

Submitter : Mrs. Susan Rogers
Organization : Rogers Professional Guidance
Category : Other Health Care Professional

Date: 12/07/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment.

CMS-1385-FC-33-Attach-1.DOC



Rogers Professional Guidance
Guidance through the maze of healthcare

December 7, 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

10167 W. 84th Street, Overland Park, KS 66212
 susan@4casemanagement.com
 913-322-2277 phone 913-825-9008 fax
 www.4casemanagement.com



Rogers Professional Guidance
Guidance through the maze of healthcare

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,

Susan A. Rogers
Susan A. Rogers, RN-BC, BSN, CCM
President/Principal Consultant
Rogers Professional Guidance

Submitter : Mrs. Cheri Lattimer
Organization : Case Management Society of America
Category : Health Care Provider/Association

Date: 12/07/2007

Issue Areas/Comments

GENERAL

GENERAL

Case Management Society of America (CMSA) appreciates 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. CMSA is the leading professional association supporting over 10,500 members providing case/care management services to patients and consumers nationally and internationally through various work environments, such as health plans, hospitals, government and employer markets.

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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- " Medication reconciliation
- " Health literacy assessment, medication knowledge, readiness to change
- " Motivational interviewing
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- " Medical Home coordination

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CMSA believes that by requesting funding support for these six codes, providers will more readily integrate case/care managers in support of the care coordination 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.

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 and hope we continue to work with CMS to advance Medicare beneficiaries access to high quality, state-of-the-art care. Please contact CMSA at 501-225-2229, if you have any questions on these comments. Thank you for your attention to these important issues.

Sincerely,

Peter Moran, RN,C, BSN, MS, CCM,
CMSA President

Margaret Leonard, MS, RN, C, FNP, CM
Chairman CMSA Public Policy Committee

Tercsa Treiger, RNC, MA, CCM, CCP
Project Lead CMSA CPT Committee

Cheri Lattimer, RN, BSN
CMSA Executive Director

**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

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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CMS-1385-FC-34-Attach-1.PDF

Department of Health and Human Services
Centers for Medicare & Medicaid Services
Office of Strategic Operations & Regulatory Affairs

The attachment cited in this document is not included because of one of the following:

- The submitter made an error when attaching the document. (We note that the commenter must click the yellow "Attach File" button to forward the attachment.)
- The attachment was received but the document attached was improperly formatted or in provided in a format that we are unable to accept. (We are not are not able to receive attachments that have been prepared in excel or zip files).
- The document provided was a password-protected file and CMS was given read-only access.

Please direct any questions or comments regarding this attachment to
(800) 743-3951.

Submitter : Mrs. Teresa Treiger
Organization : Case Management Society of America / McKesson Corp
Category : Health Care Professional or Association

Date: 12/08/2007

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

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.

As a professional case manager, I performed these responsibilities as a core function of my jobs. Now, I design programs that specifically incorporate these activities to ensure continuity of care for the patient.

As a licensed registered nurse and case manager, I have seen these techniques used successfully for hundreds of patients (e.g., health literacy assessment, readiness to change tool). These tools also provide consistency 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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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.

Teresa M. Treiger, RNC, MA, CCM, CCP

Submitter : Michael Newell

Date: 12/08/2007

Organization : Michael Newell

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

see attachment

**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

Re reimbursement for Case Management CPT codes

CMS-1385-FC-36-Attach-1.PDF



December 8, 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 am writing 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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- Medical Home coordination

LifeSpan Care Management, LLC
Personal Healthcare Concierge Service
 1-800-808-9844 ♥ Fax: 856-795-1297
The Waterfront Technology Center at Camden
 200 Federal Street, 2nd Floor, Camden, NJ 0103 USA
www.LifespanCM.com ♥ info@lifespanCM.com

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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. I thank you for your consideration of these comments on this Interim Final Rule.

Sincerely,

A handwritten signature in black ink that reads "Michael Newell RN MSN". The signature is written in a cursive, flowing style.

President

Submitter : Ms. Sandi Greenawalt
Organization : Ms. Sandi Greenawalt
Category : Health Care Industry

Date: 12/09/2007

Issue Areas/Comments

GENERAL

GENERAL

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:

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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. I thank you for your consideration of these comments on this Interim Final Rule.

