

**Submitter :** Mrs. sharyn sizemore  
**Organization :** SNGH  
**Category :** Other Health Care Professional

**Date:** 12/04/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

see attachment

CMS-1385-FC-23-Attach-1.DOC

November 30, 2007

Centers for Medicare & Medicaid Services  
Baltimore, Maryland

**Re: Docket: CMS-1385-FC - Revisions to Payment Policies Under the Physician Fee Schedule: Medicare Interim Final Rule Physician Fee Schedule 2008 related to codes 99441, 99442, 99443, 98966, 98967, 98968**

Dear Sir:

I appreciate this opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS) interim final rule regarding revisions to payment policies under the proposed 2008 Medicare Physician Fee Schedule Docket CMS-1385-FC.

Case/care management is "a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's healthcare needs through communication and available resources" (CMSA, 2002). As an essential part of the healthcare team, case managers routinely work directly with patients in support of medical management assessments, objectives, services, and health care coordination. The processes of health adherence assessment, education, and adherence monitoring are well within the scope of case/care management practice.

Professional case/care managers perform these responsibilities as a core function of their jobs. As licensed professionals, nurses, social workers case/care managers use proven techniques (e.g., health literacy assessment, readiness to change tool) in working with patients, caregivers, and fellow healthcare professionals toward measurable improvement in health status.

Case/care managers work collaboratively with physicians and pharmacists in coordinating and providing assessments and management services through individualized care planning and care coordination in collaboration with beneficiaries, care givers and families. In support of those interventions and services, we ask for reconsideration of the interim payment rule on CPT codes: 99441, 99442, 99443, 98966, 98967 & 98968 from an N status to payable codes by Medicare. These codes represent assessment and management services to beneficiaries such as:

- Transition of care
- Medication reconciliation
- Health literacy assessment, medication knowledge, readiness to change
- Motivational interviewing
- Patient education
- Medical Home coordination

Failure to provide appropriate incentives and funding for these codes affects the alignment of care coordination quality between providers, especially at the various levels for transitions of care within settings, between settings, and between health states. Poor transitions of care may result in poor outcomes such as incorrect treatments, medication errors, delay in diagnosis and treatment, readmissions, patient complaints, increased health care costs).

I believe that by requesting funding support for these six codes, providers will more readily integrate case/care managers in support of the care management concepts such as the Medicare Medical Home Demonstration (MMHD), pay for performance programs, and various collaborative care models which CMS and other regulatory agencies are discussing.

I urge CMS to adopt a payable ruling structure for these much needed codes to ensure consistency, accountability, and improved quality of care for beneficiaries. I thank you for your consideration of these comments on this Interim Final Rule.

Sincerely,

Sharyn Sizemore, RN, MSN, CMAC\_  
Signature

**Submitter :** Mary Ann Gilman  
**Organization :** CarePraxis, LLC  
**Category :** Health Care Provider/Association

**Date:** 12/04/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

We appreciate this opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) interim final rule regarding revisions to payment policies under the proposed 2008 Medicare Physician Fee Schedule Docket CMS-1385-FC.

CarePraxis, LLC is a nursing company that provides onsite and telephonic assessments and care coordination to long-term care insurers (LTCi) and assists home care providers and care facilities in development of appropriate care and documentation processes for LTCi claims.

As an essential part of our business, we routinely work directly with patients in support of medical management assessments, objectives, services, and health care coordination. The processes of health adherence assessment, education, and adherence monitoring are well within the scope of case/care management practice.

We work collaboratively with care providers and payors in coordinating and providing assessments and management services through individualized care planning and care coordination in collaboration with beneficiaries, caregivers and families. In support of those interventions and services, we ask for reconsideration of the interim payment rule on CPT codes: 99441, 99442, 99443, 98966, 98967 & 98968 from an N status to payable codes by Medicare.

Appropriate incentives and funding for these codes will have a positive effect on care coordination between providers, especially at the various levels for transitions of care within settings, between settings, and between health states. This care coordination improves outcomes such and reduces incorrect treatments, medication errors, delay in diagnosis and treatment, readmissions, patient complaints, and ultimate health care costs.

