Comments to

Centers for Medicare and Medicaid Services

CMS 2552-10

Information Collection Request: Hospital and Health Care Complexes Cost Report

Submitted By: Michael Funke, MD

On behalf of the

American Clinical MEG Society

The American Clinical Magnetoencephalogy Society (ACMEGS) appreciates the opportunity to make comments to CMS Form 2552-10.

ACMEGS is a non-profit 501c6 trade association with a membership of more than 20 specialized clinical magnetoencephalogy (MEG) centers in the United States. Founded in 2006 by physician-leaders committed to setting a national agenda for quality epilepsy care, ACMEGS educates public and private policymakers and regulators about appropriate patient care standards, reimbursement and medical policies.

ACMEGS is committed to ensuring patient access to a life-saving and life-enhancing technology and supports a system with payment weights and payment rates that include sufficient resources to account for the costs of the medical technology associated with hospital outpatient care.

The Social Security Act requires Medicare-participating providers to submit annual cost reports to the Centers for Medicare & Medicaid Services (CMS). The agency uses the hospital cost reports for many purposes, including determining final Medicare reimbursement due to or from the hospitals and setting future years' payment rate.

The ACMEGS is respectfully requesting CMS to add an additional line to the cost report which would account for the unique costs associated with magnetoencephalogy. There is no specific line for MEG on the Medicare Cost Report

AMERICAN CLINICAL MEG SOCIETY

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MEG costs are combined with EEG, on line 54, of the Medicare Cost Report. This has resulted in the costs for MEG, which is significantly higher with much lower utilization, being diluted by the much lower costs and higher utilization of EEG. The isolation of MEG on the Medicare Cost Report resulted in a significant impact on its calculated CCR. One facility petitioned Noridian and requested a subscript to line 54 to account for MEG. The appeal was granted and line 54.01 was generated. The recalculated CCR went from 0.319960 to 0.734581. In another institution, the recalculated CCR went from 0.337004 to 0.869100. In yet another institution the recalculated CCR was 0.584461. The delta in all instances is significant and will have a dramatic effect in determining final Medicare reimbursement as well as setting future years payment rates.

The ACMEGS realizes that a separate line item is only half of what is necessary to accurately capture the costs of MEG. The current recommended revenue code for MEG is the same revenue code for EEG. On August 11, 2009 ACMEGS appealed to the National Uniform Billing Committee to grant MEG a unique revenue code. The committee unanimously granted our request and created a new revenue code category 086x – Magnetoencephalogy (MEG) effective April 1, 2010. The committee, which included CMS representatives, highly recommended to ACMEGS to make comments to the proposed modifications to the Medicare Hospital Cost Report.

It is the contention of ACMEGS that the combination of no specific line on the cost report and an EEG revenue code has significantly affected the reimbursement for MEG. Since 2005 when MEG was placed into a clinical APC the reimbursement has been reduced upwards of 38%. We now have a specific revenue code (086x) effective April 1, 2010 and are asking for a specific line on the Medicare Cost report to account for the true costs of MEG.

ACMEGS appreciates the opportunity to bring this matter to the attention of CMS and asks that CMS recognize the unique challenges associated with MEG with the adoption of a new line on the cost report for MEG.

Thank you

President,
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For clinical information: American Academy of Neurology,
Magnetoencephalography (MEG) Policy Adopted May 8, 2009
http://www.aan.com/news/?event=read&article_id=7795&page=1016.378.33