Submitter : **Mrs. Melissa Herb** **Date: 10/25/2006**

Organization : **Davita**

Category : **Social Worker**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

10/24/2006

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,
Melissa Herb
Certified Master Social Worker
2224 Oakwood Rd. Franklin TN 37064

Submitter : Mrs. Cheryl Auwinger **Date:** 10/25/2006

Organization : DaVita/Tokay Dialysis

Category : End-Stage Renal Disease Facility

Issue Areas/Comments

ASC Office-Based Procedures

ASC Office-Based Procedures

In the dialysis field and in the fight for the best care possible for our patients, the need for Ambulatory Based Access Centers is great. Especially in the San Joaquin area. Our patients experience costly cancellations of access evaluations, prolonged declot procedures often leading to loss of access and need for temporary CVC's and cost of new access placement if the patient is able to tolerate another procedure. Placement of an AMbulatory Access Center in our area would greatly benefit our patients, physicians and care units in providing consistency, timely care, and providing preventative care.

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

Organization : Davita

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

Please support ESRD Patients' Access to quality care. Vascular access procedures are safe and can be performed in ambulatory Surgical Center's providing easy access to patients and further reducing cost of procedure.
Amgioplasty codes should be included to permit a full range of vascular access procedures to be performed in accessible, cost effective ASC settings.

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

Organization : **Nebraska Kidney Care**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

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.

Submitter : **Ms. Svetlana Sokol** **Date: 10/25/2006**

Organization : **Davita**

Category : **Social Worker**

Issue Areas/Comments

ASC Updates

ASC Updates

Hello! Hope I chose the correct form! As a Dialysis Social Worker I am dreading a new change in Medicare Part D and effects of the Share of Cost!!! Many of my patients are on the Medicare and Share of Cost coverage... They cannot afford their medications' cost!!! And from what I have read next year it is not going to get any easier... Can you help me in helping my patients to have a good coverage, because their medications are crucial in KEEPING THEM ALIVE!!! Sincerely, Sveta Sokol, MSW, Registered Clinical Social Worker Intern

Submitter : **Mrs. Lenora Houser** **Date: 10/25/2006**

Organization : **Mrs. Lenora Houser**

Category : **Other Health Care Professional**

Issue Areas/Comments

ASC Updates

ASC Updates

Why do we have to chang things , I was doing disslys for 15yr with out a lisson now you need one

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

Organization :

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.

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

Organization :

Category : **Other Health Care Provider**

Issue Areas/Comments

ASC Payable Procedures

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ASC Payable Procedures

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

Organization :

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

Issue Areas/Comments

ASC Payable Procedures

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

Organization :

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

Issue Areas/Comments

GENERAL

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Submitter : Ms. t murphy **Date:** 10/25/2006

Organization : Ms. t murphy

Category : Individual

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

pay 100% because kidney patients have way too many bills

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

Organization : Tracy Mitchell

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

As a Registered Nurse in the Quality Profession and an individual with Chronic Renal Disease, 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. john peters** **Date: 10/25/2006**

Organization : **Mr. john peters**

Category : **Individual**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

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Submitter : Mrs. lori schrall **Date:** 10/25/2006

Organization : university of pittsburgh medical center

Category : Other Health Care Professional

Issue Areas/Comments

ASC Office-Based Procedures

ASC Office-Based Procedures

Creation of a fistula or placement of a graft in an outpatient surgical center should be incouraged to all renal patients.To often they are admitted to same day surgery on there dialysis day, and then end up dialyzing in the hospital after the procedure. This is a long day for the patient, but on a financial aspect a treatment in an acute setting is more expensive as compaired to an out patient center.Creation of an access is a simple and safe out patient procedure and taking up a bed in a acute setting with medical costs as high as they are is not as effective way to keep costs down. This comment comes from a RN who works in dialysis and also has a family member on dialysis. Patient safety is always my first concern

Submitter : Dr. B Eagel **Date:** 10/25/2006

Organization : Dr. B Eagel

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

The "Fistula First" program is an admirable, cost-effective and safe procedure for patients with CKD who anticipate ESRD requiring long term hemodialysis. This constitutes the majority of CRF patients extant in the United States. This provides the best, safest and most cost-effective means of providing artificial secondary / replacement renal function at the present time. HOWEVER, renal transplant provides greater survival advantage and improved quality of life compared to long-term (chronic) hemodialysis with permanent arteriovenous fistula placement. Living kidney transplant provides a remarkably longer survival advantage over cadaveric renal transplant and phenomenally longer than hemodialysis via temporary or permanent venous access. Whatever monetary resources are available after spending trillions of taxpayer dollars on a worthless, ill-planned, stupid waste of American military lives and an equally immoral tax reduction (uniquely in time of war) to the richest 0.01% of the population (Including Vice resident Richard Cheney), should be spent on increasing the level of donor organ transplantation to, at the very least, the level that Europe and even parts of Asia attain. Why is humanitarianism valued so little in the greatest country, The United States of America?

Submitter : Ms. Yvonne Carry **Date:** 10/25/2006

Organization : Davita Dialysis Centers

Category : End-Stage Renal Disease Facility

Issue Areas/Comments

GENERAL

GENERAL

I support the drive for the CMS-1506-P2 for Medicare Program, Ambulatory Care Surgical Center Payment System and CY 2008 payment rates as substantiated by the research that has shown the procedures to be safe for the stable patient and justified in helping to reduce health care costs while providing medically justified intervention.