Sincerely,

Sandi Greenawalt RN MS CCM CCP
Signature

**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

CMS-1385-FC-37

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:

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Sincerely,

Sandi Greenawalt RN MS CCM CCP
Signature

Submitter : Linda Hobkirk
Organization : Choice Care Management, LLC
Category : Other Health Care Provider

Date: 12/10/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-FC-38-Attach-1.DOC

Choice Care Management, LLC

4679 Shoshone Trail
St. Charles, MO 63304
Ph: 636-928-9494 Fax: 636-928-3823

December 10, 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:

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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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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,

Linda M. Hobkirk, RN, CCM
President/Owner

Submitter : Mrs. Mindy Owen

Date: 12/10/2007

Organization : CMSA

Category : Other Health Care Professional

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

Case Managers work collaboratively with Physicians and pharmasists 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 consideration of the interim payment rule on CPT codes on 99441, 99442, 99443, 98966, 98967, and 98968 from an N status to payable codes by Medicare. Thes codcs represent assessment and management services to beneficiaries such as: transition of care, medication reconciliation, Health Literacy assessment, medication knowledge, and readiness to change, and motivational interviewing, and patient education, medical home coordination. 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.

Submitter : Mr. JOSE SANTORO
Organization : Medical Cost Management, Inc.
Category : Health Care Industry

Date: 12/10/2007

Issue Areas/Comments

GENERAL

GENERAL

December 10, 2007

Dear Sir:

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Sincerely,

Jose M. Santoro, MBA
President
Medical Cost Management, Inc.
973-220-5566

Submitter : Dr. Klaus/Joel Mergener/Brill

Date: 12/10/2007

Organization : ASGE/AGA

Category : Physician

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

See attachment (PE for 43760)

CMS-1385-FC-41-Attach-1.PDF

CMS-1385-FC-41-Attach-2.PDF



December 10, 2007

Administrator Kerry N. Weems
Centers for Medicare & Medicaid Services,
Department of Health and Human Services
Attention: CMS-1385-FC
P.O. Box 8020
Baltimore, MD 21244-8020

Re: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, and Other Part B Payment Policies for CY 2008

Dear Administrator Weems:

The American Gastroenterological Association (AGA) and the American Society for Gastrointestinal Endoscopy (ASGE) appreciate the opportunity to comment on the practice expense inputs for CPT code 43760, *Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance*, as published in the November 27 Federal Register final rule on page 66241. Our societies surveyed this code and presented information to the AMA/Specialty Society Relative Value Update Committee meeting (RUC) and Practice Expense (PE) Subcommittee in April and September 2007.

The AGA and ASGE wish to clarify several of the supply items that we provided with respect to this procedure. Attached is a spreadsheet of our recommended practice expense changes for this procedure. We also request that CMS re-review the RUC approved quantities. There are many items for which the RUC approved quantities are higher than those subsequently approved by CMS. The quantities approved by the RUC reflect what we found through our consensus panel process to be the typical quantities used when providing this service. We urge CMS to accept the RUC-approved quantities which we feel reflect the most accurate available estimates of PE inputs for this service.

The practice expense inputs as submitted by our societies listed a drainage catheter and a MIC-KEY kit. Our societies contacted a number of manufacturers that provide low-profile gastrostomy replacement tubes, and we submitted the pricing information for the MIC-KEY kit, which was the lowest cost device.

Kerry N. Weems

Page 2

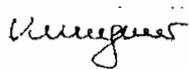
The MIC-KEY kit was incorrectly submitted under the term "low profile gastrostomy replacement button." Upon our review of our submission and the components of the MIC-KEY kit, we request that CMS remove the drainage catheter and replace it with the MIC-KEY kit. Our spreadsheet includes the components of the MIC-KEY kit. The pricing for the MIC-KEY kit, as provided by the manufacturer in 2007, is \$210.

In order to avoid duplication of inputs for the 2008 fee schedule, we also recognize that line items 21 and 26, referring to the syringe and gauze pads as submitted to the RUC, contain some duplication by the MIC-KEY kit. We recommended two syringes although CMS only approved one. One syringe is covered under the MIC-KEY kit but the procedure still needs the second 50-60 ml syringe. In addition, the MIC-KEY kit contains four gauze pads and we requested six. We recommend two gauze pads be retained in addition to the kit.

