

Issue Areas/Comments

CY 2008 ASC Impact

CY 2008 ASC Impact

I was on dialysis for eleven years and when I had my sight placed it was done at Stanford Medical Center in Stamford Ca. The doctor used bovine to be used for needle placement while dialyzing. During the entire eleven years never once did I ever have a problem with clotting, or blood flow in that bovine implant. I feel that if this was used more than cost would be much less. I understand that maybe some people could not use this method. But maybe its being used if so than we do need to put this info out to save money for other things that need to be developed for kidney failure patients.

Kenneth English

215 HighLand Ave Apt 2 J

Gardiner, Me 04345 207 582 -7248

Submitter :

Date: 10/25/2006

Organization :

Category : Social Worker

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I see no reason why the access procedures can't be performed in an outpatient setting and billed the same as Dialysis treatments directly to patient insurances including Medicare, Medicaid and private insurance companies. As far as cost, money could be saved in the current systems without admission to a hospital.

Submitter : Ms. constance connelly

Date: 10/25/2006

Organization : Ms. constance connelly

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am a hemodialysis patient with an AV Graft vascular access. I recently had to have my graft partially redone. I am writing in support of proposal that vascular access procedures may be performed in Ambulatory Surgical Center (ASC) settings. This change would definitely help renal patients! Thank you, Constance Connelly, 8650 County Road 13 North, St. Augustine, FL 32092

Submitter : Nancy Pelfrey
Organization : DaVita - RMS-DM
Category : Nurse Practitioner

Date: 10/25/2006

Issue Areas/Comments

GENERAL

GENERAL

re outpatient/ACS payment for vascular access for ESRD.

This should be allowed. There needs to be qualified personnel for assessment of the patient and this means someone who knows kidney disease and renal replacement therapies. This ideally would be a nurse practitioner with nephrology background. This is over and beyond what a regular ACS would have such as experienced RNs in peri-anesthesia and surgical care, anesthesiologists/CRNA, vascular and abdominal surgeons (for peritoneal catheter placement).

Submitter :

Date: 10/25/2006

Organization :

Category : Social Worker

Issue Areas/Comments

CY 2008 ASC Impact

CY 2008 ASC Impact

I believe that having an outpatient setting for access placement, surgery and revision would benefit patient care tremendously as we have experienced several times where a patient is sent to the hospital for access care, only to be refused due to lack of available beds. This of course causes patients to miss more treatments, and reduces their quality of life. Waiting is not an option for these patients. An ambulatory setting would benefit the patients for ease of access, faster care provision, and cost saving due to reduction of payment amounts to larger, inpatient units. By reducing the amount of time patients have to use a catheter, there is a greater advantage for them to have a graft or fistula placed to provide them with a higher quality of care and life. Those patients that have to wait too long to get a permanent access placed often decide to continue using the catheter, and do not get the quality of treatment as they would if they had a graft or fistula due to higher risk of infection and slower blood pump speed. Ambulatory settings for placement of dialysis access is a fantastic idea as there is no wait time; the procedure is done quickly and the patient gets started the right way from the beginning.

Submitter :

Date: 10/25/2006

Organization :

Category : Social Worker

Issue Areas/Comments

ASC Coinsurance

ASC Coinsurance

Coinsurance should be decided just as other Medicare covered programs; primary and secondary status of insurance should be determined as currently done. Secondary / co-insurance coverage should include Medicaid and the state specific renal programs. With state renal programs, coverage for that portion not covered by Medicare is covered to assist the patient that has no secondary coverage and isn't eligible for Medicaid. This program could assist with 15% of the remaining 20% not covered by Medicare and then the facility could write off the last 5% as their contribution, just as the dialysis companies are expected to do. This would assure dialysis patients the coverage and ability to have good quality access care to provide optimum care and quality of life.

Submitter : Erin Massengale

Date: 10/25/2006

Organization : Pryor Dialysis

Category : Other Technician

Issue Areas/Comments

ASC Payable Procedures

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Date: 10/25/2006

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Issue Areas/Comments

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Submitter :

Date: 10/25/2006

Organization :

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

This would be a good opportunity to have patient care start with a good foundation. A proper access placed in the beginning would be better than having a catheter and then trying to decide about a new access once you have gotten used to not having needlesticks. This could be scheduled prior to discharge from the initial admitting hospital to dialysis, thus pointing the patient in the right direction for optimal care.

