#236

CMS-1392-P

Because the referenced comment number does not pertain to the subject matter for CMS-1392-P, it is not included in the electronic public comments for this regulatory document.

#237

CMS-1392-P

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#238

CMS-1392-P

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#239

CMS-1392-P

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Because the referenced comment number does not pertain to the subject matter for CMS-1392-P, it is not included in the electronic public comments for this regulatory document.

2411

CMS-1392-P

Because the referenced comment number does not pertain to the subject matter for CMS-1392-P, it is not included in the electronic public comments for this regulatory document.

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Submitter : **Dr. Fletcher Miller, Jr.** **Date: 08/30/2007**

Organization : **Mayo Clinic Rochester**

Category : **Physician**

Issue Areas/Comments

OPPS Impact

OPPS Impact

I am a practicing cardiologist and Director of the Echocardiography Laboratory at the Mayo Clinic, Rochester, MN. I want to comment on the proposal to eliminate separate payment for contrast agents used in echo procedures, performed in hospital outpatient settings, beginning in 2008. This proposal should not be implemented. From our own large clinical experience, the use of echo contrast agents greatly enhances diagnostic accuracy for stress and resting echocardiographic studies for appropriately-selected patients. This proposal will further decrease the use of echo contrast. We conduct a large number of clinically oriented educational conferences on echocardiography. Based on my interactions with members of the audiences (practicing cardiologists and sonographers) I feel that echo contrast is already underutilized, to the detriment of a very large number of patients.

Furthermore, if contrast is not used to enhance echo images in selected cases, the risk is not only inappropriate diagnosis, but also increased utilization of additional, expensive imaging modalities for the same patient (such as nuclear, CT, MRI, and coronary angiography). Our experience strongly supports the fact that the use of these additional, expensive imaging modalities is not necessary in most cases in which we use contrast to enhance the echo images.

This proposal will certainly decrease use of contrast agents during examinations for which they are clinically-indicated. The disincentive is particularly strong because contrast agents are relatively costly compared to the echo procedures with which they will be packaged. This will be a disservice to patients, from the standpoint of stepping backwards in diagnostic accuracy of their echocardiography studies. In addition, the proposal will likely increase Medicare expenditures by significantly increasing the number of cases with uncertain echo diagnoses, thereby necessitating an increased number of additional, expensive non-invasive and/or invasive imaging procedures for many patients.

Thank you for taking my comments into consideration,

Fletcher A. Miller, Jr.,
Director Echocardiography,
Mayo Clinic, Rochester

#245

CMS-1392-P

Because the referenced comment number does not pertain to the subject matter for CMS-1392-P, it is not included in the electronic public comments for this regulatory document.

CMS-1392-P

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#256

CMS-1392-P

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CMS-1392-P

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#258

CMS-1392-P

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#259

CMS-1392-P

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CMS-1392-P

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#261

CMS-1392-P

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#262

CMS-1392-P

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CMS-1392-P

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#264

CMS-1392-P

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#265

CMS-1392-P

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CMS-1392-P

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#267

CMS-1392-P

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#268

CMS-1392-P

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#269

CMS-1392-P

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#270

CMS-1392-P

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Submitter : **Ms. Cari Lausier** **Date: 08/30/2007**

Organization : **Sound Imaging Solutions, LLC**

Category : **Individual**

Issue Areas/Comments

OPPS Impact

OPPS Impact

The elimination of reimbursement would negatively affect the quality of patient care. As an echocardiographer and a consultant I battle continually to get facilities to agree to offer contrast agent for the improved visualization of cardiac wall motion abnormalities and other indications. A lack of access to this diagnostic tool due to no reimbursement for this expensive drug would cause even less use and require more expensive testing to assess wall motion, like Nuclear Medicine testing. Please don't limit the tools we have to asess cardiac wall motion by limiting reimbursement.