Submitter : Mrs. Tina Livaudais **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.

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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. The ability to perform these surgeries in the outpatient setting allows for easy access to care. If this is prohibitied, access to care will be greatly diminished in addition to increasing health care costs related to inpatient hospital stays.
Thank you

Submitter : Mrs. Joni Hutchcraft **Date:** 10/25/2006

Organization : Mrs. Joni Hutchcraft

Category : Individual

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

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Submitter : Dr. Wadi Suki **Date:** 10/25/2006

Organization : The Kidney Institute

Category : Physician

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

For too long dialysis access care had been carried on an in-patient basis greatly escalating cost, delaying care, and constitutung a source of significant discomfort to dialysis patients. Experience has now demonstrated clearly that dialysis vascular access can be very successfully managed on an outpatient basis in office-based Ambulatory Surgical Center setting. This approach has been met with great patient acceptance, and has brought CMS huge savings. It is time now to formally add the dialysis access management codes to those approved for performance in office-based ASC setting.
Furthermore, what has now been demonstrated clearly as well is that arteriovenous fistulas can be managed quite successfully in the out-patient setting. This can only encourage the placement and salvage of more fistulas, aiding in the Fistula First effort.

ASC Payment for Office-Based Procedures

ASC Payment for Office-Based Procedures

The successes reported recently in the management of dialysis vascular access in the office-based Ambulatory Surgical Center setting doubtless have saved CMS large sums of money. Establishing an office-based ASC requires a substantial financial investment. Furthermore, operating an office-based ASC is quite expensive in terms of personnel, equipment and supply costs. It would be prudent, in order to encourage more nephrology practices to enter this arena, to set the reimbursement for outpatient dialysis access management procedures at a generous level. More practices managing dialysis vascular access in the outpatient setting can only translate into more savings for CMS.

Submitter : **Ms. Betty Bertino** **Date: 10/25/2006**

Organization : **Private Caregiver**

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

Issue Areas/Comments

CY 2008 ASC Impact

CY 2008 ASC Impact

It has been my experience that a vascular access comes with a lot of complicattions. After one year my husbands access had to be cleaned out and by the end of the third year it was not working and he was in and out of the hospital on a regular basis. He did not get a fistula because they said his veins were too weak. I often wodered about that was his veins that weak or was it just a money game to use the vascula access knowing of its problems.

Submitter : **Ms. Lynn Hill** **Date: 10/26/2006**

Organization : **Ms. Lynn Hill**

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:

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General 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.

Thank you.
Sincerely,
Lynn Hill
803 Main St.
Roanoke, AL 36274

Submitter : Mr. Steve Houston **Date:** 10/26/2006

Organization : Mr. Steve Houston

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

As a dialysis nurse I am faced with dealing with dialysis patients who need emergent and non-emergent care for vascular access issues that prevent effective dialysis to take place. I must then try to find a surgeon who has OR time or a interventional radiologist at a local hospital with an opening in their schedule to perform the necessary procedures to correct malfuntioning dialysis accesses. Sometimes we can get the patient in on the same day and other times the patients must weight an extra day. If this happens after the patients weekend without dialysis high electrolyte levels can become an issue. Having an ambulatory care center able to do these procedures in a convenient and timely manner would be very beneficial to our patient population. Thank you for your attention to this matter.

Submitter : Mrs. Carrie Smith **Date:** 10/26/2006

Organization : DaVita Parkersburg

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

We would love to have a ASC near our dialysis unit, we have been asking around to get one. If we had a center that has highly skilled staff that only work on vascular accesses for dialysis patients that would be great. The pt would not have to wait on surgery to have caths out or get access placed. The surgeons are very busy and wait time is long for cath removal and access placement. We need the skill level that ASC brings to the patient. Thank you, Carrie

Submitter : Mrs. Tamara Sanford **Date:** 10/26/2006

Organization : DAVITA

Category : Dietitian/Nutritionist

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

IF there are guidelines to insure pt safety, it makes sense to shorten the time and hassle for our pts. It makes sense to use technology for the good of our patients.

Submitter : Mrs. Wayne Sawyer **Date:** 10/26/2006

Organization : Davita - Chesapeake Dialysis Center

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 settings. Patients are extremely satisfied with having the option to secure vascular access repair and maintenance in an outpatient setting.
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Submitter : **Mrs. Paula Richardson** **Date: 10/26/2006**

Organization : **Davita Dialysis**

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

Issue Areas/Comments

ASC Payable Procedures

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Submitter : Mr. Harold Poull **Date:** 10/26/2006

Organization : Mr. Harold Poull

Category : Individual

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I believe that ASC vascular access procedcures should be covered by some sort of Federal funding to improve the quality of life for all kidney patiants.