We believe that funding support for these six codes will encourage providers to more readily integrate care management concepts.

We urge CMS to adopt a payable ruling structure for these much needed codes to ensure consistency, accountability, and improved quality of care for beneficiaries. We thank you for your consideration of these comments on this Interim Final Rule.

Sincerely,  
Mary Ann Gilman, RN, CEO  
CarePraxis, LLC

**Refinement of RVUs for CY 2008  
and Response to Public Comments  
on Interim RVUs for 2007**

Refinement of RVUs for CY 2008 and Response to Public Comments on Interim RVUs for 2007

CarePraxis, LLC supports changes to CPT codes: 99441, 99442, 99443, 98966, 98967 & 98968 from an N status to payable codes by Medicare.

**Submitter :** Ms. Suzanne Porteous  
**Organization :** Baptist Memorial HealthCare Corp  
**Category :** Health Care Professional or Association

**Date:** 12/04/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

I appreciate this opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) interim final rule regarding revisions to payment policies under the proposed 2008 Medicare Physician Fee Schedule Docket CMS-1385-FC.

Case/care management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's healthcare needs through communication and available resources (CMSA, 2002). As an essential part of the healthcare team, case managers routinely work directly with patients in support of medical management assessments, objectives, services, and health care coordination. The processes of health adherence assessment, education, and adherence monitoring are well within the scope of case/care management practice.

Professional case/care managers perform these responsibilities as a core function of their jobs. As licensed professionals, nurses, social workers case/care managers use proven techniques (e.g., health literacy assessment, readiness to change tool) in working with patients, caregivers, and fellow healthcare professionals toward measurable improvement in health status.

Case/care managers work collaboratively with physicians and pharmacists in coordinating and providing assessments and management services through individualized care planning and care coordination in collaboration with beneficiaries, care givers and families. In support of those interventions and services, we ask for reconsideration of the interim payment rule on CPT codes: 99441, 99442, 99443, 98966, 98967 & 98968 from an N status to payable codes by Medicare. These codes represent assessment and management services to beneficiaries such as:

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- " Health literacy assessment, medication knowledge, readiness to change
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- " Patient education
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Failure to provide appropriate incentives and funding for these codes affects the alignment of care coordination quality between providers, especially at the various levels for transitions of care within settings, between settings, and between health states. Poor transitions of care may result in poor outcomes such as incorrect treatments, medication errors, delay in diagnosis and treatment, readmissions, patient complaints, increased health care costs).

I/we believe/s that by requesting funding support for these six codes, providers will more readily integrate case/care managers in support of the care management concepts such as the Medicare Medical Home Demonstration (MMHD), pay for performance programs, and various collaborative care models which CMS and other regulatory agencies are discussing.

I/we urge CMS to adopt a payable ruling structure for these much needed codes to ensure consistency, accountability, and improved quality of care for beneficiaries. I/We thank you for your consideration of these comments on this Interim Final Rule.

Sincerely,

Suzanne Porteous, RN, CCM

Submitter : Mrs. Edith Romero

Date: 12/04/2007

Organization : Mrs. Edith Romero

Category : Nurse

Issue Areas/Comments

**GENERAL**

**GENERAL**

Please allow for reimbursement through CMS for the following cpt codes:

99441: Telephone evaluation and management services provided by a physician to an established patient, parent or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment: 5-10 minutes of medical discussion.

99442:.....11-20 minutes of medical discussion.

99443:.....21-30 minutes of medical discussion.

98966: Telephone assessment and management services provided by a qualified non-physician health care professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management services or procedure within the next 24 hours or soonest available appointment: 5-10 minutes of medical discussion.

98967:.....11-20 minutes of medical discussion

98968:.....21-30 minutes of medical discussion.

IF reimbursement and coverage is allowed under CMS rules, the clinical studies indicate this will allow for better facilitation of the patient and physician relationship thus decreasing inpatient length of stays, better compliance with medication management and preventative care.

