Submitter : **Mrs. Christina Bacak** **Date: 07/13/2007**

Organization : **Texas Society of Anesthesiologists**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just $16.19 per unit. This amount does not cover the cost of caring for our nation s seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly $4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : **Dr. James Thoene** **Date: 07/13/2007**

Organization : **Shannon Clinic**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Anirudha Bhandiwad** **Date: 07/13/2007**

Organization : **Valley Anesthesia**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms Novak,

Re: CMS 1385 - P
Anesthesia Coding

I am writing to you to express my strongest support for the increase in payment for anesthesia services by $ 4.00 as suggested. This will help anesthesia community to care for our senior citizens' health.
This is an opportunity to correct at least partially, the undervaluation of anesthesia services. I appreciate the initiative taken up by CMS.

Thanking you,

Anirudha Bhandiwad

Submitter : **Dr. Valerie Salmons** **Date: 07/13/2007**

Organization : **Dr. Valerie Salmons**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Kevin Cummisford** **Date: 07/13/2007**

Organization : **Dr. Kevin Cummisford**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Joseph Talarico **Date:** 07/13/2007

Organization : University of Pittsburgh Medical Center

Category : Physician

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

Comment is in attachment.
J. talarico

CMS-1385-P-2031-Attach-1.DOC

Submitter : **Thanh Cung** **Date: 07/13/2007**

Organization : **California Anesthesia Associates**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Alexander Miller** **Date: 07/13/2007**

Organization : **Dr. Alexander Miller**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Alexander Miller M.D.

Submitter : Dr. Steven Getz **Date:** 07/13/2007

Organization : Dr. Steven Getz

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Sincerely,
Steven J. Getz, MD

Submitter : **Dr. Michael Dorrough** **Date: 07/13/2007**

Organization : **University of Utah**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.

Acting Administrator

Centers for Medicare and Medicaid Services

Attention: CMS-1385-P

P.O. Box 8018

Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Iris Soliman** **Date: 07/13/2007**

Organization : **American Society of Anesthesiologists**

Category : **Health Care Professional or Association**

Issue Areas/Comments

Medicare Telehealth Services

Medicare Telehealth Services

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
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Thank you for your consideration of this serious matter.
Iris E. soliman,MD

Submitter : **james redmond** **Date: 07/13/2007**

Organization : **james redmond**

Category : **Physician**

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

Thank you for your attempt to alleviate the 30-40% discrepancy of value based payments for the field of anesthesiology. As dedicated advocates for the quality of care and service provided to patients, we appreciate the actions that you are taking to improve how our services are valued. The safety of patients has been exponentially increased by efforts to maintain fair and equitable valuation of our services. It is all to often to the detriment of the hospital and health care system when a single group is inadvertantly taken for granted for their contribution to health and safety. We are in the frontline of medicine each day caring for a broad spectrum of society and increasingly feeling the pressure to find ways to provide services for a growing sector of unreimbursed health care consumers. I thank you for your intent and purpose. Please keep up the good work. The quality and availability of Anesthesia, including our ability to hire new/ well-trained physicians in all parts of the country is dependent on you.

Best Personal Regards and Thanks,

James Redmond MD

Submitter : **Dr. Robert Friesen** **Date: 07/13/2007**

Organization : **University of Colorado**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.
Robert Friesen MD

Submitter : Dr. Eugene Tolpin **Date:** 07/13/2007

Organization : Dr. Eugene Tolpin

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-2039-Attach-1.DOC

#2039

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

Sincerely yours,

Eugene I. Tolpin, M.D., Ph.D.

1309 Oberlin Road
Wilmington, Delaware 19803
Home:302-478-5691

Submitter : Dr. Sonya Pease **Date:** 07/13/2007

Organization : Florida Sociaety of Anesthesiologist

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to respectfully request an increase in payment for CMS Medicare for services provided. As a anesthesia provider to a community hospital with an enormous ammount of Medicare payors our reimbursement is disporportionately lower than other physician classes and needs to be corrected.

