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Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
P.O. Box 8011  
Baltimore, Maryland 21244

Re: CMS-1404-P

Cleveland Clinic is an integrated, not-for-profit health care provider dedicated to patient care, teaching and research. We are pleased to have the opportunity to comment on the proposed update to the Medicare Hospital Outpatient Prospective Payment System. We appreciate the dedication of the Agency staff on behalf of the Medicare program and the work they devote to its administration. We believe it is important for hospitals to work with the staff of CMS so that CMS staff has an understanding of the challenges and practicality faced by the hospitals regarding the proposed changes. Our comments are as follows:

#### **Proposed Changes to Inpatient-Only List**

We have reviewed the proposed list and believe there is one procedure listed for removal that should remain as an inpatient procedure. It is our position that HCPCS code 61850 (twist drill or burr hole[s] for implantation of neurostimulator electrodes, cortical) should remain on the inpatient only list. This procedure needs careful observation for hemorrhaging and is a procedure associated with inpatient surgery.

#### **Reporting Quality Data for Annual Payment Rate Updates**

In this section, CMS addresses whether it should create for the hospital outpatient department settings, measures that are analogous to those for hospital acquired conditions in the inpatient setting. It is a reasonable question to pose and worthy of discussion. However, care in the hospital outpatient settings is much more varied and less life-threatening than inpatient care. Coding is also more difficult because of the myriad of procedures and coding nuances. It is our belief that these measures would be difficult to establish and prone to a great deal of subjectivity. While this area merits discussion, we do not feel that it is ready for application.

## **Tracking Drug Costs in OPPS**

We have some reservations surrounding the proposal on the itemized cost tracking of high cost and low cost drugs. We are concerned that the proposal does not address the accuracy of accounting for the pharmacy labor and hospital overhead costs on the Medicare Cost Report. We question the utility to CMS of the collection of these data in light of all the other data collection requirements imposed on providers. At a minimum, we request that CMS provide a generous time frame to allow providers to set up systems to collect data that had not been previously required.

## **Proposed Payment for Partial Hospitalization Services**

### General Description

At Cleveland Clinic we provide a twelve-hour day for patients in a hospital-based chemical dependency treatment program. The day is highly structured with interdisciplinary treatment providers, including Addiction Psychiatrists, RNs certified and licensed as Independent Chemical Dependent Counselors, RNs certified in Addiction Nursing and Chemical Dependency Counselors that are licensed.

The twelve-hour day consists of physician services, including a complete H&P, individual counseling, labs and tests, skin tests, comprehensive nursing care, group therapy and education, occupational therapy, anger management, referral and consultation services, and optional pastoral care services.

Throughout the week of partial hospitalization program ("PHP"), family counseling is provided with and without the patient, and two multifamily groups are provided.

### Feedback on Proposed Changes

We have reservations concerning the proposal to eliminate payment for instances of less than three services. While a client may come to one group session, counselors often spend considerable time counseling patients via phone, in-person in individual counseling sessions, conducting pharmaceutical screenings, and medical monitoring. Creating distinct categories for more or less than a given number of services into a pay/no-pay decision does not take into consideration the complexity of the care needed by the patient.

Additionally, we have reservations about the proposed elimination of the codes and payment for family therapy without the patient and group therapy with multiple families [codes 90849, 90853, 90857 and 90846 and 90849]. It is our professional experience that family therapy without the patient and group therapy with multiple families is highly therapeutic and necessary. Addiction is an affliction that affects the entire family. These types of sessions are important to the client's progress and his/her treatment. These sessions should not be labeled as if they are distinct from the patient's treatment.

Finally, we have reservations concerning the introduction of two new G codes [GXXX1 and GXXX2] to replace the two existing group therapy codes, 90853 and 90857. The new codes are inadequate in the estimated amount of time for therapy. In our experience, in order to be effective the therapy sessions may need to be up to 60-90 minutes for this patient population. We urge CMS to continue to provide a code structure that supports quality care for these patients.

Thank you for the opportunity to comment.

Sincerely,



Oliver C. Henkel, Jr.

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