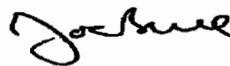
We also wish to clarify that the low profile gastrostomy replacement button is equivalent to the MIC-KEY Low-Profile Device which is part of the MIC-KEY kit. Therefore, this supply listed on page 66241 should be deleted and does not need separate pricing.

Thank you for the opportunity to submit these comments. If we may provide additional information to CMS clarifying the practice expense inputs for code 43760, please contact Anne Marie Bicha, AGA Director of Regulatory Affairs, at 240-482-3223 or Sheila Madhani, Consultant to ASGE at 202-833-0007.

Sincerely,



Klaus Mergener, MD, PhD, CPE
Advisor, RUC Advisory Committee, ASGE



Joel V. Brill, MD
Advisor, RUC Advisory Committee, AGA

Submitter : Ms. Maureen Fiore
Organization : Health Net NE
Category : Nurse

Date: 12/11/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment

**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 11, 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 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).

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 that CMS and other regulatory agencies are discussing.

I urge CMS to adopt a payable ruling structure for these 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,

Maureen J. Fiore RN, CCM
Manager Case Management
Health Net NE

Submitter : nancy thompson
Organization : CIGNA Healthcare
Category : Nurse

Date: 12/11/2007

Issue Areas/Comments

GENERAL

GENERAL

December 11, 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
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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,

Signature

Nancy R. Thompson, BSN, RN, OCN

**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 11, 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,

Signature

Nancy R. Thompson, BSN, RN, OCN

Submitter : Ms. Ilona Kalisky

Date: 12/11/2007

Organization : Case Management Society of America

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

I have been a case manager for 14 years and certified since 1996. I support the request for Medicare reimbursement of case management services. I believe that case management services are an essential part of making healthcare affordable by providing the coordination of care that so many beneficiaries require.

Submitter : Mrs. Debra Simmons

Date: 12/11/2007

Organization : Geriatric Care Management Solutions, Inc.

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

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". As an essential part of the healthcare team, case managers routinely work directly with patients in support of medical management objectives 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, case/care managers use proven techniques (e.g., health literacy assessment, readiness to change) in working with patients, caregivers, and fellow healthcare professionals toward measurable improvement in health status.

New codes have been approved for 2008 related to telephone evaluation and management services provided by a physician:

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.

Furthermore, another three non-physician codes were issued for non face to face telephone services:

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

An interim final rule was released November 1, 2007 for the 2008 Physician Fee Schedule. All of the six (6) new codes identified above are a Status N, which means they are non-payable by Medicare. However, they do have Relative Value Units associated with each, meaning that private payers may cover them.

CMS opened this interim final rule for public comment until 12/31/07.

As a private practice Nurse Case Manager, I believe that by requesting funding support for these six (6) codes, providers will be able to integrate case/care managers support of the Medical Home concept, such as the Medicare Medical Home Demonstration (MMHD), pay for performance programs, and various collaborative models of care which CMSA and other regulatory agencies are discussing.

Thank you for your attention to this matter,

Debra Simmons, LPN, CMC
Founder, CEO
Geriatric Care Management Solutions, Inc.
339 Deer Run Road
Havana, FL 32333

Submitter : Mrs. Mary Thomsen

Date: 12/11/2007

Organization : CMSA

Category : Nurse

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

I support Medicare reimbursement for Care Coordination. It is a cost effective way to bridge multiple Health Care providers and assist in appropriate and not duplicate Health Care or more expensive Health Care delivery

Submitter : Mrs. Karen Leach

Date: 12/11/2007

Organization : Mrs. Karen Leach

Category : Health Care Professional or Association

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

In response to changing the N status to the CPT codes for care / case management. In my opinion this is a win win situation . The patients are the biggest winners. There are not health care professional to provide the care coordination and education to the aging population. Using the one tool that is common in every household, telephone care monitor can take place without the patient leaving the home or the nurse leaving the office. When a person receives weekly telephone review monitoring, there a sense that someone cares. The patient knows they are held responsible and adherence is improved. Early identification of medication side effects can prevent costly hospitalization. The patient is not always the first person to recognize side effects. Why? Because the medication are likely interfering with the cognitive output. The actual list of the benefits for care case management with a payer source can be lengthy. Please be aware that I fully support the effort to have the CPT code status changed from N to a medicare payable classification. Thank you for allowing me to comment on this issue. Karen Leach RN, MSN