Sonya Pease,MD

Submitter : Dr. Coveda Stewart **Date:** 07/13/2007

Organization : American Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

Medicare Telehealth Services

Medicare Telehealth Services

I would like to express my support for the proposal to increase anesthesia payment under 2008 physician fee.

Submitter : **Dr. Dalia Garunas** **Date: 07/13/2007**

Organization : **Dr. Dalia Garunas**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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Thank you for your consideration of this serious matter.

Submitter : Dr. Joseph Nicotra **Date:** 07/13/2007

Organization : Anesthesia

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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Thank you for your consideration of this serious matter.

Submitter : **Dr. Martha Smith** **Date: 07/13/2007**

Organization : **Vanderbilt Medical Group**

Category : **Physician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Leslie V. Norwalk, Esq.
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Centers for Medicare and Medicaid Services
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Submitter : **Dr. Faisal Masud** **Date: 07/13/2007**

Organization : **American Society Of Anesthesiologist**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Submitter : **Dr. Brian Goodman** **Date: 07/13/2007**

Organization : **Dr. Brian Goodman**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : **Dr. Angela Zimmerman** **Date: 07/13/2007**

Organization : **Dr. Angela Zimmerman**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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Submitter : **Dr. Adam Gallucci** **Date: 07/13/2007**

Organization : **Anesthesia Associates of Springfield**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

Submitter : Dr. Richard Cohen **Date:** 07/13/2007

Organization : Dr. Richard Cohen

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-2049-Attach-1.PDF

#2049

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July 13, 2007

Amy Bassano
Director, Division of Practitioner Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, C4-01-26
Baltimore, MD 21244

Re: **Proposed Revisions to Payment Policies Under the Physician Fee Schedule, and Other Part B Payment Policies for CY 2008 (CMS-1285-P)**

Practice Expense Reimbursement for Microvolt T-Wave Alternans Testing (CPT 93025)

Dear Ms. Bassano:

I am submitting this comment letter on the 2008 Physician Fee Schedule Proposed Rule. This comment focuses on the topic of practice expense reimbursement for Microvolt T-Wave Alternans (MTWA) testing and supplements materials provided to the agency in a meeting on March 30, 2007 and a follow-up letter dated April 19, 2007.

As set out below, I respectfully request that CMS set the equipment usage of MTWA testing based on actual utilization and also update the data inputs for MTWA testing.

Background on MTWA Testing

MTWA testing is a non-invasive inexpensive test that accurately identifies patients at high or low risk of sudden cardiac death.

In 2006 CMS issued a positive National Coverage Decision for MTWA. The test is recommended in clinical guidelines issued jointly by the American Heart Association, the American College of Cardiology and the European Society of Cardiology, and is supported by hundreds of peer reviewed trials published in the clinical literature. MTWA can accurately predict which Medicare beneficiaries will benefit from implantable cardioverter/defibrillator (ICD) therapy.

Currently, Medicare provides coverage for ICD therapy for essentially all patients with a left ventricular ejection fraction of 35% or less. However, ICD therapy carries with it its own significant morbidity and mortality. A recent study[1] indicates that in Medicare patients the in-hospital complication rate associated with just the ICD implantation itself is 10.8% including a 1% mortality rate. This complication rate is exclusive of all the complications that occur following hospital discharge including lead breakage, inappropriate shocks, infection, perforation, device recall, etc. Another study[2] found that the cumulative ICD complication rate during 46 months of follow-up was 31%. In addition, ICD implantation is extremely costly and represents a substantial expense to the overall Medicare program.

A negative MTWA test can guide a patient with a left ventricular ejection fraction of 35% or less to avoid unnecessary invasive ICD therapy and the documented morbidity and mortality associated with this procedure.

Conversely, a non-negative MTWA test in a patient with a left ventricular ejection fraction of 35% or less, indicates that the patient is at high risk of sudden cardiac death and the test result will appropriately guide the patient to accept life-saving ICD therapy. In the absence of MTWA testing many patients who are eligible for ICD therapy do not receive such therapy because of the complications associated with this therapy and the low likelihood that any given implanted ICD will provide life-saving therapy (it is estimated that, in the absence of MTWA testing, only one in eighteen patients with left ventricular ejection fraction of 35% or less actually receives life saving therapy from his/her implanted ICD).

