



American College of Surgeons

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August 26, 2011

Donald M. Berwick, MD, MPP
Administrator
Centers for Medicare & Medicaid Services
Attention: CMS-1436-P
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Medicare Program; Clinical Laboratory Fee Schedule; Signature on Requisition

Dear Dr. Berwick:

On behalf of the more than 75,000 members of the American College of Surgeons (ACS), we appreciate the opportunity to submit comments to the proposed rule: *Medicare Program; Clinical Laboratory Fee Schedule: Signature on Requisition* (Proposed Rule) that was published in the *Federal Register* on June 30, 2011. The ACS is a scientific and educational association of surgeons, founded in 1913, to improve the quality of care for the surgical patient by setting high standards for surgical education and practice.

Under the Proposed Rule, the Centers for Medicare & Medicaid Services (CMS) proposes to retract the policy adopted in the calendar year (CY) 2011 Physician Fee Schedule final rule that requires the signature of a physician or qualified non-physician practitioner (NPP) on a requisition for clinical diagnostic laboratory tests paid under the Clinical Laboratory Fee Schedule (CLFS). In addition, the Proposed Rule would reinstate the previous CMS policy that the signature of a physician or qualified NPP is not required on a requisition for Medicare purposes of a clinical diagnostic laboratory test paid under the CLFS. **We strongly support the retraction of the signature on requisition policy and we appreciate CMS' recognition of the administrative burden such a policy would impose on physicians and the negative impact this policy could have on patient care.**

Prior to the finalization of the CY 2011 Physician Fee Schedule, CMS policy did not require the signature of a physician or NPP on a requisition for clinical diagnostic laboratory tests paid on the basis of the CLFS, but a signature was required for orders. CMS defines "order" as a communication from the treating physician or NPP requesting that a diagnostic test be performed for a beneficiary.

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A “requisition,” on the other hand, is defined as the actual paperwork, such as a form, which is furnished to a clinical diagnostic laboratory that identifies the test or tests to be performed for a patient. CMS believes that a requisition is ministerial in nature, assisting laboratories with the billing and handling of results, and is different from a physician order (although a requisition that is signed may also serve as an order).

We agree with CMS that there would be many scenarios where it would be difficult to obtain a physician’s signature on a requisition for clinical diagnostic laboratory tests in a timely fashion, and this requirement could be very inconvenient and disruptive to the physician and the patient. Such situations include those where a physician orders the test at the time of seeing the patient, but information is later transcribed from the medical record onto a paper requisition by office staff after the physician and patient have concluded their interaction. In these cases, we agree that it is possible that a physician may be required to interrupt a subsequent examination in order to sign a completed requisition so that the patient may leave with the requisition. In other cases, the requisition could even be delayed by several days if the physician maintains multiple practice locations and is physically present at a different location when the requisition is available to be signed. This delay would result in a negative impact on expeditious patient care.

For the reasons stated above, and for the additional reasons provided by other stakeholders also described in the Proposed Rule, we strongly support CMS’ decision to retract the policy that requires the signature of a physician or NPP on a requisition for clinical diagnostic laboratory tests paid under the CLFS. We appreciate CMS’ recognition that the Agency had underestimated the potential impact of this policy on physicians and patients when the CY 2011 Physician Fee Schedule was finalized, and we applaud CMS for further analyzing the negative unintended impact of this policy on Medicare patients and the providers who care for them.

We appreciate the opportunity to provide comments regarding this Proposed Rule. If you have any questions about our comments, please contact Bob Jasak in our Washington office. He can be reached at bjasak@facs.org or at (202) 672-1508.

Sincerely,

A handwritten signature in black ink that reads "David B. Hoyt". The signature is written in a cursive style.

David B. Hoyt, MD, FACS
Executive Director