



The Voice of All Kidney Patients

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September 21, 2004

BY ELECTRONIC SUBMISSION

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Baltimore, MD 21244-8012

Subject: CMS-1429-P, Comments Regarding Proposed Rule, Revisions to Payment Policies Under the Physician Fee Schedule for CY 2005

Dear Dr. McClellan:

On behalf of the American Association of Kidney Patients (“AAKP”), I am writing to comment on the CY 2005 physician fee schedule proposed rule, published in the *Federal Register* on August 5, 2004.

About AAKP. By way of background, the American Association of Kidney Patients (AAKP) (www.aakp.org), founded in 1969, is the nation’s only kidney patient-led and managed education and advocacy organization for people with kidney disease. Each year AAKP serves over 12,000 members and, through its programs, over 200,000 Americans who have either lost kidney function (and live with dialysis or transplant) or have chronic kidney disease (CKD). The *average* life expectancy for individuals following initiation of dialysis therapy is short, less than 5 years. But AAKP’s membership includes many long-term dialysis survivors (in some cases exceeding 30 years), who live full and productive lives only by aggressive attention to their health care, a core mission of AAKP. Indeed, most kidney patients face not only the challenge of kidney disease, but other medical conditions as well, such as diabetes and hypertension.

General Principles. AAKP reviews proposed government policies with respect to several core principles: Will the proposed policy change improve access and quality to care, and does the proposed policy change respect the principle that *a physician and patient make a joint determination of the care plan best suited for that patient?*

Comments. AAKP submits the following comments and questions in response to the proposed rule:

American Association of Kidney Patients
3505 E. Frontage Rd., Suite 315, Tampa, FL 33607
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<http://www.aakp.org> E-mail: info@aaqp.org

1. CODING—TELEHEALTH” (FR 47510)

As a result of the revisions to the monthly capitated payment (MCP) that became effective on January 1, 2004, does CMS have any data that indicate that either access to nephrologists or other practitioners by ESRD patients, or quality of medical care to ESRD patients, has been improved or impaired? Does CMS have any studies underway or planned to examine this issue? Does CMS believe there are shortages of nephrologists or other practitioners available to ESRD patients in rural or other “underserved” areas, or have underway any studies to examine this issue? If so, in addition to extending telehealth reimbursement, does CMS have any proposals under development to improve ESRD patient access to nephrologists and other practitioners in rural or other underserved areas?

Does CMS plan any evaluation of telehealth services to ESRD patients to determine best practices?

Lastly, will telehealth services be available to ESRD patients in non-rural areas?

2. CODING—VENOUS MAPPING FOR HEMODIALYSIS (FR 47511)

AAKP has two questions about venous mapping. First, CMS only permits the operating surgeon to bill for venous mapping, and payment is only made with placement of an AV fistula. Why doesn't CMS provide reimbursement to non-surgical specialties for mapping, such as interventional nephrologists and radiologists, who are increasingly providing this service? And why does CMS only pay for venous mapping an AV fistula is placed, and not for other indications?

3. SECTION 623 (FR 47525)

Section 623 of the Medicare Modernization includes a provision to add-on to the composite rate for the difference between current payments for separately billable drugs and biologicals and payments based on the revised drug pricing methodology using acquisition costs. CMS has previously opined that the current payment policy creates financial incentives for use of separately billable drugs and biologicals. With the removal of these alleged incentives, does CMS intend to monitor or publish new clinical guidelines or indicators to ensure dialysis patients receive proper administration of separately billable drugs and biologicals?

Lastly, does CMS have longer term plans to revise payment for dialysis treatment and ancillary services?

CMS's analysis of the budgetary impact on the Medicare program of the proposed section 623 changes (see FR 47569) generally indicates an “overall” neutral or modest reimbursement increase for all types of dialysis facilities (independent/hospital, for profit/non-profit, urban/rural). However, does CMS have data which indicate the number of dialysis facilities which are operating at a loss in the United States, by corresponding facility characteristics?

AAKP appreciates the hard work of CMS personnel involved in improving the lives of kidney patients. If you require further information regarding this letter, please contact Kris Robinson, AAKP's Executive Director, at (800) 749-2257.

Thank you in advance for considering AAKP's comments.
Sincerely,

A handwritten signature in cursive script that reads "Brenda Dyson". The signature is written in black ink on a white background.

Brenda Dyson
President

cc: Brady Augustine
Barry Straub, M.D.