AMERICAN SOCIETY OF HEMATOLOGY
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September 6, 2013

Marilyn Tavenner
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: CMS-1601-P: Calendar Year (CY) 2014 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems for CY 2014

Dear Administrator Tavenner:

The American Society of Hematology (ASH) is pleased to have an opportunity to comment on the proposed changes to the Medicare Hospital Outpatient Prospective Payment System (OPPS) for calendar year 2014. ASH represents approximately 14,000 clinicians and scientists committed to the study and treatment of blood and blood-related diseases, including blood cancers such as leukemia, lymphoma and myeloma, and other serious disorders such as anemias, thrombosis and bleeding disorders. ASH members include hematologists and hematologist/oncologists who regularly render services to Medicare beneficiaries

The Society offers comments on the proposed change in the packaging of procedures under OPPS and the proposed collapsing of clinic and emergency department visit codes.

Packaging of Diagnostic and Clinical Lab Tests in Clinic or Emergency Department Visits

CMS is proposing to no longer pay separately for certain diagnostic and clinical laboratory tests, when billed with a code assigned a T status (a surgical procedure), an S status, (a significant procedure) or a V status (a clinic or emergency department (ED) visit). These "packaged" codes would be assigned either a Q1 status or an N status in the case of clinical diagnostic laboratory services.

ASH respectfully requests that CMS withdraw its proposal to package diagnostic tests, including clinical laboratory services into the payment for clinic or ED visits (V codes) performed on the same day. This proposal will have a significant impact on hematology/oncology clinics where patients typically receive a full battery of clinical laboratory tests along with a high level clinic visit. The proposal is especially problematic as CMS has also proposed to collapse the 5 levels of clinic visits for new and established patients into a single code with an APC rate of $88.31.

ASH appreciates the rationale for packaging diagnostic services and clinical lab tests into a surgical procedure or a major therapeutic procedure as these tests/services are often needed to support the procedure. However, the problem with packaging diagnostic procedures into the V codes is the fact that there is absolutely no homogeneity in the diagnostic services needed to support a clinic or ED visits across the wide range of patients seen.

CMS has provided no data showing how this packaging proposal will impact hospitals. The assumption that there are "winning" and "losing" cases, but that on average payment will be equitable for most hospitals is likely not the case for those hospitals with specialized services, especially clinics in both malignant and non-malignant bleeding disorders. At the very least CMS should undertake an analysis on the potential impact of packaging diagnostic and clinical lab tests with clinic visits.

ASH urges CMS to withdraw the proposal to package diagnostic tests and other services into the V codes at least until transparent data have been provided so that ASH can better understand how it is considered equitable across providers and furthers good quality patient care.

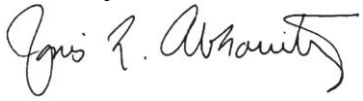
Collapsing of Clinic Visit Codes

ASH has serious concerns regarding CMS' proposal to collapse the current 5 levels of evaluation and management services for new and established patients into a single clinic visit code paid at a rate of $88.31. The Society thinks this proposed policy is especially inequitable for teaching and tertiary care hospitals that have a more complex case mix and, in turn, a greater than average use of the higher level clinic visit codes. Hospitals with hematology/oncology clinics will be greatly disadvantaged by a single code for all clinic visits as the patients are seen by additional staff and require more time and effort than the more typical mix of patients. Inevitably, hospitals with specialized clinics seeing a potential loss in revenues will pressure physicians and hospital staff to reduce the time for each clinic visit, potentially depriving patients of the thoughtful attention demanded by their complex clinical conditions.

In the Society's judgment, the collapsing of clinic visits could lead to a deterioration of patient care. ASH urges CMS to withdraw this proposal.

Thank you for the opportunity to provide these comments. If you have any questions or would like additional information, please contact ASH Government Relations and Practice Manager Stephanie Kaplan at *skaplan@hematology.org* or 202-776-0544.

Sincerely,



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President