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July 25, 2011

Donald Berwick, MD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS 1852-PN
PO Box 8013
Baltimore MD 21244-8013

Dear. Dr. Berwick:

The American College of Cardiology (ACC) is pleased to submit comments in response to the notification of proposed rulemaking on the *Medicare Program; Five Year Review of Work Relative Value Units Under the Physician Fee Schedule* as published in the Federal Register on June 6, 2011. The ACC is transforming cardiovascular care and improving heart health through continuous quality improvement, patient-centered care, payment innovation and professionalism. The College is a 40,000-member nonprofit medical society comprised of physicians, nurses, nurse practitioners, physician assistants, pharmacists and practice managers, and bestows credentials upon cardiovascular specialists who meet its stringent qualifications. The College is a leader in the formulation of health policy, standards and guidelines, and is a staunch supporter of cardiovascular research. The ACC provides professional education and operates national registries for the measurement and improvement of quality care. More information about the association is available online at <http://www.cardiosource.org/ACC>.

The proposed rule covers values for a number of services but we will limit our comments to those provided by cardiologists. The ACC participated in the RUC review of code 93321 used to report a Doppler add-on to a limited echo exam. The ACC supports the CMS proposal to maintain the value for this service as recommended by the RUC. The survey completed and reviewed as part of the RUC process demonstrated that this service was properly valued.

The ACC disagrees with the CMS proposal for work values for initial observation services (CPT codes 99218-99220). The RUC reviewed these services as part of the five year review and found that they were undervalued when compared to similar evaluation and management codes. The RUC recommended substantial increases in work values for all of these services, but CMS proposes to maintain the value for all of these services at the current level.

In the rule, CMS indicates that it rejects the recommendations made by the RUC because the agency disagrees with the RUC's determination that the work values for observation services are comparable to those of the same level inpatient hospital services. We think it is important to note that the distinction between an observation service and an inpatient service is an artificial one caused by the outdated split between Medicare Part A and Medicare Part B. In many cases, patients seen in observation are in the same building and in the same units as patients who are considered to be in inpatient status. From the perspective of the physician, and certainly from the patient, there is no difference in the services provided. For this reason, we believe it makes good sense for the work values of observation and inpatient services to be the same, given that they require the same levels of history, exam, and medical decision making, and are provided in the same setting.

CMS also proposes a substantial reduction in the value of same day observation/discharge from observation services (CPT codes 99234-99236). The RUC had recommended that these values either stay the same or decrease very modestly, but because CMS has proposed to incorporate the proposal above, these services would substantially decrease in work values. At a time when there is increasing expectation that physicians provide comprehensive care of patients in these settings and to ensure appropriate follow up and care coordination following discharge, it is counterproductive to decrease the work value and therefore the payment for these services. The ACC supports the RUC recommendations for these services as well.

The ACC appreciates the opportunity to comment on these proposals. If you have questions about this letter, please contact Brian Whitman, Associate Director of Regulatory Affairs at bwhitman@acc.org or (202) 375-6396.

Sincerely,

A handwritten signature in cursive script that reads "David R. Holmes Jr.".

David R. Holmes Jr, MD, FACC
President