Submitter : JOSE L. FIGUEROA, RCS **Date:** 08/30/2007

Organization : CAPITAL HEALTH SYSTEM @MERCER CAMPUS

Category : Other Technician

Issue Areas/Comments

GENERAL

GENERAL

I AM AN ECHOCARDIOGRAPHER PRACTICING ECHOCARDIOGRAMS AT CAPITAL HEALTH SYSTEM. WE CURRENTLY USE DEFINITY TO OBTAIN IMAGES ON PATIENTS WHO NEED THIS TO ASSESS THE HEART STRUCTURE TO GIVE A BETTER EVALUATION. I DONT BELIEVE THAT ANY INSURANCE OR MEDICAID SHOULD CONTROL WHO NEEDS THIS CONTRASTING AGENT. WE AS MEDICAL PROFESSIONS SHOULD DECIDE WHEN TO USE IT. I STRONGLY ADVISE NOT LETTING INSURANCE OR MEDICAID CONTROL SUCH AN IMPORTANT TOOL.

JOSE L. FIGUEROA, RCS

#273

CMS-1392-P

Because the referenced comment number does not pertain to the subject matter for CMS-1392-P, it is not included in the electronic public comments for this regulatory document.

#274

CMS-1392-P

Because the referenced comment number does not pertain to the subject matter for CMS-1392-P, it is not included in the electronic public comments for this regulatory document.

Submitter : **Dr. Christopher Robin Mart** **Date: 08/30/2007**

Organization : **University of Utah, Primary Children's Med. Ctr.**

Category : **Physician**

Issue Areas/Comments

Impact

Impact

To Whom It May Concern:

This letter is to urgy you to continue to provide separate reimbursement for contrast echocardiograms in 2008. I am a fulltime pediatric cardiologist at the University of Utah, Primary Children's Medical Center and perform contrast echocardiograms on a regular basis. I am concerned that if separate payment for contrast echocardiograms is eliminated for hospital outpatients, patient access to studies using contrast would be severely limited and Medicare expenditures for more invasive follow-up procedures may increase.

I ask that you consider the following:

Contrast echocardiograms already may be underutilized, and the proposal will increase the financial disincentive to use contrast, even when its use is medically appropriate.

Underutilization of contrast echocardiograms is not in the best interests of Medicare patients or the Medicare program since inconclusive diagnosis may result in the performance of more invasive and costly diagnostic tests.

Contrast echocardiograms are relatively costly in comparison with the echo procedures with which they are to be packaged, which increases the financial disincentive created by packaging these agents with the underlying echo procedures.

IF CMS nonetheless decides to package echo contrast, it is required by statute to create separate payment groups for contrast-enhanced and un-enhanced procedures, which would require the creation of new HCPCS codes to identify contrast-enhanced procedures.

Thus, medical expendatures will be less and medical card will be enhanced by continuing to provide separate reimbursement for contrast echocardiograms in 2008 and the future.

Sincerely,

Christopher R. Mart, M.D.

Submitter : Mr. Anthony S. Ramsden **Date:** 08/30/2007

Organization : Prairie Cardiovascular

Category : Other Technician

Issue Areas/Comments

Packaging Drugs and Biologicals

Packaging Drugs and Biologicals

Echocardiographic contrast agents should remain as a seprate billable item. With the decreasing reimbursments for outpatient services, the incentive to give the patient the best information possible will be reduced or eliminated with the combining of the procedure codes. All cardiac stress echo patients need this agent and upwards of 20-30% of all routine echocardiographic patients would benefit from the use of echocardiographic contrast material. This agent ensures accurate demonstration of cardiac chamber demensions and function. This agent also enable cardiologist to diagnosis the presence on intracardiac tumors and thrombi. Without this agent, the patient would then be required to undergo further testing. This would delay proper diagnosis and increase the cost to the patient and the system that pays for the care. It is vital that this remains as a seprate item to ensure that our patients recieve the absolute best care and diagnostic procedures possible.