Submitter : Mr. Richard Hess RN-BC, CCM, CNL

Date: 12/12/2007

Organization : Hess Karfomenos & Associates

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

Professional Case and Care Managers are not only physicians, but also Professional Registered Nurses, Social Workers and other duly licensed medical professionals. CMS should assuredly invest more research time and consideration to adding an inclusion for reimbursement for these services as outlined in CY2008 rather than assigning N status. These are services and activities that are primary components of our critical skills core and are practiced everyday in the coordination of care, assessment/re-assessment and QA of the provision of ancillary services, disease management and rehabilitation.

**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

CMS-1385-FC - Revisions to Payment Policies Under the Physician Fee Schedule, and Other Part B Payment Policies for CY 2008; Revisions to the Payment Policies of Ambulance Services Under the Ambulance Fee Schedule for CY 2008; and the Amendment of the E-Prescribing Exemption for Computer-Generated Facsimile Transmissions

Submitter : Mrs. Karen Burstein

Date: 12/12/2007

Organization : Self Employed

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

I believe that striving for excellence in the practice of case management is one of the very important keys to promoting high standards in the provision of healthcare and to achieve a wise approach to utilizing healthcare resources and healthcare dollars.

**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

As a nurse case manager, I believe that including case management services under the physician fee schedule will promote the practice of case management by health care practitioners which is greatly needed for coordinating all aspects of an individual's healthcare needs in order to achieve optimal health related goals and outcomes.

Submitter : Ms. Pam Feinberg-Rivkin

Date: 12/12/2007

Organization : Feinberg Consulting

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-FC-54-Attach-1.PDF

FEINBERG CONSULTING

29226 Orchard Lake Road, Suite 120 • Farmington Hills, Michigan 48334 • Tel: 248.538.5425 • Fax: 248.538.4308 • www.feinbergconsulting.com

December 12, 2007

Centers for Medicare & Medicaid Services
Baltimore, Maryland

RE: Docket: CMS-1385-FX-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

To Whom It May Concern:

I appreciated 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, care 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 license 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 physician and pharmacies in coordinating and providing assessment 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 status. Poor transitions of care may result in poor outcomes such as incorrect treatments, medication errors, delay in diagnosis and treatment, readmissions, patient complaints, increase 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,



Pam Feinberg-Rivkin, RN, CRRN, CCM
Certified Rehabilitation Nurse
Certified Case Manager

Submitter : Mrs. Cheri Bender

Date: 12/12/2007

Organization : Mrs. Cheri Bender

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Please change these services to a billable category.

Submitter : Brenda Morgan

Date: 12/12/2007

Organization : 383 TRS, SAFB

Category : Nurse

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

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, I 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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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.

Submitter : Mr. Michael Burke

Date: 12/12/2007

Organization : Kalogredis, Sansweet, Dearden and Burke, Ltd.

Category : Attorney/Law Firm

Issue Areas/Comments

GENERAL

GENERAL

My comments/questions relate to the anti-markup rules:

1. CMS must allow any specialty of a multi-specialty group to provide services in the "office of the billing physician or other supplier". Many multi-specialty practices have Stark compliant arrangements that would be decimated by these changes, which I would hope to be an unintended effect of trying to root out truly problematic arrangements such as pod labs.

2. CMS needs to make clear whether or not a physician group which meets the "office of the billing physician or other supplier" definition but utilizes independent contractors or leased employees to provide the technical component of diagnostic tests and/or leases equipment from companies to provides such services in their "offices" is purchasing these tests from an outside supplier or whether then the anti-markup rules do not apply. From language at page 66316 of the Federal Register, I thought that the anti-markup provisions would not apply, but after the recent AHLA teleconference, I am not so sure. This is particularly relevant in Stark-compliant block leases among different physician groups (where the space would meet the "office" requirement. Please clarify.

Submitter : Mrs. Julie Reardon

Date: 12/12/2007

Organization : State of Montana/Health Care&Benefits Division

Category : Nurse

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

Re-CMS-1385-FC As a practicing Certified Case Manager for the State of Montana, I urge CMS to please reconsider the interim payment rule on CPT codes 99441, 99443, 99443, 98966, 98967 and 98968 and make these Medicare payable codes. Case managers play a vital role in promoting continuity of care, and cost effective care. With these payment allowables physicians will be much more likely to take the time to talk with case managers. Physician time is valuable, and this must be realized and compensated for. To avoid abuse of these codes perhaps they could be limited to a certain amount of billings per month per patient. Please approve payment of these codes by Medicare. It will benefit patients and taxpayers alike.

