

September 14, 2007

Via Electronic Submission to: <http://www.cms.hhs.gov/eRulemaking>

Mr. Kerry Weems
Acting Administrator, Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attn: CMS-1392-P
7500 Security Boulevard
Baltimore, MD 21244

Re: Proposed Changes to the Hospital Outpatient Prospective Payment System and CY 2008 Payment Rates; Proposed Rule CMS-1392-P

Dear Mr. Weems:

The American College of Cardiology (ACC), Society for Cardiovascular Computed Tomography (SCCT) and The Society for Cardiovascular Angiography and Interventions (SCAI) and the American Society of Nuclear Cardiology (ASNC) wish to express our appreciation for the opportunity to comment on the proposed rule on Changes to the Hospital Outpatient Prospective Payment System (HOPPS) and Calendar Year 2008 Payment Rates. (72, Federal Register, 42627–43130; No. 148, August 12, 2007).

The ACC is a 34,000 member non-profit professional medical society and teaching institution whose purpose is to advocate for quality cardiovascular care through education, research promotion, development and application of standards and guidelines, and to influence health care policy. The College represents more than 90 percent of the cardiologists practicing in the United States.

The SCCT is a professional medical membership organization with more than 4,000 members since its creation in March 2005 that addresses all issues pertaining to the field of cardiovascular computed tomography. SCCT works to foster optimal clinical effectiveness of cardiovascular CT through professional education, establishment of standards for quality assurance and professional training, and development of evidence-based guidelines for its use to enhance patient care and improve the quality of cardiovascular medical practice.

The SCAI is a professional association representing over 3,800 invasive and interventional cardiologists. SCAI promotes excellence in cardiac catheterization, angiography, and interventional cardiology through physician education and representation, and quality initiatives to enhance patient care.

ASNC is a greater than 5,000 member professional medical society, which provides a variety of continuing medical education programs related to nuclear cardiology and cardiovascular computed tomography, develops standards and guidelines for training and practice, promotes accreditation and certification within the nuclear cardiology field, and is a major advocate for furthering research and excellence in nuclear cardiology and cardiovascular computed tomography.

CMS has outlined a number of complex and far reaching proposals in the 2008 HOPPS proposed rule. While CMS may have intended to set up a system that encouraged efficiencies in hospital services, ACC, SCCT, SCAI and ASNC believe that the agency may inadvertently create financial incentives for hospitals to utilize the least costly procedure rather than the most appropriate procedure, disregarding patient clinical needs and creating opportunities for decreased quality of care. We request that any new policies proposed by CMS be transparent and provide the clear crosswalks of codes with the data to evaluate the resultant payment.

Data used to determine APC Rates

ACC, SCCT, SCAI and ASNC commend CMS for the significant effort to stabilize the variation in APC payment rates for CY 2008. We continue to advocate for the use of external data to validate rates where existing claims data is inadequate in determining median costs. This is particularly an issue for new procedure, new APC placement of codes and high-cost device-dependent procedures. With claims data that lag up to two years behind the applicable payment period, and even older hospital costs reports, the use of external data could improve the accuracy of payments.

Cardiac Computed Tomography and Computed Tomographic Angiography

ACC, SCCT, SCAI and ASNC would like to thank CMS for correcting the placement of the CCT and CCTA procedures in two clinical APCs, specifically new clinical APC 0383 (Cardiac Computed Tomographic Imaging) for CPT codes 0145T, 0146T, 0147T, 0148T, 0149T, and 0150T and APC 0282 for CPT codes 0144T and 0151T. However, we note that CMS has not considered the exam in the context of proposed packaging of the contrast materials---- materials that serve unique necessary purposes (for diagnosis) and are chosen clinically on patient need just as drugs for therapeutics. Moreover, **We believe the key reason these codes should be moved is because it is the correct allocation for maintaining clinical and resource homogeneity. Nevertheless, CMS has overlooked the homogeneity of CCT and CCTA services and has valued a majority of the services at prices \$60-\$150 lower than the rates for 2007 if one includes contrast, (based mostly on very limited poor early cost data of a new technology).**


ACC, SCCT, SCAI and ASNC have concerns with the proposed median cost of \$313.81 for APC 0383 and \$105.48 for APC 0282, which are based entirely on single claims data for described CCT and CCTA services. These APCs would seriously underpay hospitals and would risk limiting beneficiary access to this valuable service. Per the proposed rule, CMS reviewed HOPPS claims from January 1, 2006 – December 31, 2006 showing a total of over 16,000 procedures performed, with about 11,000 single claims available for ratesetting. **ACC, SCCT, SCAI and ASNC believe that it is necessary to include the remaining 5,000 claims not utilized for ratesetting to present the most accurate data on cost charges, as well as trimmed multiple claims, if they are not represented in the 16,000 procedure reference.**

In addition, we are skeptical that hospital outpatient departments were able to accurately begin reporting and billing the new APC codes for CCT and CCTA services when those codes went into effect on January 1, 2006, given that the APC classifications for CCT and CCTA services were only first announced in the final 2006 HOPPS Rule. **We recommend that CMS delay the new median costs until it has a full year of claims data available from both multiple and single claims representing CCT and CCTA services to determine the median cost.**

We are hopeful that CMS will review external data from peer sources to understand the inadequacy of the current cost data for CCT/CCTA in the current CMS database.

Again, ACC, SCCT, SCAI and ASNC appreciate the opportunity to comment on this HOPPS 2008 Proposed Rule. We encourage CMS to work with all stakeholders during the coming year to develop a more transparent proposal that reflects the input of all stakeholders for CY 2009. We also appreciate CMS willingness to continue the dialog with all stakeholders regarding appropriate payment methodologies and appropriate costs associated with cardiovascular procedures provided to Medicare beneficiaries. The ACC, SCCT, SCAI and ASNC are ready to discuss any of its comments on the above issues. If you have any questions or concerns, please feel free to contact either Denise Garris, at 202-375-4696.

Sincerely,



James T. Dove, M.D., F.A.C.C.
President, American College of Cardiology



Michael Poon, M.D., FACC
President, Society of Cardiovascular Computed Tomography



Bonnie H. Weiner, MSEC, MBA, FSCAI
President, Society for Cardiovascular Angiography



Gregory S. Thomas, MD, MPH, FACC, FACP, FASNC
President, American Society of Nuclear Cardiology

cc: Jack Lewin, MD, Chief Executive Officer, ACC
SCCT
SCAI
ASNC