Submitter : Mrs. Emily Brown **Date:** 10/26/2006

Organization : Fresenius Medical Care

Category : Social Worker

Issue Areas/Comments

ASC Payable Procedures

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Submitter : Mrs. Gary Bauder **Date:** 10/26/2006

Organization : Mrs. Gary Bauder

Category : Individual

Issue Areas/Comments

ASC Payment for Office-Based Procedures

ASC Payment for Office-Based Procedures

MY FEELINGS ARE THAT THIS PROGRAM WILL BE MORE BENEFICIAL TO THE PATIENT AND THE PROVIDER. IT WOULD HAVE BEEN EASIER FOR ME. PLEASE APPROVE THE PROGRAM IT IS DEFINETLY NEEDED.

Submitter : **Date: 10/26/2006**

Organization :

Category : **Social Worker**

Issue Areas/Comments

ASC Payable Procedures

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Submitter : Mr. Nicholas Hobbs **Date:** 10/26/2006

Organization : DaVita

Category : End-Stage Renal Disease Facility

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I applaud your willingness to openly take on comments from all aspects of the community and hope CMS continues to evolve the payment methodology to reflect to best healthcare model available.

So many organizations follow your lead in developing business decisions and systems based upon payment methodlogies apodted by CMS. It is my belief that your consideration for expanding billable services allowed to be performed in the ASC setting will ultimately help the overall clinical and financial landscape of the Medicare healthcare delivery model. ASCs can take quite a burden off the in-patient setting to perform routine access management procedures, in turn controlling costs, expanding availability of care, and improving the overall care for ESRD patients.

Hope this helps.

Submitter : Mrs. Barbara Frommeyer **Date:** 10/26/2006

Organization : Davita

Category : End-Stage Renal Disease Facility

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

ASC Payable Procedures (Exclusion Criteria)
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Submitter : Mrs. Susan Juarez **Date:** 10/26/2006

Organization : DaVita

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

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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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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

Submitter : Twana Bethea **Date:** 10/26/2006

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.

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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 : **Date: 10/26/2006**

Organization :

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

Issue Areas/Comments

ASC Office-Based Procedures

ASC Office-Based Procedures

10-26-06

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,
Naomi Kutilek
DaVita Derby Dialysis Center
250 W. Red Powell Dr.
Derby, KS 67037

Submitter : **Ms. Deborah Shedd** **Date: 10/26/2006**

Organization : **Davita Dialysis**

Category : **Social Worker**

Issue Areas/Comments

GENERAL

GENERAL

Please support the recommendation that Fistulas for dialysis patients can be performed in ambulatory settings.

Submitter : Mrs. **Date:** 10/26/2006

Organization : Mrs.

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

Vascular access is one of the greatest sources of complications and cost for the dialysis patient. 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 that 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. julie gipson **Date:** 10/26/2006

Organization : davita

Category : Nurse

Issue Areas/Comments

ASC Payment for Office-Based Procedures

ASC Payment for Office-Based Procedures

I work in the dialysis industry and I know firsthand how difficult it is for patients to meet all of the expectations put on them from having to be at the center three times a week to having to comply with a diet and medication regamine. The vascular access complications are common and troublesome in that with the current system, the patient has to be scheduled in to a hospital and sometimes wait days for a medical procedure that needs to be done the day that the problem is discovered in order for them to get the dialysis they need to sustain life. If we could send them to a vascular center verses an outpatient to a hospital, the time to correct the problem would be much shorter. It also would be less expensive for the insurance provided as you avoid the added charges that going to a medical center would charge for. The access centers would be specialized in dialysis access and therefore the outcomes would be better. It is also more convenient then the hospital as there would be less waiting time and better recovery time as this is their specialty.

Submitter : Mrs. Kathleen Lane **Date:** 10/26/2006

Organization : DaVita

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

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. Hospital stays increase patient risks for exposure to dangerous bacteria and viruses, treatment errors, and lost income for both patients and their families. ASC procedures decrease patient risks unless there is an underlying severe medical condition that requires overnight monitoring. In addition, ASC procedures decrease Medi-Care costs associated with overnight hospitalization, and this should result in a net savings for the American taxpayer.

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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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 : Dr. Stephen Nagy **Date:** 10/26/2006

Organization : Internal Medicine Associates

Category : Physician

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support CMS approving vascular access procedures for ambulatory surgery centers. This will expediate the process for this necessary medical procedure and allow patients on dialysis more timely and efficient access to services.

Submitter : **Date: 10/26/2006**

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.

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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. Vickie Rickords **Date:** 10/26/2006

Organization : DaVita Dialysis

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 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 the patient choice! Their is clear scientific evidence that vascular access procedures are safe and can be performed in the Ambulatory Surgical Center setting which I have seen in action at our local vascular access center. Just as important is the patients satisfaction with having the option to have their access repaired in an outpatient setting. Unlike the large hospitals where they have to park far away, walk long distances to the different areas, and frequently wait for hours they can park close to the door and have their procedure completed in a short time and be home that evening.
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 ESRD patients fairly by ensuring all angioplasty codes, including CPT 35476are allowed in the ASC setting.

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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. Their is substantial evidence that they impose higher initial and maintenance costs, lead to greater complications and result in higher mortality than the AV Fistula.
The inclusion of the CPT codes 35475,35476,36205 and 37206 to the list of Medicare approved ASC procedures would reduce the cost of, and promote quality outcomes for these ESRD patients through more thoughtful reimbursement and regulation of vascular access procedures.