MTWA Equipment Utilization

At our meeting in March, data were presented to demonstrate that the current 50% equipment usage assumption vastly underestimates the true practice expense of performing the MTWA test and thus greatly discourages its use.

The current 50% equipment utilization assumption will result in physicians losing money every time an MTWA test is performed. This will greatly impede physicians' practices from acquiring this technology and will greatly discourage physicians from performing this test. The result will be that Medicare beneficiaries will not benefit from this low cost non-invasive test and as a result such patients who are at very low risk of sudden cardiac death may receive unneeded and extremely costly ICD therapy and suffer unnecessarily from the morbidity and mortality associated with ICD therapy. Conversely other patients who are in fact at high risk of sudden cardiac death may not receive ICD therapy which would in fact be life saving for them.

In my letter of April 19, 2007 following our meeting, I requested that CMS base MTWA's equipment usage on the known actual utilization. I was disappointed that the proposed rule did not specifically address MTWA testing, but I am delighted that in the proposed rule that CMS indicated its desire to assign appropriate usage rates to different types of equipment.

> *We are interested in receiving comments relating to alternative percentages and approaches that differentially classify equipment into mutually exclusive categories with category specific usage rate assumptions. We are committed to continuing our work with the physician community to examine, equipment usage rate assumptions that ensure appropriate payments and encourage appropriate utilization of equipment. Additionally, we would welcome any empirical data that would assist us in these efforts.*

MTWA equipment utilization is accurately known because each test utilizes single-use disposables for which the manufacturer, Cambridge Heart, Inc., is the sole supplier. Cambridge Heart, Inc. precisely knows how many fielded MTWA systems are in place and how many sensor sets are shipped. Based on these data MTWA equipment is currently used an average of 45 times per year (US data). Using the CMS data input for the usage time for each test, 15 minutes, this corresponds to 675 minutes per year or 0.45% of the maximum 150,000 minutes per year. The company will provide the empirical data requested in the proposed rule by CMS to document the actual utilization of MTWA.

I would suggest to CMS that for those pieces of equipment whose use is precisely metered, as is the case for MTWA testing, that CMS utilize the known actual equipment usage in calculating the practice expense reimbursement. I would suggest that CMS might want to create a separate class of equipment whose usage is precisely metered and for each piece of equipment in this class apply the individual known rate. By applying the actual equipment usage percentage when it is known, CMS will be reimbursing for the actual costs of performing a procedure and not creating artificial incentives to perform or not perform the procedure.

Cambridge Heart, Inc. has informed me that it would be happy to provide updated data on equipment usage to CMS on an annual basis or at any other frequency that CMS desires. The usage will be calculated based on the independently audited company records.

CMS Time and Data Practice Expense Inputs for MTWA Testing CPT Code (93025)

I have reviewed the CMS data inputs for MTWA testing and the amount of time assigned to the equipment utilization seems to me far from adequate for MTWA testing according to current clinical standards. It appears to me that the equipment usage may have been crosswalked from assigned equipment and exam table times for stress testing (CPT 93015 and 93017) – this simple crosswalk would not be appropriate.

An MTWA test takes longer than a standard stress for many reasons. A standard stress involves using ten electrodes. An MTWA test requires seven specialized noise-reducing sensors each of which contains four contact electrodes plus seven standard electrodes all of which are connected through a cable to the MTWA equipment. The skin preparation for applying both the MTWA multi-contact sensors and the standard electrodes is much more demanding than for a standard stress test and much more time consuming. Once the sensors and electrodes are initially applied the equipment is used to check the impedance of every contact electrode (total of 35 contact electrodes). Any contact electrode whose contact impedance exceeds an acceptable value is flagged and the operator must re-prepare the skin and/or readjust the contact electrode until the contact impedance is satisfactory. The exercise protocol also requires the operator to precisely control the heart rate by adjusting the incline of the treadmill or its speed. Failure to maintain the heart rate within designated bands at different stages of the test requires the operator to extend the test until this task is satisfactorily accomplished. Finally, if a determinate test is not obtained the operator is instructed to let the patient rest for 15 minutes (with the sensors/electrodes on and connected to the equipment) and then repeat the entire test.