Submitter : **Dr. Bashar Shala** **Date: 08/30/2007**

Organization : **Memphis Heart Clinic**

Category : **Physician**

Issue Areas/Comments

OPPS Impact

OPPS Impact

Contrast agents already may be underutilized, and the proposal will increase the financial disincentive to use contrast, even when its use is medically appropriate.

Underutilization of contrast agents is not in the best interests of Medicare patients or the Medicare program since inconclusive diagnosis may result in the performance of more invasive and costly diagnostic tests.

Contrast agents are relatively costly in comparison with the echo procedures with which they are to be packaged, which increases the financial disincentive created by packaging these agents with the underlying echo procedures.

IF CMS nonetheless decides to package echo contrast, it is required by statute to create separate payment groups for contrast-enhanced and un-enhanced procedures, which would require the creation of new HCPCS codes to identify contrast-enhanced procedures.

Submitter : Dr. Timothy Obarski **Date:** 08/30/2007

Organization : Heart Specialists of Ohio

Category : Physician

Issue Areas/Comments

Packaging Drugs and Biologicals

Packaging Drugs and Biologicals

As a practicing cardiologist, I would like to comment on the proposed bundling of contrast agents with an echocardiogram to reduce payments. Echo is the best,cheapest and most accurate tool for evaluation of the heart. Unfortunately, if a patient is in the ICU on life support, obese, have underlying lung disease, or other condition, visualization of the heart and evaluation of its function can be difficult or impossible. The use of a contrast agent can take a non-diagnostic study, and improve it to give valuable information.The administration of contrast takes time, effort and increased scanning to prepare and properly administer the contrast. To assume that it is part and parcel of a routine echo is very mistaken. The extra time can approach 30 minutes. Without these cuts, the current payment for contrast frequently does not cover or barely covers the costs. This has limited its diagnostic use because labs do not wish to lose more money on echo. If you bundle the codes, the use of contrast will diminish more, leaving the clinician with a non-diagnostic study and the need to perform another test, often times, more expensive in nature (such as a TEE or angiogram) to acquire the needed information. So to save a few dollars on contrast, you will open the door to the necessity for labs/physicians to perform more invasive and expensive tests. Please reconsider your decision to bundle contrast echo with the basic echo fee. Thank you.

Submitter : Dr. Steven Fein **Date:** 08/30/2007

Organization : Dr. Steven Fein

Category : Physician

Issue Areas/Comments

Impact

Impact

It is my understanding that there is a proposal to essentially eliminate reimbursement for echo contrast in the outpatient setting. This measure would for all intent and purpose establish a financial punishment for providing high quality outpatient care. THis portion of the proposed change must be eliminated.

Submitter : **Dr. Dali Fan** **Date: 08/30/2007**

Organization : **North Shore University Hospital**

Category : **Physician**

Issue Areas/Comments

OPPS Impact

OPPS Impact

Contrast agents are underutilized now, and the proposal will increase the financial disincentive to use contrast, even when its use is medically appropriate. This will lead to repeat studies and waste of resources

Underutilization of contrast agents decrease the acuracy of echocardiolgram.

Contrast agents are relatively costly in comparison with the echo procedures with which they are to be packaged, which increases the financial disincentive created by packaging these agents with the underlying echo procedures.

IF CMS nonetheless decides to package echo contrast, it is required by statute to create separate payment groups for contrast-enhanced and un-enhanced procedures, which would require the creation of new HCPCS codes to identify contrast-enhanced procedures.

