VIA FACSIMILE AND FEDERAL EXPRESS

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Carolyn Mullen
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Baltimore, MD 21244-1850

RE: Ultrasound Providers Response to Proposed Physician Fee Schedule for Calendar Year 2002 (66 Federal Register 40372, August 2, 2001)

Dear Ms. Mullen:

We are writing on behalf of the American Association for Vascular Surgery ("AAVS"), Society of Diagnostic Medical Sonography ("SDMS"), Society for Vascular Surgery ("SVS") and Society of Vascular Technology ("SVT") to thank you for agreeing to speak with us tomorrow by telephone to discuss our concerns regarding the Proposed Physician Fee Schedule for Calendar Year 2002 ("Fee Schedule") published by the Center for Medicare and Medicaid Services ("CMS") on August 2, 2001. In our call, we plan to discuss our recommendations for changes to the Fee Schedule that relate to nomenclature and wage rates for providers of ultrasound services. Our recommendations, and the justifications therefor, are set forth below.

I. NOMENCLATURE

We recommend that the CPEP Clinical Staff Types list be revised so that certain redundant staff types are eliminated and other descriptors are modified to more precisely reflect the titles that are commonly and appropriately used in the health care industry.

Table 2 of the Fee Schedule contains descriptions for four staff types that refer to providers of ultrasound services. These descriptions are: Vascular Technician, Ultrasound Technician, Sonographer, and Cardiac Sonographer. As explained below, certain of these descriptions are redundant and should be eliminated, while others do not accurately describe the proper titles and should be modified accordingly.

By way of background, ultrasonography is a diagnostic medical procedure that uses various forms of high frequency sound waves (i.e., ultrasound) to produce dynamic visual images of organs, tissues, or blood flow inside the body. Studies that look at organs and tissues are typically referred to as sonograms or B-mode ultrasound examinations. Doppler ultrasound is a related modality and is used to determine the speed and direction of blood flow. Colorflow Doppler imaging and Power Doppler imaging represent sophisticated combinations of these techniques used to provide simultaneous tissue imaging and blood flow visualization. The three ultrasound specialty areas described below use these technologies in various combinations to examine different body parts and functions.

Diagnostic ultrasound has three specialty areas: Vascular Technology, Cardiac Sonography and Diagnostic Medical Sonography. These specialties have the common denominator of ultrasound as their primary technology.

Vascular Technology is the evaluation and analysis of the anatomy and hemodynamics (i.e., blood flow) of cerebral, peripheral and abdominal blood vessels. Providers of vascular technology procedures are properly referred to as "vascular technologists." Vascular technologists are unique among ultrasound providers in that they perform physiologic testing, which combines non-ultrasound with ultrasound technology, as well as procedures that employ strictly ultrasound technology. Vascular technologists typically perform "Non-invasive Vascular Diagnostic Studies," which are those procedures with CPT codes 93875-93990.

Cardiac Sonography is the evaluation of the anatomy and hemodynamics of the heart, its valves, and related blood vessels. Providers of cardiac sonography are properly referred to as "cardiac sonographers." Cardiac sonographers typically perform "Echocardiography" procedures, which have CPT codes 93303 - 93350.

Diagnostic Medical Sonography refers to the evaluation and analysis of the following anatomical and/or physiological systems:

- Abdomen - all of the soft tissues, blood vessels and organs of the abdominal cavities, including, for example, the liver, spleen, urinary tract, and pancreas;
- Breast Sonology - breast tissue for masses and cysts;
- Obstetrics/Gynecology - female reproductive system;
- Urology - male reproductive system;
- Neurosonology - brain and spinal cord; and
- Ophthalmology - eyes, including the orbital structures and muscles.

"Diagnostic Medical Sonographer" is the proper term to describe a non-physician professional who practices Diagnostic Medical Sonography.[1] The procedures that make up Diagnostic Medical Sonography can be found under the heading "Diagnostic Ultrasound" in the CPT code book and have codes 76505 - 76999.

Table 2 of the Fee Schedule currently contains four ultrasound provider staff types that do not match the three distinct subspecialties that comprise the field of diagnostic ultrasound as described above. In addition to being redundant, certain of the ultrasound provider staff types in Table 2 do not accurately refer to the proper titles commonly used in the health care industry. Accordingly, we recommend that in the final rule CMS:

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[1] The description above of the diagnostic ultrasound profession and its three subspecialties follows the "Scope of Practice for the Diagnostic Ultrasound Professional," a document developed and endorsed by the following professional organizations: American Institute of Ultrasound Medicine ("AIUM"), American Society of Echocardiography ("ASE"), Canadian Society of Diagnostic Medical Sonographers ("CSDMS"), Society of Diagnostic Medical Sonographers ("SDMS") and Society of Vascular Technology ("SVT"). See Attachment 1.