Sincerely,  
Edie Romero RN CCM

**Submitter :** Mr. Peter Moran

**Date:** 12/04/2007

**Organization :** Mr. Peter Moran

**Category :** Individual

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

My name is Peter Moran and I am a Nurse Case Manager and currently work in the Emergency Department at Mass General Hospital. As a case manager I deal with transitioning care on a daily basis yet many of the sickest patients do not have access to a case manager. As a case manager I am responsible for assessing, planning, coordinating care for patients but upon discharge they are often left to fend for themselves and end up bouncing back due to lack of understanding, nonadherence or conflicting information. Case Managers work with clients and assess health literacy, knowledge deficits, education and coordination of services but many of our frailest clients don't have these needed services as they are not funded. I believe by requesting funding support for these codes we would be able to integrate case management and care coordination in support of the Medical Home concept such as the Medicare medical Home Demonstration Projects, Pay for Performance programs and various collaborative models of care which CMSA and other regulatory agencies are discussing. The problems with transitions of care are numerous. Eric Coleman has demonstrated the value of case management post discharge in the Denver area and I feel if we support care coordination we will improve patient safety and outcomes. I would ask you to reconsider the N status assigned to 99441, 99442, 99443, 98966, 98967 and 98968 to improve our ability to provide quality care across the continuum of care. Thank you. Peter Moran RN, C, BSN, MS, CCM

**Refinement of RVUs for CY 2008  
and Response to Public Comments  
on Interim RVUs for 2007**

Refinement of RVUs for CY 2008 and Response to Public Comments on Interim RVUs for 2007

Seeking reconsideration of N status for codes 99441, 99442, 99443, 98966, 98967, 98968 so they be changed to a reimbursable code

**Submitter :** Mrs. Jennifer Fels  
**Organization :** United Health Alliance  
**Category :** Health Care Professional or Association

**Date:** 12/04/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

December 4, 2007

Centers for Medicare & Medicaid Services  
Baltimore, Maryland

Re: Docket: CMS-1385-FC - Revisions to Payment Policies Under the Physician Fee Schedule: Medicare Interim Final Rule Physician Fee Schedule 2008 related to codes 99441, 99442, 99443, 98966, 98967, 98968

Dear Sir:

I appreciate this opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) interim final rule regarding revisions to payment policies under the proposed 2008 Medicare Physician Fee Schedule Docket CMS-1385-FC.

Case/care management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's healthcare needs through communication and available resources (CMSA, 2002). As an essential part of the healthcare team, case managers routinely work directly with patients in support of medical management assessments, objectives, services, and health care coordination. The processes of health adherence assessment, education, and adherence monitoring are well within the scope of case/care management practice.

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Case/care managers work collaboratively with physicians and pharmacists in coordinating and providing assessments and management services through individualized care planning and care coordination in collaboration with beneficiaries, care givers and families. In support of those interventions and services, we ask for reconsideration of the interim payment rule on CPT codes: 99441, 99442, 99443, 98966, 98967 & 98968 from an N status to payable codes by Medicare. These codes represent assessment and management services to beneficiaries such as:

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- " Motivational interviewing
- " Patient education
- " Medical Home coordination

Failure to provide appropriate incentives and funding for these codes affects the alignment of care coordination quality between providers, especially at the various levels for transitions of care within settings, between settings, and between health states. Poor transitions of care may result in poor outcomes such as incorrect treatments, medication errors, delay in diagnosis and treatment, readmissions, patient complaints, increased health care costs).

I believe that by requesting funding support for these six codes, providers will more readily integrate case/care managers in support of the care management concepts such as the Medicare Medical Home Demonstration (MMHD), pay for performance programs, and various collaborative care models which CMS and other regulatory agencies are discussing.

I urge CMS to adopt a payable ruling structure for these much needed codes to ensure consistency, accountability, and improved quality of care for beneficiaries. I thank you for your consideration of these comments on this Interim Final Rule.