Submitter : Stuart Katz **Date:** 10/26/2006

Organization : Tucson Musculoskeletal, LLC

Category : Ambulatory Surgical Center

Issue Areas/Comments

CY 2008 ASC Impact

CY 2008 ASC Impact

We applaud the efforts of CMS to improve and expand the benefits of Medicare to the people who are entitled to coverage under the program. Access to high quality care should be at the forefront of the effort and we believe that you have begun the process in the proper direction. I am not only the Executive Director of Tucson Orthopaedic Surgery Center but President of the Arizona Ambulatory Surgery Center Association. There are 137 ASCs in Arizona who provide additional access to care outside of the general acute care hospitals. Most, if not all, are lower cost alternatives to Hospital Outpatient Departments since most of us do not have the 24/7/365 requirement that hospitals in this State do. It would be hard to argue that ASCs should be paid at the same rate as hospitals given the immediate previous statement.

Briefly, it is our position that:
*To assure Medicare beneficiaries access to ASCs, CMS should broadly interpret the budget neutrality provision enacted by Congress. 62% is simply not adequate.
*ASC list reform proposed by CMS is too limited. CMS should expand the ASC list of procedures to include any and all procedures that can be performed in an HOPD. CMS should exclude only those procedures that are on the inpatient only list. We would also like to discuss this list to see if there are procedures which are listed as in-patient only that can be safely done in an out-patient setting using strict selection criteria for patients. Not all people needing surgery can be handled safely outside of the acute care hospital.
*ASCs should be updated based upon the hospital market basket because this more appropriately reflects inflation in providing surgical services than does the consumer price index. Also, the same relative weights should be used in ASCs and hospital outpatient departments.
*Aligning the payment systems for ASCs and hospital outpatient departments will improve the transparency of cost and quality data used to evaluate outpatient surgical services for Medicare beneficiaries. We believe that the benefits to the taxpayer and the Medicare consumer will be maximized by aligning the payment policies to the greatest extent permitted under the law.

With regard to the inpatient only list I would cite that many total joint replacement surgeries are performed on non-Medicare beneficiaries across the country in a safe manner. We believe and are ready to assist CMS in the development of selection criteria for certain Total Joint Arthroplasty procedures which will reduce the costs to the program, in our estimation by more than $1.0 billion annually.

In 2004 CMS expenditures for TJA were up 40% over 2003 when they went from $10 to $14 billion. Tucson Orthopaedic Institute, Tucson Medical Center and Tucson Musculoskeletal are prepared to offer our Research Department in the development of selection criteria for Medicare beneficiaries to have TJA in an out-patient setting. We are prepared to do this in concert with Region IX of HHS. We would like the opportunity to discuss this project with the proper personnel as quickly as possible to enable CMS to possibly expand access to these types of procedures at a lower overall cost to the program.

The savings of more than $1.0 billion will allow CMS to expand services and access to those services in other areas of the program. This is not cost-shifting but cost savings which will allow CMS to reach more people with more services for the same total amount available to CMS on an annual basis.

Please have a member of your staff contact me at their earliest convenience to discuss the possibility of doing this pilot program.

We will continue our efforts to reduce the costs of providing quality care to all of our patients and we would hope that CMS recognizes the contributions of ASCs to the Medicare population. Reimbursement in the 75-80% range of HOPDs is more in keeping with the actual costs of doing business.
Thank you.

Stuart Katz, FACHE

Submitter : **Ms. Emy Tolan** **Date: 10/26/2006**

Organization : **Davita**

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

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

Vascular Access is safe to have it done in Ambulatory Surgical Center. Most of the time Surgeon does not take priority on ESRD Vascular Access because they think its not priority causing patients to wait or Nephrologist will insert Temporary Access to perform emergency dialysis

Submitter : Ms. Diannee Brune **Date:** 10/26/2006

Organization : DAVITA

Category : Nurse

Issue Areas/Comments

CY 2008 ASC Impact

CY 2008 ASC Impact

This program offers comfort and convenience to patients by giving hem direct access to care and maintenance to their lifeline- their dialysis acess. This also providcs for greater access for patients in the hospital OR's that need that rapid acess.

Submitter : **Date: 10/26/2006**

Organization :

Category : **Social Worker**

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: 10/26/2006**

Organization :

Category : **Social Worker**

Issue Areas/Comments

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 : **Mrs. Virginia Brown** **Date: 10/26/2006**

Organization : **Mrs. Virginia Brown**

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

Issue Areas/Comments

GENERAL

GENERAL

additional funding needs to be set aside for funding this surgical proccedure. Outpatient or ambulatory can be done safely, not using hospital personnel for bed changing, feeding patients who can go home and help them selves. The longer we are kept in hospital, the higher risk of picking up infection with resisitant bacteria. Urgent need with "boomer" numbers comming up. Thank you. Virginia Brown

Submitter : K Riojas **Date:** 10/26/2006

Organization : DaVita

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

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Submitter : Mrs. Agnes Jernigan **Date:** 10/26/2006

Organization : Mrs. Agnes Jernigan

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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Submitter : **Mrs. Tammi Jones** **Date: 10/26/2006**

Organization : **Southeastern Kidney Council**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

October 26, 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 or Madam:

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

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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

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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.