Submitter : Dr. Judy Mangion **Date:** 08/30/2007

Organization : Brigham and Women's Hospital

Category : Physician

Issue Areas/Comments

Packaging Drugs and Biologicals

Packaging Drugs and Biologicals

I am writing to express my objections to the proposed bundling of contrast echo and stress echo in hospital outpatient setting, that would eliminate separate payment for contrast agents used in these settings. Contrast echo is a cost-effective tool which enhances accuracy of stress echo studies. Its use prevents downstream unnecessary resource utilization, such as additional nuclear studies or cath studies, when patients have suboptimal echo images. This proposal will increase the financial disincentive to use contrast, even when its use is medically appropriate. Indeed, these agents are already underutilized. Underutilization of contrast agents is not in the best interests of Medicare patients, who would therefore be subjected to more invasive and costly testing. Since contrast agents are relatively costly incomparision with the echo procedures with which they are to be packaged, this only increases the financial disincentive created by packaging these agents with the underlying echo procedures. If CMS nonetheless decides ot package echo contrast, it is required by statute to create separate payment groups for contrast-enhanced and un-enhanced procedures, which would require the creastion of new HCPCS codes to identify contrast enhanced procedures.

Submitter : Pam Reik **Date:** 08/30/2007

Organization : Pam Reik

Category : Congressional

Issue Areas/Comments

GENERAL

GENERAL

Please consider adding this drug to the proposal to be covered by insurance.

Submitter : Mr. George Hepler **Date:** 08/30/2007

Organization : Mayo Clinic

Category : Other Technician

Issue Areas/Comments

OPPS Impact

OPPS Impact

To Whom it may concern, I currently work as lead sonographer at Mayo Clinic Jacksonville. I am also the Quality assurance supervisor and have seen a drastic improvement in the quality of our exams with the use of Contrast image enhancement. We have also seen a much better correlation with Cardiac Cath. If we are unable to use contrast as we have in the past few years, many of the tests will be non-diagnostic because of inadequate wall deliniation. This will cause the patient to be referred for other imaging modalities or even cardiac catheterization which will be uch more costly, sincerely, George N. Hepler, RDCS

Submitter : **Dr. Jerry Moore** **Date: 08/30/2007**

Organization : **Cardiology Consultants Of Zanesville**

Category : **Physician**

Issue Areas/Comments

OPPS Impact

OPPS Impact

The use of echo contrast is essential in making accurate diagnoses
particularly in the obese patient and the patient with severe lung disease. As obestity is becoming a national epidemic, the need for
echo contrast is rapidly increasing. If Medicare makes the use of these agents costly to the providers, then in order to get adequate imaging in these patients, more costly and more risky procedures will
be used.Please do not disincentivise good cardiology practices.

Sincerely:

Jerry W. Moore,M.D.
Cardiology Consultants of Zanesville
1496 Ashland Ave., Suite 107
Zanesville, Ohio 43701

Submitter : Dr. Robert Ortiz **Date:** 08/30/2007

Organization : Yakima Heart Center

Category : Physician

Issue Areas/Comments

OPPS Impact

OPPS Impact

Cutting the payment for contrast echocardiography agents is medically and financially unwise. From progress noted at the last American Society of Echocardiography meeting in Seattle, it appears that echo-contrast agents are very close to being able to show myocardial perfusion as well as improving left ventricular wall motion evaluation. Once this has been achieved, a contrast stress echocardiogram will be able to provide much more useful clinical information than the best stress cardiac nuclear study and at a significantly lower cost. Termination of funding for contrast echocardiography will stop further progress in this field.
Consider the cost saving if 80% of the current nuclear stress studies were converted to contrast stress echo studies. If contrast echocardiography does not achieve this goal in the next few years and is only useful for improving image quality, then the question should be: "How much is this worth and what alternative procedures (Transesophageal echocardiography) will we have to perform to obtain the clinical information we need?"

It would seem logical that CMS would try to support technology that is safe, clinically useful and cost effective. CT coronary angiography may become clinically useful although radiation concerns are real. Cardiac MR is not easy to perform and few centers can do it well and make it cost effective. Nuclear cardiology has been the perfusion gold standard and has good prognostic value although limited image resolution, radiation, costs and limited anatomical information relative to echocardiography makes it a less appealing study when evaluating patients with chest pain. Many important causes of chest pain and dyspnea are not due to ischemic heart disease but may be diagnosed with a stress echocardiogram: Pericarditis, aortic valve stenosis, significant mitral regurgitation, pulmonary hypertension, pulmonary emboli, left ventricular outflow obstruction, proximal aortic aneurysm/pseudo-aneurysm or dissection.
I recommend continued financial support for contrast echocardiography, with the hope that myocardial perfusion will quickly be added to its indication, when the data is available.