Sincerely,

Jennifer Fels, RN, MS  
VP Health Resource Management

**Submitter :** Ms. Deborah Stears  
**Organization :** Ms. Deborah Stears  
**Category :** Other Practitioner

**Date:** 12/05/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

See attached letter.

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

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

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

**Submitter :** Ms. Selena Graham  
**Organization :** CorVel Corporation  
**Category :** Health Care Industry

**Date:** 12/05/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

See attachment

CMS-1385-FC-30-Attach-1.PDF

December 5, 2007

Centers for Medicare & Medicaid Services  
Baltimore, Maryland

**Re: Docket: CMS-1385-FC - Revisions to Payment Policies Under the Physician Fee Schedule: Medicare Interim Final Rule Physician Fee Schedule 2008 related to codes 99441, 99442, 99443, 98966, 98967, 98968**

Dear Sir:

I appreciate this opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS) interim final rule regarding revisions to payment policies under the proposed 2008 Medicare Physician Fee Schedule Docket CMS-1385-FC.

Case management is "a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's healthcare needs through communication and available resources" (CMSA, 2002). As an essential part of the healthcare team, case managers routinely work directly with patients in support of medical management assessments, objectives, services, and health care coordination. The processes of health adherence assessment, education, and adherence monitoring are well within the scope of case/care management practice.

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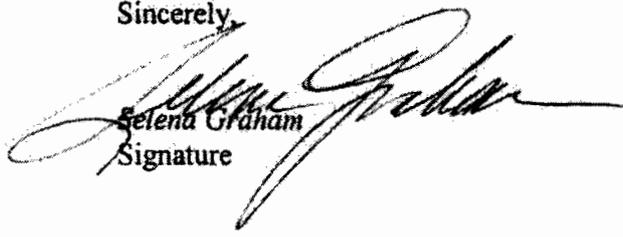
- Transition of care
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Sincerely,

  
Selena Graham  
Signature

**Submitter :** Mrs. Esther Phelps  
**Organization :** Cor Vel Corporation  
**Category :** Nurse

**Date:** 12/05/2007

**Issue Areas/Comments**

**Refinement of RVUs for CY 2008  
and Response to Public Comments  
on Interim RVUs for 2007**

**Refinement of RVUs for CY 2008 and Response to Public Comments on Interim RVUs for 2007**

Telephonic management of medical care either by a physician, Nurse or Social Worker is essential to the patient. Many patient issues in today's community can be dealt with a quick consultation over the telephone. Many serious medical issues can be determined early and direction to immediate treatment can be made via a phone call. Early detection of a problem or even the lack of sufficient knowledge can prevent serious complications. These complications can result in expensive treatment or even more catastrophic events if not dealt with early. It may take days or even weeks for a patient to make an appointment to see the physician or NP. If the MD or NP has a means of reimbursement for telephonic communication many of those more expensive office visits can be avoided. By handling non urgent issues over the phone the physician can possibly free up appointment slots. With increased access to their Physician or NP many patients could avoid using the local Emergency Departments to get this information. Please reconsider your denial of this reimbursement.

Submitter : Theresa Emmanuel

Date: 12/06/2007

Organization : Mission Hospitals

Category : Social Worker

Issue Areas/Comments

**Refinement of RVUs for CY 2008  
and Response to Public Comments  
on Interim RVUs for 2007**

Refinement of RVUs for CY 2008 and Response to Public Comments on Interim RVUs for 2007

December 6, 2007

Centers for Medicare & Medicaid Services  
Baltimore, Maryland

Re: Docket: CMS-1385-FC - Revisions to Payment Policies Under the Physician Fee Schedule: Medicare Interim Final Rule Physician Fee Schedule 2008 related to codes 99441, 99442, 99443, 98966, 98967, 98968

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I urge CMS to adopt a payable ruling structure for these much needed codes to ensure consistency, accountability, and improved quality of care for beneficiaries. Thank you for your consideration of these comments on this Interim Final Rule.

Sincerely,

Theresa Emmanuel, Case Manager  
Signature