A realistic clinical scenario is that all the MTWA associated equipment is located in a room in a physician's office and that this room can be used at most for one patient at a time to perform MTWA testing. I believe that such a room can be used to test not more than one patient per hour. I believe therefore that it is accurate to estimate that all of the MTWA associated equipment is used for at least

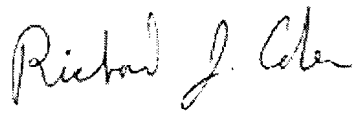
the 53 minutes currently assigned for the nurse conducting the testing, although I believe one hour would be more accurate, and that the nurse time to conduct the stress test is at least 53 minutes, but again more accurately one hour. In addition, I noticed that the current staff type assigned to the test ((L037D RN/LPN/MTA) is a lower level than for the staff type (LO51A RN) assigned to conduct a standard stress test (CPT 93015 and CPT 93017). This is clearly inappropriate because conducting an MTWA test requires a higher level of training and expertise than required for conducting a standard stress test. Thus the staff type assigned to MTWA testing should be upgraded to LO51A RN. I believe Cambridge Heart, Inc will separately detail the recommended changes on data inputs on an item by item basis.

At present a physician may not bill for the practice expense of an MTWA test and a stress test on the same date of service. I believe the reason for this is that it was believed that the data collected during an MTWA test could also be used for purposes of stress testing. In fact this is not the case. As I indicated in my previous letter the exercise protocols for the two tests are entirely different. If a physician wanted to perform a standard stress test on the same day as an MTWA test, I would advise the physician to perform the MTWA test, let the patient rest for at least 15 minutes, and then perform a standard stress test protocol.

I believe Cambridge Heart, Inc. will be requesting through the CMS CCI edit contractor a change from 0 to 1 to allow for the appropriate times a standard stress test would be performed on the same day as an MTWA study.

Please feel free to contact me if I can be of further assistance in any way.

Sincerely,



Richard J. Cohen, M.D., Ph.D.
Whitaker Professor in Biomedical Engineering
Harvard-MIT Division of Health Sciences and Technology
Director and Consultant, Cambridge Heart, Inc.

P.S. This letter reflects the views only of the author and Cambridge Heart, Inc. and should not be construed to represent the views of Harvard or MIT or any other organization or person. The data presented in this letter were provided to the author by Cambridge Heart, Inc.

cc: Donald Thompson
Pamela West

References

1. Reynolds MR, Cohen DJ, Kugelmass AD, et al. The frequency and incremental cost of major complications among medicare beneficiaries receiving implantable cardioverter-defibrillators. *J Am Coll Cardiol.* Jun 20 2006;47(12):2493-2497.
2. Alter P, Waldhans S, Plachta E, et al. Complications of implantable cardioverter defibrillator therapy in 440 consecutive patients. *Pacing Clin Electrophysiol.* Sep 2005;28(9):926-932.

Submitter : Dr. Patrick Allaire **Date:** 07/13/2007

Organization : McFarland Clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I wish to support the implementation of CMS 1385-P which would increase the anesthesia conversion factor. As an anesthesiologist working in rural Iowa, I find it increasingly difficult to continue providing care for medicare recipients due to the low reimbursement. It has gone so far as to ask our surgeon's to limit the number of medicare cases that they ask us to perform. I fear that without relief we will need to discontinue our participation in the medicare program. I am encouraged to see that the payment discrepancy between medicare and private insurance is starting to be addressed. I perceive this action as only a move in the right direction...with several more payment increases necessary to reach parity with the other healthcare providers. Thank-you for your consideration of this measure. Sincerely, Patrick Allaire, M.D.