



July 30, 2009

Ms. Charlene Frizzera
Acting Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

RE: Medicare Program; Public Meeting in Calendar Year 2009 for New Clinical Laboratory Tests Payment Determinations

Dear Ms. Frizzera:

The American College of Physicians (ACP) and the American Society for Hematology (ASH), are pleased to offer their comments on the 2010 laboratory fee schedule. ACP represents 129,000 internists and medical students. ASH represents over 11,000 hematologists in the United States who are committed to the treatment of blood and blood-related diseases.

We are writing in support of payment for the newly created CPT code 8874X *transcutaneous hemoglobin measurement (Hgb) laboratory test*. We believe that a crosswalk payment level of \$7.33 is appropriate, because this test is comparable to other in vivo/ transcutaneous tests that measure carboxyhemoglobin (CPT code 88740), methemoglobin (CPT code 88741) and bilirubin (CPT code 88720). Each of those tests is currently reimbursed at the level of \$7.33 per test. We find supporting argument for the crosswalk option, stated in 42 CFR 415.508: "*Crosswalking is used if it is determined that a new test is comparable to an existing test.*"

The Hgb test is available to all physicians; internists and subspecialists are expected to be significant users of the test. Under the new CPT code 8874X, a Clinical Laboratory Improvement Amendments (CLIA) waiver for CPT code 8874X will not be needed because transcutaneous tests are not subject to CLIA regulations.

In similar payment determination situations, crosswalks have been utilized. The current payment rates for CPT codes 88740 *transcutaneous carboxyhemoglobin* and 88741 *methemoglobin* were cross-walked from CPT code 88720 *transcutaneous bilirubin* payment, whose national limit amount for calendar year 2009 is \$7.33. The resources

used for all these tests are similar, and their payment rates were based on the payment for CPT code 87720.

As in the precedents, this requested crosswalk will provide a consistent payment within the transcutaneous lab tests fee schedule. In addition to payment consistency, we believe that appropriate payment will ensure beneficiary access to noninvasive testing, faster turnaround time, and more timely treatment.

An additional important benefit of this technology is the difference it makes to the patient experience. It does not involve a needle puncture, which improves the patient experience for those who require serial monitoring and it improves care for the severely anemic patient, since it does not exacerbate the anemia.

In summary, we recommend that CMS assign a \$7.33 crosswalk reimbursement rate to CPT code 8874X, for the 2010 fee schedule, and we appreciate this opportunity to comment.

If you have any questions, please contact either Carol Schwartz, Senior Manager, Policy & Practice for ASH at cschwartz@hematology.org or (202) 292-0258, or Debra Lansey, Regulatory and Insurer Affairs Associate for ACP at DLansey@acponline.org or (202) 261-4544.

Sincerely,



Yul D. Ejnes, MD, FACP
Chair, ACP Medical Service Committee



Lawrence A. Solberg Jr., MD, PhD
Chair, ASH Committee on Practice