Thank you.
Sincerely,
Tammi Jones
Southeastern Kidney Council
1000 St. Albans Drive, Ste 270
Raleigh, NC 27609

Submitter : Rosemary Georgett **Date:** 10/26/2006

Organization : Rosemary Georgett

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.

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. olga hood **Date:** 10/26/2006

Organization : Davita of Richmond

Category : Other Technician

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 Commmission (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 exludinga procedure from the approved list.

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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 : Rosemary Georgett **Date:** 10/26/2006

Organization : Rosemary Georgett

Category : Individual

Issue Areas/Comments

ASC Unlisted Procedures

ASC Unlisted Procedures

I support CMS reviewing all procedures to care for vascular access, especially for dialysis patients, and listing them as covered procedures in an ASC. This would include radiology necessary to do the work, labs, etc.

Submitter : Mrs. Leah Ethridge **Date:** 10/26/2006

Organization : Mississippi Ambulatory Surgery Association

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1506-P2-472-Attach-1.DOC

Submitter : Mrs. Sandra Klink **Date:** 10/26/2006

Organization : DaVita

Category : Health Care Professional or Association

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.

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Submitter : Mrs. Sheila Thigpen **Date:** 10/26/2006

Organization : DaVita

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

All procedures that would be needed for vascular access intervention, including angioplasty, must be approved for ambulatory care centers. It is extremely important that dialysis patients have access to safe, timely, cost-effective care when their lives depend on the patency of their vascular access.

Submitter : Ms. yvette alston **Date:** 10/26/2006

Organization : Davita Greenspring Dialysis

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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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. Sheila ` Pratt **Date:** 10/26/2006

Organization : Group Health Inc.

Category : Individual

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I support reviewing policies.
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, paitents are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting.
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Submitter : **Barb Haley** **Date: 10/26/2006**

Organization : **Fresenius Medical Care**

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.

There is clear scientific evidence that vascular access procedures are safe and can be performed in Ambulatory Surgical Centers. Access to an ambulatory center is often more convient for patients, than trying to access care at an acute care hospital. 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.
thanks

Submitter : Mrs. susan walker **Date:** 10/26/2006

Organization : vcu /mcv health systems, richmond,va

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

Patients should have acccss to outpatient vascular surgeries that are efficient and timely. Most of the time access problems get pushed to the end of the or list in thc local hospitals and the patients are going to surgery at midnight and then being dialyized and sent home. This includes the ones that are supposed to be an cmergency. With outpatient vascular labs available, much time and money will be savcd. Burt the most imnportant person who will benefit will ultimately be the paticnt.

Submitter : Mrs. Melena Burns **Date:** 10/26/2006

Organization : DaVita, Inc.

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

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Submitter : Mr. **Date:** 10/26/2006

Organization : DaVita

Category : Health Care Provider/Association

Issue Areas/Comments

ASC Wage Index

ASC Wage Index

Submitter : **Mrs. Melena Burns** **Date: 10/26/2006**

Organization : **DaVita, Inc.**

Category : **Nurse**

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 aceess 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 amblatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for , End -stage renal disase (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

Submitter : **Mrs. grace garcia** **Date: 10/26/2006**

Organization : **Davita**

Category : **Nurse**

Issue Areas/Comments

ASC Office-Based Procedures

ASC Office-Based Procedures

Temporary Dialysis Access, declotting of Grafts and Fistulas.

Submitter : **Mrs. catherine carr** **Date: 10/26/2006**

Organization : **mercy hosp mt airy**

Category : **Health Care Professional or Association**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

My father has chronic renal disease. this would be more expensive done in a hospital. His dr. has done several angioplasties and embolizations on his fistula. He has not yet started dialysis but his arm is now ready when needed. He had no complications @ the outpt. facility. We believe and trust his dr's.

Submitter : Mr. Harvey SAnders **Date:** 10/26/2006

Organization : Davita

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

Comment directly related to the benefits to the patients in regards to the procedures of fistula and graft placements. Also comment directly related to the cost savings that a hospital would recieve due to the ESRD patient not being admitted for long term care during at which time this procedure is done.

Submitter : **Date: 10/26/2006**

Organization :

Category : **Nurse**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

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Submitter : **Date: 10/26/2006**

Organization :

Category : **Nurse**

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 : Mr. Stanley Prawdzik **Date:** 10/26/2006

Organization : Not associated with any

Category : Other Technician

Issue Areas/Comments

ASC Phase In

ASC Phase In

I live in Griffin, Ga. Griffin Spalding Regional Hospital has out-patient services. If this ASC happens, where and or how is this going to happen in this area. Much less to find staff for these centers.With the fraud that now happens, just how long will these centers remain in existence. Medicare will not even pay for a "family member" to take care of a chronically ill family member but yet, medicare will pay for someone to go to a home? This a good idea but, I do not see it happening.

