

Submitter : Mr. William Fremault

Date: 12/26/2007

Organization : Mr. William Fremault

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am a patient who relies on interventional pain management physicians for my care. I am writing to you because of my grave concern for the future of patient access to this type of care. Based on my knowledge of the planned reduction in reimbursement, it is my firmly held belief that, unless Congress takes action soon, seniors will lose access to interventional pain management. If past actions are any guide, it is certain that Medicaid and third party payors will follow Medicare, cutting their reimbursement for these valuable services as well.

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Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Email address: \_\_\_\_\_

Submitter : Ms. Bernice Szaflarski

Date: 12/26/2007

Organization : Ms. Bernice Szaflarski

Category : Individual

Issue Areas/Comments

**GENERAL**

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Submitter : Ms. Catherine Hart

Date: 12/26/2007

Organization : Ms. Catherine Hart

Category : Individual

Issue Areas/Comments

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Submitter : Mr. Edward Schludecker  
Organization : Mr. Edward Schludecker  
Category : Individual

Date: 12/26/2007

Issue Areas/Comments

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Submitter : Mr. Walter Price

Date: 12/26/2007

Organization : Mr. Walter Price

Category : Individual

Issue Areas/Comments

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Submitter : Thomas Cogozzo

Date: 12/26/2007

Organization : Thomas Cogozzo

Category : Individual

Issue Areas/Comments

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Submitter : Janet Boyer

Date: 12/26/2007

Organization : Janet Boyer

Category : Individual

Issue Areas/Comments

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Submitter : Joan Loftus

Date: 12/26/2007

Organization : Joan Loftus

Category : Individual

Issue Areas/Comments

GENERAL

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Submitter : John Wiley

Date: 12/26/2007

Organization : John Wiley

Category : Individual

Issue Areas/Comments

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Submitter : Larry Turner Jr.

Date: 12/26/2007

Organization : Larry Turner Jr.

Category : Individual

Issue Areas/Comments

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Submitter : Nancy Janda  
Organization : Nancy Janda  
Category : Individual

Date: 12/26/2007

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Submitter : Delphine Cherry

Date: 12/26/2007

Organization : Delphine Cherry

Category : Individual

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Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Submitter : Mary Ann Pappas

Date: 12/26/2007

Organization : Mary Ann Pappas

Category : Individual

Issue Areas/Comments

GENERAL

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Submitter : Richard Cerda

Date: 12/26/2007

Organization : Richard Cerda

Category : Individual

Issue Areas/Comments

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Submitter : Jennifer McDevitt

Date: 12/26/2007

Organization : Jennifer McDevitt

Category : Individual

Issue Areas/Comments

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Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Submitter : Lorraine Dore  
Organization : Lorraine Dore  
Category : Other Health Care Provider

Date: 12/26/2007

Issue Areas/Comments

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Submitter : Joseph Grobarek

Date: 12/26/2007

Organization : Joseph Grobarek

Category : Individual

Issue Areas/Comments

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Submitter : Kathleen Buenrostro

Date: 12/26/2007

Organization : Kathleen Buenrostro

Category : Individual

Issue Areas/Comments

**GENERAL**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Submitter : Brian Randall

Date: 12/26/2007

Organization : Brian Randall

Category : Individual

Issue Areas/Comments

GENERAL

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Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Submitter : Doris Murray  
Organization : Doris Murray  
Category : Individual

Date: 12/26/2007

Issue Areas/Comments

GENERAL

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Submitter : Cliff Luchene

Date: 12/26/2007

Organization : Cliff Luchene

Category : Individual

Issue Areas/Comments

GENERAL

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Submitter : Georgette Chmiel

Date: 12/26/2007

Organization : Georgette Chmiel

Category : Individual

Issue Areas/Comments

GENERAL

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Submitter : Robert Bloomquist

Date: 12/26/2007

Organization : Robert Bloomquist

Category : Individual

Issue Areas/Comments

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Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Submitter : Sue Nelson

Date: 12/26/2007

Organization : Sue Nelson

Category : Individual

Issue Areas/Comments

GENERAL

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Email address: \_\_\_\_\_

Submitter : James Amato

Date: 12/26/2007

Organization : James Amato

Category : Individual

Issue Areas/Comments

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Email address: \_\_\_\_\_

Submitter : Joan Ann Oliver

Date: 12/26/2007

Organization : Joan Ann Oliver

Category : Individual

Issue Areas/Comments

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Email address: \_\_\_\_\_

Submitter : Mary Ann Nekyha

Date: 12/26/2007

Organization : Mary Ann Nekyha

Category : Individual

Issue Areas/Comments

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Submitter : Marion Payne

Date: 12/26/2007

Organization : Marion Payne

Category : Individual

Issue Areas/Comments

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Submitter : Martin Bonow

Date: 12/26/2007

Organization : Martin Bonow

Category : Individual

Issue Areas/Comments

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Submitter : Donald Jensen

Date: 12/26/2007

Organization : Donald Jensen

Category : Individual

Issue Areas/Comments

GENERAL

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Email address: \_\_\_\_\_

Submitter : Angelina Prokes

Date: 12/26/2007

Organization : Angelina Prokes

Category : Individual

Issue Areas/Comments

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Submitter : Joan Dina

Date: 12/26/2007

Organization : Joan Dina

Category : Individual

## Issue Areas/Comments

## GENERAL

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Email address: \_\_\_\_\_

Submitter : Myranda Sutton

Date: 12/26/2007

Organization : Myranda Sutton

Category : Individual

Issue Areas/Comments

GENERAL

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Submitter : Anna Ward

Date: 12/26/2007

Organization : Anna Ward

Category : Individual

Issue Areas/Comments

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Although we appreciate the bills introduced by Honorable Mike Crapo (R-ID) in the Senate and Honorable Kendrick Meek (D-17th FI) and Wally Herger (R-2nd CA) in the House; these unfortunately will not fix the ASC issue for interventional pain management. They also would be extremely expensive and consequently, we request a temporary reprieve for interventional procedures performed in ASCs by a carve-out for 9 procedures which will cost \$8 million in the year 2008 and a total of \$34 million by 2010.