Submitter : **Mrs. Catherine Morris** **Date: 08/30/2007**

Organization : **Diomed, Inc**

Category : **Device Industry**

Issue Areas/Comments

APC Relative Weights

APC Relative Weights

We commend CMS for its work to establish a comprehensive process for APC and ASC payment.

I have reviewed RVUs as well as the facility cost to provide services for two specific codes. I am concerned with the element of equipment expense. New technologies frequently require the purchase of capital equipment. This cost of capital, to be absorbed into the cost of doing business, must be compensated in a manner that is affordable to the provider (in all practice settings) and reasonable to the payor.

I have reviewed the PE RVUs for 2008, especially in regard to CPT code 36478 (Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging
guidance and monitoring, percutaneous, laser, first vein treated). Based on the CMS utilization formula for equipment cost per minute, I am finding a discrepancy in the equipment expense.

The Federal Register, Volume 72, July 12, 2007 identifies equipment expense for all physicians at 4.08. Based on the CMS equation:

(1/(minutes/yr * usage)) * price * ((interest rate/(1-(1/(1 + interest rate) * life of equipment)))) + Maintenance)

The allowed equipment expense is 4.08. When calculated using the ASP for the equipment used, the calculation is 4.75. Compare this to CPT code 36475 (Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and
monitoring, percutaneous, radiofrequency, first vein treated), a similar, but less expensive technology that has a calculated equipment cost of 3.28.

This discrepancy is carried over into the APC payment as well. CPT 36475 with an equipment cost of 3.28 is in APC 0091, with an unadjusted payment of $2,780.89 while 36478, with an equipment value of 4.75 is in APC 0092, with an unadjusted payment of $1,684.02. Could these codes have been inadvertently reversed?

CPT code 36478, in the hospital outpatient department is in APC 0092. Other procedures in that category include:
a. 37650: Ligation femoral vein
b. 37760: Ligation of perforator veins
c. 37765: Stab phlebectomy of varicose veins
We are requesting that 36478 be moved to APC 0091. Other procedures in this category include:
d. 37700: Ligation and division of long Saphenous vein at SFJ or distal interruptions
e. 37718: Ligation, division and stripping, short Saphenous vein
f. 37722: Ligation, division and stripping GSV from SFJ to knee or below
g. 37735: Ligation, division and complete stripping of GSV or LSV with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia

We believe CPT code 36478 is more clinically related to procedures in APC 0091 than to APC 0092.

In previous years, low cost laser fibers (not matched to the laser for compatibility) were available from various companies. March 28, 2007, a successfully litigated patent infringement suit resulted in these fibers being removed from the market. Although there has been no increase in fiber cost, the potential to reduce cost through the use unmatched fibers has been removed. Ensured compatibility between laser and fiber enhances patient safety. We believe resource consumption for CPT code 36478 is more closely related to APC 0091.

CPT code 36478 has been moved form ASC group 9 to ASC group 8. We are requesting that CPT code 36478 be placed back into group 9.

Submitter : Dr. Ibrahim Saeed **Date:** 08/30/2007

Organization : Washington University in St. Louis

Category : Physician

Issue Areas/Comments

National Unadjusted Medicare Payment

National Unadjusted Medicare Payment

As a physician practicing in an academic quaternary care center, and as I spend time with elderly patients most of whom are on Medicare, it saddens me to think that there is a financial disincentive to spend more time with them. In addition, there are many physicians I know, both in and out of an academic setting who are considering seeing less and less Medicare patients because of the payment structure. That is unfair to the elderly population. Finally, I think quality control are important features for future payments to individual entities.