Submitter : **Ms. Carol Kringstad** **Date: 10/26/2006**

Organization : **Avera St Lukes**

Category : **Nurse**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

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

ASC Payable Procedures

ASC Payable Procedures

The inclusion of CPT codes 35475, 35476, 36205, and 37206 to the list of Medicare approved ambulatory 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. RON STROUPE **Date:** 10/27/2006

Organization : Mr. RON STROUPE

Category : End-Stage Renal Disease Facility

Issue Areas/Comments

ASC Office-Based Procedures

ASC Office-Based Procedures

I think that mobile access should be allowed. it would be easer for the patient, and is not that what it is all about. our patients.
thank you.
L.R.STROUPE

Submitter : **Date: 10/27/2006**

Organization : **davita**

Category : **Other Technician**

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. Gary Strange **Date:** 10/27/2006

Organization : DVA Laboratory Services, Inc

Category : Laboratory Industry

Issue Areas/Comments

ASC Payable Procedures

ASC Payable 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 Unlisted Procedures

ASC Unlisted 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 : Ms. Robin Lowery **Date:** 10/27/2006

Organization : Davita Branchview

Category : Nurse

Issue Areas/Comments

ASC Updates

ASC Updates

I think what ever the CMC can do to make it easily understood to all patients is the best. The accessablity of the outpatient setting to have access procedures done makes it easier on the patients also. For many not having to go to a hospital to have a procedure done sets their mind at ease.

Submitter : Mrs. Lorelei Schaefer **Date:** 10/27/2006

Organization : Davita

Category : Hospital

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 a procedure from the the approved list. Please support patient choice! there is clear scientific evidence that vascular access procedures are safe and can be performed in the Ambulataory Surgical Center setting, and more inportantly, patients are extremely satisfied with having the option to secure vascular access repair and maintenance care in an outpatient setting.

ASC Payable Procedures

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Submitter : Ms. RoxAnna Anthony **Date:** 10/27/2006

Organization : Davita Greenspring

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

Dialysis patients are dramaticly effected by ESRD the best procedure for the patient should be paid for by their insurance. Most of these patients are covered by Medicare and are therefore at the mercy of any changes you make.

Submitter : **Date: 10/27/2006**

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

Submitter : Ms. CLARA HAYES **Date:** 10/27/2006

Organization : RMS LIFELINE 1424

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

OUR PATIENTS HAVE EXPRESSED A GREAT DEAL OF SATIFACTION AND A PREFFERANCE FOR RECIEVING THEIR ACCESS INTERVENTIONS IN A ASC. PLEASE CONTINUE TO GIVE THEM THAT CHOICE.

Submitter : **Dr. Roger Coomer** **Date: 10/27/2006**

Organization : **Nephrology Consultants**

Category : **Physician**

Issue Areas/Comments

ASC Unlisted Procedures

ASC Unlisted Procedures

October 27, 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,
Roger W. Coomer, MD
2325 Pansy St., Ste. E
Huntsville, AL 35801

Submitter : **Date: 10/27/2006**

Organization :

Category : **Dietitian/Nutritionist**

Issue Areas/Comments

GENERAL

GENERAL

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Submitter : **Date: 10/27/2006**

Organization :

Category : **Individual**

Issue Areas/Comments

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.

I have used an ASC twice in the last year for eye surgery; and, was very satisfied with the result.

I have had two angioplasty repair procedures to my renal fistula in a hospital the past 6 months. They would have been simpler and less expensive if performed in an ASC setting.

Submitter : Mrs. Janet Woodings **Date:** 10/27/2006

Organization : DAVITA

Category : Nurse

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I have been a dialysis nurse since 1983. I have worked with many types of dialysis accesses and seen first hand the effect of access problems. These patients want more time with their families and to achieve that simple goal-a patent life line called a dialysis access is imperative. Not only is competant surgical placement personnel and facilities beneficial but radiologic maintenance procedures are most beneficial for their life. A person only has so many peripheral limbs to work with and their entire life on some sort of life support. I support any program that will allow these patients quality medical care. That is what we all want for ourselves and each other.

Submitter : **Date: 10/27/2006**

Organization :

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

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Submitter : Rebecca Bertacchi **Date:** 10/27/2006

Organization : Rebecca Bertacchi

Category : Individual

Issue Areas/Comments

ASC Payable Procedures

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Submitter : **Rebecca Bertacchi** **Date: 10/27/2006**

Organization : **Rebecca Bertacchi**

Category : **Individual**

Issue Areas/Comments

GENERAL

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Submitter : Mr. David Spears **Date:** 10/27/2006

Organization : DaVita

Category : Individual

Issue Areas/Comments

GENERAL

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Submitter : Mrs. Teresa Webb **Date:** 10/27/2006

Organization : DaVita

Category : Health Care Professional or Association

Issue Areas/Comments

CY 2008 ASC Impact

CY 2008 ASC Impact

Our unit is now associated with a nephrology access service center and results are much better for quality and patient satisfaction.

Submitter : Ms. Cathy Burch **Date:** 10/27/2006

Organization : Davita Henrico

Category : End-Stage Renal Disease Facility

Issue Areas/Comments

GENERAL

GENERAL

"ASC Payable Procedures"

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Submitter : Ms. Genevieve Beyale **Date:** 10/27/2006

Organization : DaVita Four Corners Acute Dialysis

Category : Nurse

Issue Areas/Comments

CY 2008 ASC Impact

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Submitter : **Dr. Bernard Azer** **Date: 10/27/2006**

Organization : **Dr. Bernard Azer**

Category : **Physician**

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

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Submitter : **Date: 10/27/2006**

Organization :

Category : **Physician**

Issue Areas/Comments

GENERAL

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Submitter : JoAnn Gaskey **Date:** 10/27/2006