Submitter : Mrs. Janet Matsura

Date: 10/25/2006

Organization : DaVita

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

I believe CMS should provide payment for vascular access procedures performed in the outpatient setting.

Submitter :

Date: 10/25/2006

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

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Submitter : Ms. Megan Moran

Date: 10/25/2006

Organization : Davita Shelton

Category : Social Worker

Issue Areas/Comments

CY 2008 ASC Impact

CY 2008 ASC Impact

Many of our patient's are working or are terrified of hospitalizations. Our Center currently utilizes an outpatient center for access related care and our patients are much happier and have much easier transitions back to their outpatient dialysis center. The convenience is also beneficial for these patients.

Submitter : Ms. Lisa Frankel

Date: 10/25/2006

Organization : Davita

Category : Social Worker

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

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Submitter : Ms. Candy Mulcahy

Date: 10/25/2006

Organization : RMS Disease Management

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

Having graft placements and fistulas created in an out patient setting would be less stress on the patients and less payment from the insurance companies. This would greatly reduce monies spent on hospitalizations for these procedures.

Submitter : Ms. Beverly Ford

Date: 10/25/2006

Organization : DaVita

Category : Dietitian/Nutritionist

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

Please reimburse for outpatient Fistula procedures.

Dialysis patients should always have evaluationa for and placement of fistulas above any other type of dialysis access when possible to avoid infection and hospitalizations resulting from other types of access which increase the expense of their treatment.

Submitter :

Date: 10/25/2006

Organization :

Category : Individual

Issue Areas/Comments

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Submitter :

Date: 10/25/2006

Organization :

Category : Physician

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I would rec allowing diaysis access procedures to be done in a setting as convenient to the pts as possible. In our location that is a freestanding access center

Submitter : Mr. Kevin Donahue

Date: 10/25/2006

Organization : DaVita

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

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Submitter : Ms. Jody Fix

Date: 10/25/2006

Organization : Lexington Dialysis DaVita

Category : End-Stage Renal Disease Facility

Issue Areas/Comments

GENERAL

GENERAL

I am not familiar with each individual area above, but in general I feel the government needs to update the amount that is paid for Medicare dialysis treatments. I have worked at this clinic for over 9 years and in that time cost of treatments has definitely gone up, but the amount we receive from Medicare has remained the same.

I think if some of the Congressional people would come and actually visit a chronic dialysis unit and see just what a "treatment" involves they may have an eye opening experience. If they were to sit where our patients do they may be more open to increasing the amount.

Submitter :

Date: 10/25/2006

Organization : DaVita

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

I feel very strongly that our patients should be able to go to out patient clines that specialize in dialysis patients. The hospitals do not respond soon enough to their needs and do not completely understand what is needed. It seems like these patients are not a priority in the hospital and are put to the buttom of the list. These patients spend more wasted time in the hospitals, many times our patients come back to the center and they have not been fixed properly. It is a waste of the patients time and they are frustrated with the care. Our access centers are dedicated just to the dialysis patients and do an awesome job.

Submitter : Mr. robert perraud

Date: 10/25/2006

Organization : davita

Category : Health Care Professional or Association

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

please expand the number of procedures and reimbursement

Submitter : Mr. Kenneth Johnson

Date: 10/25/2006

Organization : Mr. Kenneth Johnson

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

This comment is intended for all the fields available. I am an End Stage Renal Kidney Patient, and have been on dialysis for almost 3 years. I believe any measure that can streamline the process and make it healthy and safe should be considered. I also think, a process for people wanting a kidney transplant should be streamlined and more available to persons like me, in the low income bracket. I am on Social Security because of the fact that I am unable to work all the time because of my health problems. This is why I am attending the University of the District of Columbia to receive my Bachelor's Degree in Nursing to help others like myself and achieve better care in this industry. I believe any help from government agencies, and the public sector is truly helpful. Thank you

Submitter : Lisa Roth

Date: 10/25/2006

Organization : Lisa Roth

Category : Other Health Care Professional

Issue Areas/Comments

ASC Payable Procedures

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Submitter : Lisa Roth

Date: 10/25/2006

Organization : Lisa Roth

Category : Other Health Care Professional

Issue Areas/Comments

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Submitter : Mrs. Mary Margaret Gray
Organization : DaVita Saint Joseph Dialysis
Category : Nurse