OPPS: Packaged Services

OPPS: Packaged Services

1)There is suggestion that there will be a packaged procedure bill that includes compensation for the use of IV echo contrast material, and that separate payments would be eliminated. This would be an incentive not to use them anymore.
2)One should note that echo contrast agents are already underutilized, and the proposal will increase the financial disincentive to use contrast, even when its use is medically appropriate.
3)Underutilization of contrast agents is not in the best interests of Medicare patients or the Medicare program since inconclusive diagnosis often result in the performance of more invasive and costly diagnostic tests. Specifically, our experience has been a myriad of not observing left ventricular thrombus, inaccurately measuring pulmonary hypertension, and not recognizing focal wall motion abnormalities in teh setting of an acute myocardial infarction, not to mention the difficulty with the sensitivity and specificity of echo stress tests.
4)Contrast agents are relatively costly in comparison with the echo procedures with which they are to be packaged, which increases the financial disincentive created by packaging these agents with the underlying echo procedures.

#288

CMS-1392-P

Because the referenced comment number does not pertain to the subject matter for CMS-1392-P, it is not included in the electronic public comments for this regulatory document.

Submitter : Mr. Gary Wood **Date:** 08/30/2007

Organization : Yavapai Regional Medical Center

Category : Other Practitioner

Issue Areas/Comments

Packaging Drugs and Biologicals

Packaging Drugs and Biologicals

I feel that if the charge is dropped for contrast agents for cardiac ultrasound, the usage of the media will decrease, and the diagnostic quality of difficult ultrasound images will cause undue further diagnostic studies to be performed and billed to Medicare.

Gary Woodd

#290

CMS-1392-P

Because the referenced comment number does not pertain to the subject matter for CMS-1392-P, it is not included in the electronic public comments for this regulatory document.

Submitter : **Dr. Joseph Dunn** **Date: 08/31/2007**

Organization : **Pain Consutants of Oregon**

Category : **Physician**

Issue Areas/Comments

Implantation of Spinal Neurostimulators

Implantation of Spinal Neurostimulators

I work with chronic pain patients both in an inpatient and outpatient setting. I have done so for almost fourteen years. The goals we set forth with spinal neurostimulator(SNS) therapy is relief of pain, decreased utilization of inpatient services, decreased narcotic consumption and return to productive daily activities. I am concerned that funding cuts will decrease access to these therapies that serve both the patient and their primary care providers and the communities where these patients live. I have also learned that out patient settings allow for more access to SNS procedures, where as inpatient surgical services must meet the needs of patients who require urgent or emergent access to surgical care. Outpatient procedure allow for focused and efficient delivery the these elective SNS procedures; thus they provide more access to the therapies that patients with intractable pain need. Please stop these unnecessary cuts as the pose a serious risk of limited access to good health care for people with intractable chronic neuropathic pain

Submitter : **Dr. Francine Kaufman** **Date: 08/31/2007**

Organization : **the Keck School of Medicine of USC**

Category : **Academic**

Issue Areas/Comments

GENERAL

GENERAL

This pay for performance could lead to patient dumping, it would be much better to use process measures , and outcome measures should be risk-adjusted.

Submitter : Dr. Polly Moore **Date:** 08/31/2007

Organization : St. Vincent Hospital

Category : Physician

Issue Areas/Comments

OPPS Impact

OPPS Impact

I am physician who reads echocardiograms. I am concerned about the bundling of contrast with the cost of the echocardiograms. Contrast agents already may be underutilized, and the proposal will increase the financial disincentive to use contrast, even when its use is medically appropriate.

Underutilization of contrast agents is not in the best interests of Medicare patients or the Medicare program since inconclusive diagnosis may result in the performance of more invasive and costly diagnostic tests.

Contrast agents are relatively costly in comparison with the echo procedures with which they are to be packaged, which increases the financial disincentive created by packaging these agents with the underlying echo procedures.