(1) maintains the description "Cardiac Sonographer";

(2) changes the description "Vascular Technician" to "Vascular Technologist";

(3) eliminates the description "Ultrasound Technician"; and

(4) changes the description "Sonographer" to "Diagnostic Medical Sonographer."

CMS should preserve the Cardiac Sonographer staff type as this term accurately describes one of the three specialty areas of diagnostic ultrasound.

CMS should preserve a description for providers of vascular technology procedures. CMS should, however, change the description to "Vascular Technologist," since that is the proper title commonly used in the health care industry and is the only term used since the profession of vascular technology came into existence.

With respect to the two remaining descriptions, "Sonographer" and "Ultrasound Technician," we recommend that CMS change the "Sonographer" description to read "Diagnostic Medical Sonographer" and eliminate the "Ultrasound Technician" description. These descriptions are redundant to the extent that they refer to an ultrasound provider who performs procedures other than non-invasive vascular diagnostic studies and echocardiography. Moreover, the proper title for such a provider is "Diagnostic Medical Sonographer."

II. WAGE RATES

CMS proposed wage rates for vascular technologists based on the BLS estimate for "Cardiovascular Technologists and Technicians" (29-2031). As explained below, CMS' reliance on the BLS estimate for Cardiovascular Technologists and Technicians in setting wage rates for vascular technologists is misplaced. The BLS should not have classified vascular technologists as Cardiovascular Technicians and Technologists. Therefore, CMS should not rely on that classification in setting rates for vascular technologists, particularly as much more focused and better data exists

The BLS describes Cardiovascular Technologists and Technicians as providers who "conduct tests on pulmonary or cardiovascular systems of patients for diagnostic purposes" and who "may conduct or assist in electrocardiograms, cardiac catheterizations, pulmonary functions, lung capacity, and similar tests." Significantly, this list fails to include anything that a vascular technologist in fact performs, showing the lack of any focus on vascular technologists and their services.

Although the BLS classification includes vascular technologists, the classification primarily concerns a number of other professions that have substantially less training and fewer responsibilities than vascular technologists and are, as a consequence, compensated at vastly lower rates. Unlike most cardiovascular technicians, a vascular technologist functions as a direct and largely independent health care practitioner, performing a history and physical exam, choosing the appropriate instrumentation based on the patient's presenting condition, performing

and interpreting the exam, and routinely interacting directly with the referring physician. In addition, a skilled vascular technologist undergoes between 2 and 4 years of theoretical and practical education as evidenced by the presence of a baccalaureate degree program in vascular technology.

Lumping wage data from vascular technologists in with data from cardiovascular technicians, whose level of training and responsibilities are nothing like those of a vascular technologist, as the BLS has done, creates a widely heterogeneous classification that makes no sense from a clinical staff type perspective and renders the wage rate estimate for Cardiovascular Technicians and Technologists unreliable as a basis upon which to determine wage rates for vascular technologists. Because vascular technologists should not have been classified as Cardiovascular Technicians and Technologists by the BLS,[2] CMS should abandon its reliance on that classification in setting rates for vascular technologists.

As an alternative to the faulty BLS classification and estimates, we recommend that CMS base proposed salaries for vascular technologists on data from a survey conducted earlier this year by Vision Research, an independent research company commissioned in part by SVT. Vision Research surveyed by mail 406 randomly selected vascular technologists. Those surveyed practiced in accredited and non-accredited facilities and hospital and non-hospital affiliated facilities, and were employed by a variety of physician specialties, including cardiologists, vascular surgeons and radiologists. The survey sought information regarding, among other things, compensation. The response rate for the survey was 55 percent. Based on this survey, Vision Research determined that the median annual salary of a vascular technologist is $49,758.[3]

The accuracy of the Vision Research figures is substantiated by the fact that in another survey conducted this year by the American Association for Vascular Surgery ("AAVS") and Society of Vascular Surgery ("SVS"), the median annual salary for a vascular technologist was $55,910.40.[4]

In the Fee Schedule, CMS states that it will consider revising the proposed salaries only where "equally representative and valid" data is made available. We believe that the surveys described above are both representative and valid and, at any rate, far superior than the faulty

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[2] Not incidentally, BLS has discussed with vascular technology groups the creation of a separate classification to acknowledge the distinctiveness of vascular technology as a profession.