Date: 10/25/2006

Issue Areas/Comments

ASC Payable Procedures

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Submitter : Patricia Bishop
Organization : Patricia Bishop
Category : Individual

Date: 10/25/2006

Issue Areas/Comments

ASC Payable Procedures

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ASC Payable Procedures

ASC Payable Procedures

Vascular access is a patient's lifeline. The quality of patient outcomes can be directly linked to the quality of vascular access. You simply can't get good dialysis with a poor vascular access and patients with poor outcomes have more problems and more hospitalizations. With the ever increasing cost of medical care it only makes sense to allow vascular access procedures including CPT 35476 to be performed in the ASC setting. If you or anyone you love has diabetes or high blood pressure, you are at greater risk of kidney disease including end stage renal disease. Some day you, your parent, your spouse or your child could need dialysis. The addition of vascular access procedures to the ASC setting could impact you in a very personal way.

Submitter : Mrs. Jana Cormier

Date: 10/25/2006

Organization : DaVita, Inc. - Clinical Services Specialist

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

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Submitter : Mr. ALAN foster

Date: 10/25/2006

Organization : Mr. ALAN foster

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

i support the esrd proccdure

Submitter : Ms. Linda Tecumseh
Organization : Davita Dialysis
Category : Health Care Professional or Association

Date: 10/25/2006

Issue Areas/Comments

GENERAL

GENERAL

I do not currently deal with CMS. I work inside a prison system

Submitter : Mrs. Amy High

Date: 10/25/2006

Organization : Mrs. Amy High

Category : End-Stage Renal Disease Facility

Issue Areas/Comments

ASC Payable Procedures

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Submitter : Mr. Gary Blank

Date: 10/25/2006

Organization : DaVita, Inc.

Category : Social Worker

Issue Areas/Comments

ASC Payment for Office-Based Procedures

ASC Payment for Office-Based Procedures

A viable ASC Payment System would benefit the ESRD patients I work with in semi-rural and rural areas of OK. If they could have access related procedures done in ambulatory surgical centers, they may not have to travel to the nearest major city hospital. This would represent a savings in time, in money, and in stress.

Submitter : Dolores Joye

Date: 10/25/2006

Organization : Dolores Joye

Category : Individual

Issue Areas/Comments

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Submitter :

Date: 10/25/2006

Organization :

Category : End-Stage Renal Disease Facility

Issue Areas/Comments

GENERAL

GENERAL

General comment: If a patient who has ESRD, authorizations need to have a better turn around time than always calling to check status after a week or so.

Submitter : Nancy Kemerling
Organization : DaVita Citrus Valley Dialysis
Category : End-Stage Renal Disease Facility

Date: 10/25/2006

Issue Areas/Comments

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

GENERAL

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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. Charles Curry

Date: 10/25/2006

Organization : Mr. Charles Curry

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

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Submitter : Dr. JAMES KATSIKAS

Date: 10/25/2006

Organization : RMS/DAVITA

Category : Physician

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I strongly support expanding CMS coverage for dialysis vascular access procedures done in Ambulatory Surgical Centers. This will further support the objectives of the CMS' Fistula First Initiative.

Submitter : Mrs. Joanne Brady

Date: 10/25/2006

Organization : DaVita, ANNA

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support the idea of using the Ambulatory Services to provide vascular access care. This should include a pre surgical work-up to ensure that the very best of access is placed with the best vessels in the best location for the patient to experience the BEST outcomes.

Submitter : Mr. Richard Rice

Date: 10/25/2006

Organization : Davita, Inc

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.

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

Submitter : Mr. RICHARD CASTELLETTI
Organization : Mr. RICHARD CASTELLETTI
Category : Health Care Professional or Association

Date: 10/25/2006

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

Oct. 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.

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,
Richard R Castelletti LSW
4 Hickory Lane
Clarks Summit
Pa. 18411

Submitter : Ms. MARY COUNCIL

Date: 10/25/2006

Organization : DAVITA FREDERICKSBURG DIALYSIS

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

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.

Submitter : Mrs. Valerie Cook

Date: 10/25/2006

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.

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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

Please support this proposal.

Submitter : Mrs. Joyce G Summers

Date: 10/25/2006

Organization : DaVita Lufkin Dialysis

Category : Dietitian/Nutritionist

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

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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 : Individual

Issue Areas/Comments

ASC Office-Based Procedures

ASC Office-Based Procedures

The only comment I have as a patient is that all access procedures should be done by qualified surgeons specializing in the field. I am not sure if this proposal would enable more procedures by way of allowing less qualified doctors in more public settings to perform a larger number of them. If so . . . not good for long-term well-being and survival of the patient.