IF CMS nonetheless decides to package echo contrast, it is required by statute to create separate payment groups for contrast-enhanced and un-enhanced procedures, which would require the creation of new HCPCS codes to identify contrast-enhanced procedures.

Thank you for your time.

Submitter : **Dr. Kevin Cragun** **Date: 08/31/2007**

Organization : **Mayo Foundation**

Category : **Physician**

Issue Areas/Comments

OPPS Impact

OPPS Impact

Echocardiographic Contrast. Bundling the cost of the contrast with the procedure will lead to underutilization of an agent that greatly enhances the imaging in patients with difficult-to-obtain images. This will lead to incomplete studies at best and misdiagnosis/missed diagnoses at worst. There will be a disincentive to using contrast to achieve adequate images. Please do not support such a practice.

Submitter : **Mrs. Misti Strickland** **Date: 08/31/2007**

Organization : **Baptist Wound Care**

Category : **Hospital**

Issue Areas/Comments

Wound Care Services

Wound Care Services

The Baptist Center for Wound Care & Hyperbarics

August 31, 2007

Mr. Kerry Weems
Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS 1392 P
Mail Stop C4 26 05
7500 Security Boulevard
Baltimore, MD 21244 1850

ATTN: CMS-1392-P
Re: Medicare Program; Proposed Changes to the Hospital Outpatient Prospective
Payment System and CY 2008 Payment Rates; Skin Repair Procedures
Dear Administrator Weems:
Baptist Wound Care appreciates this opportunity to comment on the Hospital Outpatient Prospective Payment System proposed rule for calendar year 2008. Our comment addresses Medicare payment for Skin Repair Procedures performed as hospital outpatient services. Baptist Wound Care is a leading wound care center and treats Medicare beneficiaries for diabetic foot and venous leg ulcers.
We are concerned that proposed changes to the Skin Repair APCs will negatively affect patient access to regenerative wound care products, particularly Apligraf?. Apligraf is a unique human skin substitute for diabetics and others who suffer from chronic ulcers. Our clinicians use Apligraf to improve the quality of care for diabetics and other elderly patients who suffer from chronic leg and foot ulcers. Treatment with Apligraf and other skin substitutes can avoid limb amputations in many of these patients. The Proposed Rule would drop the CY 2008 payment amount for Apligraf to $132.82 a decrease of greater than 50% from CY 2007 rates. Patient access to this important product is jeopardized by proposed payment changes.
In the Proposed Rule, CMS proposes replacing the four existing skin repair APCs with five new APCs in order to improve resource homogeneity and clinical homogeneity. CMS stated its intent to redistribute each of the existing skin repair procedures into the five proposed APCs, taking into account the frequency, resource utilization, and clinical characteristics of each procedure. We are concerned that the APC classification for Apligraf s CPT procedure codes do not account for the actual clinical resource use in our experience.
We believe the discrepancy between proposed payment and resource use has occurred because of a coding change implemented by the AMA in 2006. In January 2006, the AMA created new CPT codes 15340 and 15341 for the application of Apligraf. These two codes replaced three prior codes (15342, 15343, and 15000) used to describe work associated with application of Apligraf. There has been substantial confusion on proper allocation of costs and adjustment of charges to these new CPT codes.
Due to this confusion, the CY 2006 data available for the proposed rule is unlikely to accurately reflect the true resource costs for applying Apligraf. We have reviewed our charges for skin repair procedures and have updated/plan to update the charges for CPT codes 15340 and 15341 to include cost into for the surgical site preparation which was previously billed under CPT code 15000.
We request that CMS place CPT codes 15340 and 15341 into APC 0135 (Level III Skin Repair) to best reflect the actual resource cost of applying Apligraf. This is consistent with other skin substitute products.
Thank you for this opportunity to comment. If you would like to discuss this issue further, please contact Misti at 904-202-1916
Sincerely,
Misti Strickland