Please act immediately, as these issues are extremely important to the American public, namely your voters. I am very much interested in hearing your response and hoping for your support on these important issues.

Once again, thank you for all your help.  
For more information visit [www.asipp.org](http://www.asipp.org)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Submitter : Mary Pawlak

Date: 12/26/2007

Organization : Mary Pawlak

Category : Individual

Issue Areas/Comments

**GENERAL**

GENERAL

I am a patient who relies on interventional pain management physicians for my care. I am writing to you because of my grave concern for the future of patient access to this type of care. Based on my knowledge of the planned reduction in reimbursement, it is my firmly held belief that, unless Congress takes action soon, seniors will lose access to interventional pain management. If past actions are any guide, it is certain that Medicaid and third party payors will follow Medicare, cutting their reimbursement for these valuable services as well.

As a concerned patient, I write urging you to take steps to stop the pending physician reimbursement cuts and the devastating ASC cuts for interventional pain management procedures. I am extremely disappointed that Congress does not appear to be willing to take action prior to the holiday recess. This inaction could very well cause seniors to lose access to interventional pain management.

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Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Submitter : Margaret Leonhardt  
Organization : Margaret Leonhardt  
Category : Individual

Date: 12/26/2007

Issue Areas/Comments

GENERAL

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Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Submitter : Dr. William P McRoberts

Date: 12/26/2007

Organization : Holy Cross Hospital

Category : Physician

Issue Areas/Comments

**GENERAL**

GENERAL

December 18, 2007

Mr. Kerry Weems  
Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: MS-1392-FC  
Hubert H. Humphrey Building, Room 445-G  
200 Independence Avenue, SW  
Washington, DC 20201

Re: MS-1392-FC

Dear Mr. Weems:

As a concerned interventional pain management physician I would like to comment on multiple disparities which exist between ASC setting and HOPD setting. These disparities and the CMSs new proposals and classifications will hinder patient access.

I am concerned about status indicator for CPT Codes 72285 and 72295 and non-payable issue which is related to discography. CMS pays separately for radiology portion of discography when it is performed independently in the HOPD setting, however it does not pay separately for the very same service when it is performed independently in the ASC setting. It was our understanding that in spite of significant cuts for interventional pain management the whole purpose was to apply the standards uniformly but it does not seem so. Discography procedures have two components: an injection portion that is reported by either CPT Code 62290 (Injection procedure for discography, in lumbar spine) or CPT Cod 62291 (Injection procedure for discography in cervical or thoracic spine), and a radiology portion that is reported by either CPT Code 72285 (discography interpretation and supervision in cervical spine) or CPT Code 72295 (discography interpretation and supervision in lumbar spine).

I believe that discography should be a separately payable service in the ASC as it is not treated as a surgical procedure eligible for separate payment under the payment system. This payment policy fails to recognize inequality between multiple settings and importance of these being done in an ASC setting.

The second issue relates to the update to the conversion factor while ASCs are facing losses, hospitals will still have an upper hand with a better update factor. This should be changed where both update factors are the same.

In addition, CMS should delay implementing the payment cap for office-based procedures. The present formula appears to be arbitrary.

To avoid exponential increases in procedures performed in all settings specifically in-office settings, CMS should establish that these procedures should be performed by only well-trained qualified physicians and in accredited office settings, thus creating an accreditation standard for offices to perform interventional procedures. This philosophy may be applied to other settings to simply reduce the overuse.

Thank you for the opportunity to comment on the Final Rule.

Sincerely,  
W. Porter McRoberts MD

**HCPCS codes**

HCPCS codes

December 18, 2007

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Administrator  
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Department of Health and Human Services  
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#### Medicare GME Affiliations

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December 18, 2007

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Department of Health and Human Services  
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Thank you for the opportunity to comment on the Final Rule.

Sincerely,  
W. Porter McRoberts MD

Submitter : Mr. William Burnham

Date: 12/27/2007

Organization : Carl Zeiss Meditec

Category : Device Industry

Issue Areas/Comments

HCPCS codes

HCPCS codes

Dear Sir,

I am writing to comment on CMS's Ambulatory Payment Classification (APC) assignment for the Category III CPT code 0187T. Anterior segment OCT is a technology currently marketed by my company and is identified by the CPT code 0187T. Our technology allows physicians to diagnose anterior segment pathologies and obtain pre/post-operative information for ocular surgeries. Prior to the advent of this technology, the primary means of imaging the anterior segment of the eye was by ultrasound biomicroscopy; a procedure identified by the CPT code 76513. I have included below the complete descriptors for the relevant CPT codes:

CODE DESCRIPTIONS

CPT 0187T: Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral

CPT 76513: Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy

The primary difference between the two procedures is that anterior segment imaging with OCT uses the interference properties of light as opposed to sound to generate images. Both procedures are used to image the anterior segment of the eye, use similar resources, and require the same level of technical expertise. Given these similarities, I am requesting that CMS reassign CPT 0187T from APC 0230 to APC 0266, the same payment classification as CPT 76513. We believe establishing equivalent payment will allow appropriate compensation for the technology and ensure beneficiary access to this technology.

If you have any questions that I may be able to address, please do not hesitate to contact me. I can be reached at (925) 548.0580. Thank you for the opportunity to comment.

Respectfully Submitted,

William Burnham, OD

Carl Zeiss Meditec, Inc.  
Group Product Director - Cataract & Refractive Diagnostics