Submitter : Mrs. Joyce G Summers
Organization : DaVita Lufkin Dialysis
Category : Dietitian/Nutritionist

Date: 10/25/2006

Issue Areas/Comments

GENERAL

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Submitter : Mrs. Beverly Reich

Date: 10/25/2006

Organization : ckd sufferer

Category : Individual

Issue Areas/Comments

ASC Addenda

ASC Addenda

support

Submitter :

Date: 10/25/2006

Organization :

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.

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Submitter : Mr. Zach Richter

Date: 10/25/2006

Organization : Mr. Zach Richter

Category : Individual

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

Be mindful of waste, fraud and abuse in the ASC setting for vascular access repair and maintenance care.

While 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, CMS needs to study the possible abuses before allowing angioplasty codes, including CPT 35476.

Submitter : Mr. William Grimm
Organization : Currently a 2nd time kidney Transplant Recipient!
Category : End-Stage Renal Disease Facility

Date: 10/25/2006

Issue Areas/Comments

GENERAL

GENERAL

My native Kidneys both failed in November 1995. I have spent approximatly 6 1/2 years on Dialysis all together. Dialysis has improved greatly in the last decade. I have had two fistula's. The first one was in my lower arm. It clouted once. It was hard for the staff to use. It clouted the second time the day after my first transplant. The second fistula is in my upper arm and has worked great and is still working. The Dr. that installed my second fistula had to quit his practice because male practice insurance was to costly! The upper arm when possible should always be the first place to have a fistula. I have really had a hard time finding employment. This is inspite of graduating twice from DeVry University and working for 10 years in the building automation industry. Thank God for the medicare, medicade, and government institutions! I feel like the systems in place to keep pcople with renal failure alive are working and getting better all the time. This is only true because the ppeople that have the power to make the improvements through there vote are doing the right thing! Don't stop doing the right thing! More and more lives and the lives of familys all over our country are depending on the decision makers to vote for the improvements necesarry for patients to have a chance to live fuller lives and provide for there family. I will hopefully bc going to work for Target by net weck! I have recently gotten approval for a student loan consolidation that I will start making payments on soon! I got my second Kidney transplant on May 23rd of this year 2006! With any luck at all I'll rcenter the work place full time and cngage my Bachclor of Sciencce in Technical Management Degree that I rceived in 1999 after having my first transplant. At that point I'll get off of Disability Support my family and be paying back in to the system instead of draining it! I know this has been a lot of rambeling. The bottom line is that I would have been dead and gone at age 33, if not for the laws that were passed, policies that were put in place, and the people like you that continue to improve the facilities and payment procedures for end stage renal facilities! Thank You! God Bless You! Keep up the Great Work! William Grimm

PS Case management other than the facility social worker should be improved or enchanced greatly! All these different things are in place to help patients with a whole host of problems. There needs to be case management to connect the patients with the available resources!

Submitter :

Date: 10/25/2006

Organization :

Category : Physician

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

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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. Leticia Holguin

Date: 10/25/2006

Organization : Cielo Vista Dialysis

Category : Individual

Issue Areas/Comments

ASC Payable Procedures

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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 ASAC 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.

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Submitter : Mrs. Amy Santapau

Date: 10/25/2006

Organization : Mrs. Amy Santapau

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

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Submitter : Mrs. Jeanne Shidler

Date: 10/25/2006

Organization : Mrs. Jeanne Shidler

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

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

In the end the physician treating the patient should, in my estimation, decide with the patient the best methodology to use.

Submitter : Mrs. Alexis Bristol

Date: 10/25/2006

Organization : Davita

Category : Individual

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

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

Submitter : Ms. Rita Thorson

Date: 10/25/2006

Organization : NorthWest Renal Access Center

Category : Other Technician

Issue Areas/Comments

GENERAL

GENERAL

Treating our patients as a whole person is not only our obligation but our duty. Giving the option of direct access care is placing our patients first in the treatment circle. Rita Thorson

Submitter : Mrs. Celine Codd
Organization : DaVita- TOPCATS Division
Category : Nurse

Date: 10/25/2006

Issue Areas/Comments

GENERAL

GENERAL

ESRD pts would benefit from readily available access points for placement of vascular access. At present, there is a delay in access scheduling secondary to limited availability of the hospital OR. With the current structure it will be challenging for the renal community to achieve the CMS guidelines for AV fistula rates of 66% by 2009. Please give consideration to increased availability of services for placement of Vascular access.