Submitter : Mrs. Anita Sanders
Organization : Mrs. Anita Sanders
Category : Nurse

Date: 12/13/2007

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

Reimbursement for Care Coordination can save the CMS many thousands of dollars over the course of the 1 to 2 years as a return on the investment. Case Management is the front line in utilization management and care coordination. Please take this information under consideration as you make your decision. Thank you.

CMS-1385-FC-60

**Revisions to Payment Policies Under the Physician Fee Schedule,
and Other Part B Payment Policies; Revisions to Payment Policies
for Ambulance Services for CY 2008;**

Submitter : Ms. Patti Kodzis

Date & Time: 12/13/2007

Organization : Ms. Patti Kodzis

Category : Nurse

Issue Areas/Comments

GENERAL

Please consider some type of re-imbusement for proffessional phone consultation. Planning appropriate services and communicating are essential to healthcare and quality of life. Without these, more hospitalizations, higher incidences of errors and lower quality of life of patients discharged or trying to remain at home will result.

Patti Cantillo-Kodzis RN

CMS-1385-FC-61

Revisions to Payment Policies Under the Physician Fee Schedule, and Other Part B Payment Policies; Revisions to Payment Policies for Ambulance Services for CY 2008;

Submitter : Ken Ammerman

Date & Time: 12/13/2007

Organization : Lansing-Mason Area Ambulance Service

Category : Other Health Care Provider

Issue Areas/Comments

GENERAL

In regard to Federal Register, Vol 72, No 227, page 66321, N, 'Beneficiary Signature for Ambulance Transport Services.' In speaking with several employees from two different hospitals, they confirm, they DO NOT have time, nor will they, sign anything from our agency confirming receipt of a patient transported to their facility. Whether this will be true or not has yet to be seen. I wonder what the financial impact will be in educating the various facilities in a response area to this new rule? I am also wondering why the ambulance company in this scenario could not simply document the hospital's patient record number as proof of transport. The ambulance company would have no access to this number if they had not transported the patient.

Submitter : Mr. Richard Malott
Organization : Williamsburg Twp. Emergency Services
Category : Other Health Care Provider

Date: 12/14/2007

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

The ruling for acquiring signature for CMS patient when taking them to hospital in life squads. is going to be next to impossible to implement by the first of the year. By the time we come up with the form and try to get the information to all our personnel the time frame is to short.

Submitter : Mrs. Carole Upman
Organization : Mrs. Carole Upman
Category : Nurse

Date: 12/14/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-FC-63-Attach-1.DOC

CMS-1385-FC-63-Attach-2.DOC

November 30, 2007

Centers for Medicare & Medicaid Services
Baltimore, Maryland
Department of Health and Human Services,
Attention: CMS-1321-P,
P.O. Box 8015
Baltimore, MD 21244-8015.

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, Carole M. Upman, 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. I, Carole M. Upman, support the funding of payment codes for physician and non-physician evaluation, assessment and management services.

As an essential part of the healthcare team, qualified non-physician health care professionals 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.

Physicians and qualified non-physician health care professionals work collaboratively 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 qualified non-physician health care professionals 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.

As a certified case manager, 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. We thank you for your consideration of these comments on this Interim Final Rule.

Sincerely,

Carole Upman, RN, MA, CRC, CDMS, CRC

CU/gj

Submitter :

Date: 12/14/2007

Organization : American Academy of Neurology Professional Associa

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

Please see attached comment letter.

CMS-1385-FC-64-Attach-1.DOC



AMERICAN ACADEMY OF NEUROLOGY

American Academy of Neurology

December 6, 2007

American Academy of Neurology
Professional Association

Acting Administrator Kerry Weems
Centers for Medicare and Medicaid Services (CMS)

1080 Montreal Avenue
St. Paul, Minnesota 55116

Tel: (651) 695-1940

Fax: (651) 695-2791

www.aan.com

RE: Separate Payment for Anticoagulation Management CPT® Codes 99363, 99364

Dear Acting Administrator Weems:

The American Academy of Neurology Professional Association (Academy) would like to take this opportunity to comment on the CMS decision to continue to bundle payment for anticoagulation management service codes 99363 & 99364 into existing evaluation and management (E/M) services.