Organization : JoAnn Gaskey

Category : End-Stage Renal Disease Facility

Issue Areas/Comments

GENERAL

GENERAL

Outpatient facilities to perform such procedures as an angioplasty, are not as qualified as hospitals. From personal experiance, they line you up like you are on line at a bakery, as soon as one is doen another is rushed in. This is what happened to my Mother. An angioplasty was done at an ou-patien facility and they opened up her fituals so musch and taped her hand to the surgical table without protection, which caused massive steal syndrome and necrosis. She had to have a by-pass on her arm and then ligation to tie off fistuls to save her hand just because the doctor told her he would have her flowing 100%. I guess it is no coinsidnce that he is no longer at the hospital in the area but is still in his out-patient facility. Hospitals are better equiped for emergencies. These patients are ot numbers, they are humans who feel pain and suffering.

Submitter : Mrs. J Hines **Date:** 10/27/2006

Organization : Mrs. J Hines

Category : Individual

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

Allow this to pass. My husband is a PD patient.

GENERAL

GENERAL

Allow the above to pass. ASC Payable Procedures

Submitter : Mr. **Date:** 10/28/2006

Organization : Mr.

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

great idea to have outpatient vascular acces surgery. It will be done in a sterile, surgical suite allowing for more availability to schedule procedure for our patients. It is sometimes difficult to get these procedures scheduled and the diabetics must wait often many hours in the waitng are without eating. Most of these patients are fragile and it is difficult for them and thier families to spend many hours waiting.

Submitter : LILLIAN PRYOR **Date:** 10/28/2006

Organization : TRINITAS

Category : End-Stage Renal Disease Facility

Issue Areas/Comments

ASC Payable Procedures

ASC Payable Procedures

I AGREE THAT VASCULAR ACCESS SHOULD BE ADEQUATELY REIMBURSED IN THE AMBULATORY SURGICAL CENTERS. THERE SHOULD ALSO INCLUDE SOME KIND OF REIMBURSEMENT FOR UNINSURED CLIENTS.(ILLEGAL IMMIGRANTS) THIS POPULATION IS INCREASING IN THE ESRD COMMUNITY AND IT IS DIFFICULT TO SCHEDULE APPOINTMENTS FOR ACCESS PLACEMENT WHEN THE CLIENT HAS NO INSURANCE.

Submitter : **Dr. Paul Arnold** **Date: 10/28/2006**

Organization : **Arnold Vision**

Category : **Ambulatory Surgical Center**

Issue Areas/Comments

ASC Conversion Factor

ASC Conversion Factor

October 28, 2006
Leslie V. Norwalk, Acting Administrator
CMS, Dept. HHS
Washington, DC
Dear Administrator Norwalk,
I write as an owner of an ophthalmic ASC about the recent CMS rule regarding a new ASC payment system and update of the ASC procedures list. I built my first ASC in 1990 after struggling with our major hospital to allow me to deliver a higher quality of care to my cataract and glaucoma patients. Our patients have been very happy about the more personalized service, the higher quality of care, and the lower costs at the Arnold Surgery Center.

Linking ASC reimbursement to HOPD allowables at 62% is far too low. Historically, the ratio has been at least 75%; this is more realistic and fair. Furthermore, the annual update should be linked to the same factor as HOPDs, the hospital market basket, not simply the CPI. Our costs (labor, drugs, and devices) are affected by the identical factors as the HOPD.

Whatever percentage is adopted, it should be uniform across procedures. There is no justification for favoring one specialty over another. Any differences in costs would presumably be reflected in the established HOPD allowables. Justice and simplicity require a single conversion factor for all ASC procedures.

We perform all ophthalmic laser procedures in our ASC. It is not reasonable to reimburse these procedures at the office expense rates. We utilize special anesthesia and nursing care in our ASC for these operations to provide a safer, more comfortable experience for our patients. These services should be included on the ASC list at the same, uniform facility reimbursement rate.

Finally, all procedures allowed in the HOPD should be provided for in the ASC procedure list. Other than the requirement for an overnight stay in the hospital, there is no rationale for any exclusion. This certainly applies to ALL ophthalmic operations.

Thanks very much for your consideration of these changes to the ASC rule under review. I would be happy to reply to any questions you might have.
Yours sincerely,

Paul N. Arnold, MD, FACS
Arnold Vision, 1011 E Montclair, Springfield, MO 65807 417-890-8877

Executive Committee, Outpatient Ophthalmic Surgery Society (OOSS)
Former Chair of Government Relations, American Society of Cataract & Refractive Surgery (ASCRS)
Former member Federal Affairs Committee, American Academy of Ophthalmology (AAO)

Submitter : Ms. Pamela Metzner **Date:** 10/28/2006

Organization : 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.

ASC Payable Procedures

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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.

Regulatory Action Center
Overview
Sample Comments
How to mail or hand deliver comments
How to submit comments online
Background information
DaVita's Comments to
CMS-1506-P2 (available 11/6/06)
SURVEY:
How can we improve this process?
Comments are due in the CMS Office by 5 p.m. on 11/6/06

Submitter : Mrs. Ree Miller **Date:** 10/28/2006

Organization : Mrs. Ree Miller

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I feel that an outpatient center is appropriate for inserting a fistula.
I had it done a a hospital setting and found that unnecessary.