Submitter : Ms. L STUTT

Date: 10/25/2006

Organization : DAVITA

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

DIALYSIS PTS DO NEED THE SPECIAL CONSIDERATION

Submitter : Mrs. gabrielle panfil
Organization : FMC- Orland Park
Category : End-Stage Renal Disease Facility

Date: 10/25/2006

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

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Learn more: [Overview](#), [Advocacy Tools](#), [Public Policy](#), [About Kidney Health](#), [Events](#), [Contact Us](#)

Submitter : Mr. STUART SIEGEL

Date: 10/25/2006

Organization : Mr. STUART SIEGEL

Category : Individual

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

THIS INIATIVE NEEDS TO BE PASSES.

Submitter :

Date: 10/25/2006

Organization : Davita Dialysis

Category : Health Care Professional or Association

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

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Submitter : Mr. Thomas Hawley

Date: 10/25/2006

Organization : Patient..Radford, VA, Divita Dialysis Cenjter

Category : Individual

Issue Areas/Comments

ASC Addenda

ASC Addenda

In support of more information by restaurants and fast food operators as to the amount of salt in food menus. Could be posted at the establishment in lieu of package labeling. Too many dialysis patients are not aware of the danger of sodium to the food menus and its danger to your health.

Submitter : Mr. Andrew Krass
Organization : RMS Lifeline INC.
Category : Other Technician

Date: 10/25/2006

Issue Areas/Comments

GENERAL

GENERAL

I am a Radiologic Technologist and manager of a dialysis access center. I work at two centers, The Eastside Vascular access Center and the Riverview Vascular Access Center in Detroit, Michigan. We have successfully treated 1600 patients to date over the last four in a half years.

Interventional nephrology is one of the newest and most rapidly growing specialties in medicine. We are on the leading edge of advances in imaging-guided minimally-invasive medicine. Procedures performed by interventional nephrologist -- through small catheters and other devices under radiological imaging -- are often less costly and significantly less invasive than alternative surgical therapies.

In addition, our outpatient vascular access center has consistently outperformed traditional benchmarks along two key criteria: patient satisfaction and clinical success/safety. Historically, our patient satisfaction scores have averaged 95%, while maintaining a 95% clinical success rate and a low 1.4 % complication rate. I have included these results with this letter as additional support.

In light of our track record of clinical success, I am writing today to express my grave concern with CMS 2007 Update to the PE RVUs for Interventional Radiology CPT codes.

Impact Work and PE RVU Changes for Interventional Radiology

I urge CMS to reconsider the drastic 2007 cuts to the PE RVUs for interventional radiology stemming from the changes to the PE calculation methodology.

I fully understand CMS need to make difficult budgetary decisions to maintain the solvency of the Medicare trust funds. However, we have serious concerns with the proposed practice expense reductions for interventional radiology. Per Table 7 of the CMS-1321-P, the combined 2007 impact of Work and PE RVU Changes for Interventional Radiology is estimated to be -14%, the third hardest hit specialty.

A significant portion of our center's vascular access procedures involve imaging, and as such, these reductions will have a dramatic impact on our ability to treat patients. We would not want to see CMS inadvertently limit patients' access to convenient, efficient and clinically successful vascular access care. Their only alternative is to go back to the hospital for these services. This result is truly unfortunate since we can provide these services in their entirety for on average 30% - 40% of hospital rates.

In addition, we are concerned that the reductions did not adequately take into account the costs of providing imaging services. For example, a significant driver of costs is tied to the equipment. The current system does not have a specific mechanism for capturing those costs thus they may have been overlooked.

In closing, I thank you in advance for your thoughtful consideration of these comments. If I can further assist your understanding of the benefits of outpatient vascular access patient care, I would be delighted to do so.

