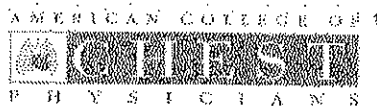


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January 3, 2008

Kerry Weems, Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1392-FC (for OPPTS and ASC matters)
Mail Stop: C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: CMS-1392-FC Final Rule: Medicare Hospital Outpatient Prospective
Payment System for CY 2008

Dear Mr. Weems:

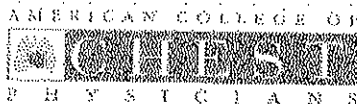
The American College of Chest Physicians (ACCP) has received concerns from our interventional pulmonologists on the recent change in CMS reimbursement for CPT 31620, Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s).

As you know, in the Hospital Outpatient site of service, CMS currently provides a separate Ambulatory Procedure (APC) payment for EBUS. Effective January 1, 2008, CMS will unconditionally package EBUS into the base bronchoscopy APC, with no additional payment. The abolition of this incremental facility payment for EBUS fails to account for the additional, substantial direct practice expenses of clinical labor, supplies and equipment for the additional work of this add-on procedure.

EBUS provides important clinical information during bronchoscopy. The directional information obtained with EBUS facilitates placement of the bronchoscope into the correct lung segment or sub-segment to biopsy or sample a lesion in either the parenchyma or the mediastinum. EBUS has arguably made the greatest clinical impact in our patient population of any diagnostic technology over the last decade. Additional training is required to perform EBUS. In skilled hands, EBUS leads to marked improvement in our ability to stage lung cancer, other thoracic tumors and diagnose other lymph node pathologies in a minimally invasive manner. EBUS reaches more lymph node stations than mediastinoscopy, with greater safety, lower cost and less invasiveness. EBUS has thereby allowed patients to be diagnosed, staged, and treated in a timely manner and spared unnecessary surgical procedures.

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To obtain these clinical benefits of EBUS, facilities must invest in equipment, expend some limited supplies, and bear the burden of incremental clinical staff time. To ensure that patients have access to this clinical advancement that ultimately reduces overall health care costs for patients with an intrathoracic malignancy, the ACCP believes an appropriate reimbursement should be maintained for EBUS. The ACCP, on behalf of its members and patients, appeals to CMS for reconsideration of an added, incremental payment for EBUS performed in the Hospital Outpatient site of service.

If you have any questions, do not hesitate to contact our coding and reimbursement staff, Diane Krier-Morrow at 847-677-9464 or dkriermorr@aol.com

Sincerely,

Alvin V. Thomas, Jr., MD, FCCP
President