The Academy believes CMS may be mistaken in its explanation and reasoning for continuing to bundle payment for the codes into existing E/M services. In its rationale, CMS states,

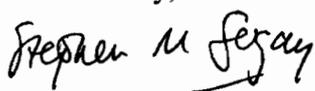
“Currently clinicians managing anticoagulation therapy may bill, if appropriate, the CPT code that best represents the level of outpatient E/M service provided on that day, including CPT code 99211” (Federal Register, Vol. 72, No. 227, 11/27/2007).

To suggest there are other CPT codes available for this work such as 99211 is misleading. All such codes require the patient being present in the office even if the physician's presence is not required as would be true of 99211. In contrast, the coordination of care involved in 99363 and 99364 would more likely use other forms of interaction such as email or phone calls. The intent was to capture work that is excessive of the amount intended as interservice work as defined by the E/M codes.

The Academy is disappointed at this decision that, if reversed, would show support for primary care and non-procedural specialties that are in financial jeopardy due to the imbalance of payment in the current system. The type of coordination of care represented by 99363 and 99364 is a vital part of the chronic care (grouper) model, and paying for these services would be a potential solution for capturing and reimbursing the extra work involved in that process.

Thank you for your attention our comments. Should you have questions or require further information, please contact Academy Senior Administrator Katie Kuechenmeister at (651) 695-2783 or kkuechenmeister@aan.com.

Yours Sincerely,



Steven M. Sergay, MB, BCh, FAAN
President, American Academy of Neurology Professional Association

President
Stephen M. Sergay, MB BCh, FAAN
Tampa, Florida

President Elect
Robert C. Griggs, MD, FAAN
Rochester, New York

Vice President
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Salt Lake City, Utah

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Steven P. Ringel, MD, FAAN
Denver, Colorado

Executive Director/CEO
AAN & AAN Foundation
Catherine M. Rydell, CAE
Saint Paul, Minnesota

Submitter : Mr. Nathan Broman

Date: 12/14/2007

Organization : Deerfield Township Fire Rescue Department

Category : Other Technician

Issue Areas/Comments

GENERAL

GENERAL

The delivery of emergency patient care in the field is the top priority of pre-hospital care providers, and we rely upon reimbursement funding to provide this valuable service. These new paperwork/signature requirements dictated to us will distract paramedics and EMT's from their priority of providing emergency patient care. It is a travesty that it has come to this!

Submitter : Ms. Kimberly Munn
Organization : Harris Dermatology
Category : Other Health Care Professional

Date: 12/14/2007

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

On January 1, physicians face Medicare payment cuts of 10%, with projected cuts totaling about 40% over the next eight years. Over the same period, physician practice costs will increase nearly 20%. As a result physicians will be forced to limit the number of new Medicare patients they treat. At the same time Medicare Advantage plans (private insurance companies) are receiving huge government subsidies for the patients enrolled in their plans while adding nothing to the healthcare delivery process. This shifting of funds is unacceptable at a time when front line providers are facing insurmountable cuts. I urge you to take action NOW! Advance legislation that will result in fair payment updates based on a realistic and reasonable formula that will end this end-of-the year pleading.

Submitter : Ms. Bonnie Brown
Organization : CMSA
Category : Nurse

Date: 12/15/2007

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

I am in favor of you passing this revision to the fee schedule. Much important health care is provided via telephone contact and the Medicare recipients are the most important users of this care.

Submitter : Mrs. Elaine Lowenstein

Date: 12/15/2007

Organization : CorVel

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

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/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.

**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

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.

Submitter : Ms. Susan Threlkeld
Organization : Care Coordination Consulting LLC
Category : Nurse

Date: 12/15/2007

Issue Areas/Comments

GENERAL

GENERAL

December 15, 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/Madam:

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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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,

Susan Miranda-Threlkeld RN CCM
Certified Case Manager

**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 15, 2007

Centers for Medicare & Medicaid Services

CMS-1385-FC-69

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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Sincerely,

Susan Miranda-Threlkeld RN CCM
Certified Case Manager