Respectfully submitted,

Andrew D Krass R.T.
Facility Administrator

Submitter : Mrs. Heather Nagy
Organization : Hope Again Dialysis
Category : Dietitian/Nutritionist

Date: 10/25/2006

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

Please allow dialysis patients to get vascular access procedures performed at ambulatory surgery centers. This would make it a lot easier for them to get this done. Additionally, it would help these sickly patients by allowing them to be transported in for a set appointment for the procedure. Often, in a hospital setting, these cases are bumped to later in the day due to some urgent need for the OR and this means these sickly pts have to wait in the waiting room all day for their procedure.

Submitter : Mr. Harvey Warren

Date: 10/25/2006

Organization : Mr. Harvey Warren

Category : Individual

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

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Submitter : Mrs. Heather Ashbaugh

Date: 10/25/2006

Organization : Davita

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

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Submitter : Dr. Robert Hedger
Organization : Associates in Nephrology
Category : Physician

Date: 10/25/2006

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

We must continue to utilize the ambulatory surgical and interventional facilities to their fullest capacity. Limiting payment to a select few will prove both fiscal and clinical detrements. Our group has documented improved patient care and patient satisfaction along with decreased cost. I would think these are the objectives you strive for

Submitter : Mrs.
Organization : DAVITA-TAYLOR CO. DIALYSIS
Category : Nurse

Date: 10/25/2006

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 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 out patient setting. Further, 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. Rita Hedricks

Date: 10/25/2006

Organization : Dialysis Access Center of Tyler

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

As a nurse who has specialized in dialysis for 20 years, I have worked in many states that have relied on the area hospital interventional radiologist or vascular surgeon to assist with dialysis access issues. From experience, the time and effort it takes to schedule a patient, have the patient admitted to the hospital, find the correct area in the hospital and then wait for the actual procedure to be done usually takes minimally 4-6 hours if for some extreme stroke of luck, it can be done in the same day. However, in most instances, it is the next day before the patient can be seen. Thus, complications of fluid overload as well as hyperkalemia become an issue. I currently work for an outpatient access center that specializes in dialysis patient access care. The patient is admitted, fully assessed with medical history and triaged by a nurse (me in this case), the procedure is done with a licensed interventional nephrologist, a scrub nurse, a circulating nurse and a radiology technician, all who are experienced in the specialized care of ESRD patients. Recovery is monitored by a nurse and the patient is discharged after assessment. All this is done usually within a 1-2 hour time frame. Since we specialize in dialysis accesses, we have a great success rate and the patient gets the benefit of having experienced dialysis nurses as well as nephrologist monitor their care. Please take this into consideration as you vote on this issue. Thank you and please continue to vote in the best interest of the Dialysis Patient who is not 'sick' but needs assistance with continuity of care that experienced dialysis professional can and do give on a regular basis.

Submitter : Mrs. Cedrina Myers

Date: 10/25/2006

Organization : DaVita

Category : Dietitian/Nutritionist

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

Pay surgeons more for placing a fistula/graft first line option.

Enable better hemodialysis cleaning. Less trips back to the surgeon to get perm access placed. Increase well being of pt. r/t better cleaning and fluid removal compared to a Cath.

Submitter : Dr. Jayanti Jasti

Date: 10/25/2006

Organization : Nephrology Medical Associates

Category : Physician

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

Literature supports that the vascular access procedures are safe and can be performed in Ambulatory Surgical Center settings. Angioplasty codes should be included to permit a full range of vascular access procedures to be performed in accessible, cost-effective ASC settings. The cost of such procedures is still significantly less than in-patient settings.

Submitter : Mr. Jerry McNeill

Date: 10/25/2006

Organization : DaVita

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 : Karen Frost

Date: 10/25/2006

Organization : Karen Frost

Category : Ambulatory Surgical Center

Issue Areas/Comments

CY 2008 ASC Impact

CY 2008 ASC Impact

This would greatly reduce out of pocket fees for dialysis patients.

Submitter : Mr. Jerry McNeill

Date: 10/25/2006

Organization : DaVita

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. Meredith Hayes

Date: 10/25/2006

Organization : DaVita

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. Meredith Hayes

Date: 10/25/2006

Organization : DaVita

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. meleena ortega

Date: 10/25/2006

Organization : Davita

Category : Other Health Care Professional

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 : Individual

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

please support

Submitter : Angela Bradley

Date: 10/25/2006

Organization : Davita

Category : Nurse

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 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. Leann Powers

Date: 10/25/2006

Organization : Davita

Category : End-Stage Renal Disease Facility

Issue Areas/Comments

ASC Office-Based Procedures

ASC Office-Based Procedures

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

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

Submitter : Ms. Ronni Buchman

Date: 10/25/2006

Organization : DaVita

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

This is quite essential to facilitate the patients in obtaining quality care. Most pts do not want to be hospitalized and will maintain their catheters to avoid being hospitalized.