Submitter : Dr. Steven Perlmutter **Date:** 10/28/2006

Organization : Outpatient Surgical Care, Ltd.

Category : Ambulatory Surgical Center

Issue Areas/Comments

CY 2008 ASC Impact

CY 2008 ASC Impact

Submitter : Dr. RADHA VENKATRAMANAN **Date:** 10/29/2006

Organization : Nephrology group of Hopkinsville

Category : Physician

Issue Areas/Comments

ASC Office-Based Procedures

ASC Office-Based Procedures

Agree with the thought of ASC procedures, in nephrology.

Submitter : M Lopatynsky **Date:** 10/29/2006

Organization : M Lopatynsky

Category : Physician

Issue Areas/Comments

CY 2008 ASC Impact

CY 2008 ASC Impact

The Ambulatory surgical experience for many people not only provides excellent outcomes but also a more efficient and less stressfull surgery. To provide great outcomes it is critical to have a great workforce that will not only take care of the patient in a manner that we all expect but more importantly will be able to learn how to run complex machinery and maintain it. This type of a work force benefits society many times over by returning rapidly healing patients that do not become long term burdens financially or otherwise. The government benefits by having less long term utilization of medical services when surgeries are performed to the highest standards possible. As people regain for example great vision after cataract surgery they remain more active mentally and avoid depression therapy and many of these patients then recommit to their volunteer efforts. They are safer driving especially at night which translates into more activities but more importantly fewer accidents.

To get great results requires great ingredients and when the ASC is punished by not recieving adequate payment for the facility fee this affects results. Our surgical equipment, compliance with rules and regulations and need to pay employees fair wages and provide benefits is costly and requires adequate compensation but any lower standards has greater impacts on us all. Please do not think short term savings but consider all the benefits of staying committed to the high quality of care provided by ASC's. Thank you for your kind consideration of this critical issue.

Submitter : Ms. Brenda Towner **Date:** 10/29/2006

Organization : DaVita Kingwood Dialysis

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

I am in favor of performing these procedures at an ASC as the patients in our dialysis clinic have recieved successful treatment for clotted dialysis accesses at these facilities. The patients don't complain about having the procedures at the facilities as it doesn't require a lengthy process like the hospital admission process.

Submitter : Dr. Phillips Labor **Date:** 10/29/2006

Organization : Texas Surgery Center/ Eye Consultants of Texas

Category : Physician

Issue Areas/Comments

CY 2008 ASC Impact

CY 2008 ASC Impact

To whom it may concern,

Thank you for taking the time to read the following comments. My name is Phillips Kirk Labor and I'm a practicing Ophthalmologist specializing in cataract and refractive surgery in the Grapevine/Southlake area of the Dallas-Fort Worth, TX metroplex. I understand you have a busy schedule and I appreciate your consideration of the upcoming points I will make regarding ASC payment system and payment rates.

I have been a practicing Ophthalmologist since 1995 and before medical school and residency worked in a private practice setting as a Physician's Assistant in Ophthalmology from '85-'87.

Accordingly, I've had the opportunity to see Ophthalmic, as well as other surgery performed in a number of outpatient ASC and hospital environments. I am certain that many current procedures may be performed in the ASC setting safely,effectively and,significantly,at decreased overall cost to CMS when compared to hospital outpatient departments. However, the currently proposed rate adjustment to 62% of HOPD rates is well off the mark and is woefully inadequate. Interpretation of the budget neutrality provision in such a manner that would allow ASC payment rates at 75% of the HOPD, as suggested by the ASC industry, would allow for more realistic reimbursement when it comes to costs incurred when providing the same service. Additionally, application of a uniform percentage of 75% of HOPD across all ASC services, regardless of type or specialty will still create significant savings when compared with rates paid to HOPD's.

Throughout my involvement in healthcare, since I began my training first as a PA in 1983, later through medical school and residency and into private practice it has been my experience that patients prefer services provided in the ASC setting when compared with HOPD. When given the choice and when the procedure can be performed safely in an ASC setting, my experience has been that patients prefer an ASC over the hospital. In light of this, ASC's should be permitted to furnish and receive facility reimbursement for all procedures performed in an HOPD. The decision of what site his or her surgery should be performed is a decision that should remain within the realm of the patient-doctor relationship; your assistance in broadening the list of ASC approved procedures as described above would greatly help maintain the integrity and importance of that relationship.

Finally, as you know, current ASC rates are not tied to any cost- of-living updates through 2009. In 2010 CMS proposals suggest ASC updates be related to the CPI rather than hospital market basket (HMB). I request that the new payment system be construeted in such a way that HMB related updates of payment rates be applicable to both ASC's and HOPD's.

I appreciate your time and commitment to improved patient care as well as your consideration of my comments in your attempt to develop a more reasonable payment system when it comes to Ambulatory Surgery Centers.

Sincerely,

Phillips Kirk Labor, MD

Submitter : **Date: 10/29/2006**

Organization :

Category : **Nurse**

Issue Areas/Comments

ASC Payable Procedures

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Submitter : **Date: 10/29/2006**

Organization :

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

Issue Areas/Comments

GENERAL

GENERAL

Whatever makes it easier and safe is what I am interested in.