[3] According to this survey, the 25%-ile salary is $43,074, and the 75%-ile salary is $59,376.

[4] This was a mail survey of providers of procedure CPT 93880 (duplex scan of extracranial arteries; complete bilateral study). There were 48 respondents which included different types of facilities and a variety of physician specialties, including cardiologists, vascular surgeons, neurologists, radiologists and others. Significantly, the median salary cited above excludes benefits.

BLS estimate upon which CMS has currently based proposed salaries for vascular technologists Unlike the BLS' figures, these surveys focused specifically on vascular technologists. Significantly, neither of the surveys that we have referenced here (i.e., Vision Research and AAVS/SVS) was designed to affect the CMS' rate.

If, however, CMS disagrees with our view and insists upon relying on the BLS data, we recommend, in the alternative, that CMS use the BLS estimate for "Diagnostic Medical Sonographers" (29-2032) as a crosswalk for vascular technologists. We believe that this classification is more appropriate upon which to base rates for vascular technologists than is the classification, Cardiovascular Technologists and Technicians.

The BLS defines Diagnostic Medical Sonographers as providers who "produce ultrasonic recordings of internal organs for use by physicians." As explained above, vascular technology is a specialty of diagnostic ultrasound. Ultrasound providers, including vascular technologists, cardiac sonographers and diagnostic medical sonographers, are unique among health care providers in that they employ ultrasound as the primary modality in their daily work. Vascular technology, therefore, is closely related to cardiac and diagnostic medical sonography. Indeed, there is a significant overlap between the services provided by diagnostic medical sonographers, cardiac sonographers and vascular technologists. In fact, diagnostic medical sonographers and cardiac sonographers often perform vascular technology services, while vascular technologists often perform medical and cardiac sonography services. By way of example, cardiology practices, which presumably primarily use cardiac sonographers, are the single biggest provider of office-based vascular technology services. Accordingly, the more appropriate BLS classification upon which CMS should base the wage rate for vascular technologists is that of Diagnostic Medical Sonographer. Such an approach would represent a significantly lower rate than that established by the two vascular technology-specific surveys.

Moreover, the BLS estimate is unreliable because it could not, even if it were to have focused on the correct type of provider, reflect the substantial increases in salaries that are resulting from an acute shortage of qualified vascular technologists. The BLS estimate for Cardiovascular Technologist and Technicians reflect data collected for three years: 1997, 1998 and 1999. In calculating the estimate for this classification, the BLS used data from all three years, updating older data quarterly using the employment cost index. Because the BLS method of calculation is based on three years of data and effectively constitutes a "rolling" calculation, the estimate is slow to reflect increases.[5]

The BLS estimate for Cardiovascular Technologists and Technicians, in which vascular technologists are included, therefore, cannot accurately reflect the abrupt increase in vascular

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[5] The economic cost index is not classification specific. Rather, the economic cost index applies to "major occupational groups," of which there are 9 total. Cardiovascular Technologist and Technician is one of 284 classifications in the major occupational group, "Professional Specialty and Technical Occupations." Therefore, an abrupt change in salaries for one particular classification, such as Cardiovascular Technologists and Tcchnicians, will not be effectively reflected by the economic cost index.

technologist salaries that have resulted from an acute shortage of qualified vascular technologists. A recent survey of 34 Chicago area hospitals was conducted to determine "the demand for personnel trained in vascular technology." Of the 25 respondents, all responded that there exists a shortage of vascular technologists. Sixty percent characterized the shortage as severe, while the remaining 40 percent characterized the shortage as moderate to severe. No respondents described the shortage as mild. Forty-four percent of the respondents indicated that they currently had open positions for vascular technologists, and the survey demonstrated that the average time to fill the most recent opening was eight months. The shortage was further evidenced by the significant number of respondents that pay sign-on bonuses.[6] There are problems like this in virtually every community in the United States. Accordingly, in setting rates for vascular technologists, CMS should rely on more accurate and focused data than the BLS estimate.

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We appreciate the opportunity to provide input and hope that you find our comments helpful.

Sincerely,

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[6] Forty-three percent of respondents offer a sign-on bonus, which averaged more than $2000.

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Attachment

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