Submitter :

Date: 10/25/2006

Organization :

Category : Nursing Aide

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS' practice of re-examining its policies. Support patient choice for procedures in out-patient settings. Treat End Stage Renal Disease patients fairly by ensuring that angioplasty codes, including the CPT 35476 be allowed in the ASC setting.

Submitter : Mrs. Edda Spinelli
Organization : Davita - Kidney Dialysis Care Unit
Category : Nurse

Date: 10/25/2006

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. Edda Spinelli

Date: 10/25/2006

Organization : Davita - Kidney Dialysis Care Unit

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 : Mrs. Shelby Guthrie

Date: 10/25/2006

Organization : DaVita

Category : End-Stage Renal Disease Facility

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

Allowing Medicare to pay for procedures at Ambulatory Surgical centers would enable the patient to still return to their home center for treatment and decrease unnecessary hospitalization. It would also help spcciaize these proccdures decreasing the risk for multiple proccdures.

Submitter :

Date: 10/25/2006

Organization :

Category : Dietitian/Nutritionist

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support the recommendations made by the Medicare Payment Advisory Commission in their March 2004 report to Congress. There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Center setting. Since I work in a dialysis center I have found pt's to be extremely satisfied with having the option of getting or having a vascular access repair in the outpatient setting. The inclusion of angioplasty codes in the Ambulatory Surgical Center would support CMS' Fistula First initiative by permitting a full range of vascular access procedures to be performed in the outpatient setting. By allowing all angioplasty codes, including CPT 35476 in the ASC setting would give renal disease patients a needed choice.

GENERAL

GENERAL

For Dialysis patients vascular access is their life line but also a great source of complications and cost for the patient. Scientific evidence shows that AV fistulae provide patients with less maintenance cost, less clinical complications than surgical grafts and catheters used for dialysis access. The inclusion of CPT codes 35475, 35476, 36205, and 37206 to the list of Medicare approved ambulatory surgical center procedures would provide Medicare the opportunity to reduce the cost of and promote quality outcome for ESRD patients.

Submitter : Ms. Denise Turnbull
Organization : Davita
Category : End-Stage Renal Disease Facility

Date: 10/25/2006

Issue Areas/Comments

**ASC Payment for Office-Based
Procedures**

ASC Payment for Office-Based Procedures

We support Vascular access procedures being performed in the Ambulatory Surgical Center. It is the responsible thing to do to care for our patients and for America's Healthcare System.

Submitter : Ms. Scott Rimmer
Organization : DaVita
Category : Laboratory Industry

Date: 10/25/2006

Issue Areas/Comments

GENERAL

GENERAL

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.

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

Submitter : Mrs. Lynn Fernandez

Date: 10/25/2006

Organization : DaVita

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.

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Submitter : elmer vigil

Date: 10/25/2006

Organization : elmer vigil

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

i support it

Submitter : Mrs. Lynn Fernandez

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.

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

Submitter : Ms. Michele Hofer

Date: 10/25/2006

Organization : DaVita, Inc.

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

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.

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

Submitter : Mr. William Lee

Date: 10/25/2006

Organization : Mr. William Lee

Category : Individual

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

Co-payment needs to be changed. I am disabled and have no co-pay, yet my wife has no income but has a co-pay of \$420 a month. Why. This is not right and I am sure that a lot of people have the same problem. The spouse takes care of the disabled and suffers these ridiculous co-pays. If the beneficiary qualifies for no co-pay then the spouse should also.

Submitter : Ms. Tasha Wilson, LCSW

Date: 10/25/2006

Organization : DaVita

Category : Social Worker

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I am writing to support CMS changing policies as scientific evidence changes for access issues. Please support my patients being able to go to vascular access centers like the one we have in Oakland. My patients get quick vascular access repair in our local center, and the staff there know how to work on their accesses because they are doing those jobs frequently. My patients can more quickly return to outpatient dialysis instead of waiting for emergencies requiring expensive hospitalizations.

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 problems are expensive and troublesome for my patients. Those who have arterio-venous fistulae instead of catheters and grafts have a better standard of living with less complications and a simpler life.

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.