

include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month.

GXXX6—End Stage Renal Disease (ESRD) related services per full month, for patients under 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2 or 3 face-to-face physician visits per month.

GXXX7—End Stage Renal Disease (ESRD) related services per full month, for patients under 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month.

GXXX8—End Stage Renal Disease (ESRD) related services per full month, for patients between 2 and 11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month.

GXXX9—End Stage Renal Disease (ESRD) related services per full month, for patients between 2 and 11 years of age to include monitoring for the

adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2 or 3 face-to-face physician visits per month.

GXX10—End Stage Renal Disease (ESRD) related services per full month, for patients between 2 and 11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month.

GXX11—End Stage Renal Disease (ESRD) related services per full month, for patients between 12 and 19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month.

GXX12—End Stage Renal Disease (ESRD) related services per full month, for patients between 12 and 19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2 or 3 face-to-face physician visits per month.

GXX13—End Stage Renal Disease (ESRD) related services per full month, for patients between 12 and 19 years of age to include monitoring for the adequacy of nutrition, assessment of

growth and development, and counseling of parents; with 1 face-to-face physician visit per month.

GXX14—End Stage Renal Disease (ESRD) related services per full month, for patients 20 years of age and over; with 4 or more face-to-face physician visits per month.

GXX15—End Stage Renal Disease (ESRD) related services per full month, for patients 20 years of age and over; with 2 or 3 face-to-face physician visits per month.

GXX16—End Stage Renal Disease (ESRD) related services per full month, for patients 20 years of age and over; with 1 face-to-face physician visit per month.

We based the proposed payments on the assumption that many physicians would provide 4 or more visits to their ESRD patients and a smaller proportion would provide 2–3 visits or only 1 visit per month. Using Medicare utilization data from 2002, we proposed the following relative value units for the new G codes that would make Medicare's aggregate payments for ESRD related services under the physician fee schedule approximately equal to current payments for procedure codes 90918 to 90921:

TABLE 2

Code	Physician work	Practice expense	Malpractice
GXXX5 .....	12.92	8.70	0.60
GXXX6 .....	5.19	3.49	0.24
GXXX7 .....	3.39	2.29	0.16
GXXX8 .....	9.91	4.86	0.43
GXXX9 .....	3.55	1.74	0.15
GXX10 .....	2.32	1.14	0.10
GXX11 .....	8.47	4.54	0.35
GXX12 .....	3.14	1.68	0.13
GXX13 .....	2.05	1.10	0.08
GXX14 .....	5.16	2.94	0.22
GXX15 .....	1.94	1.10	0.08
GXX16 .....	1.27	0.73	0.06

As part of the proposed rule we also solicited comments on how to further revise our payment methodology to improve quality of care and outcomes. We requested information that could help us design future demonstrations that would study both dimensions of care (quality and utilization) and help ensure that payment is based on appropriate patient-specific care that has been shown to lead to improved outcomes for this complex patient population.

*Comment:* We received many comments from physicians, the RUC, specialty societies, dialysis centers and nephrologists, as well as other

individuals and organizations who expressed concerns with our proposal to alter the way physicians are reimbursed for services provided to End Stage Renal Disease (ESRD) patients and who urged us to withdraw the proposal. The RUC and the AMA, as well as other specialty organizations, expressed disappointment that we developed this proposal without consultation from the medical community and outside the usual CPT and RUC process. The Renal Physicians Association (RPA), the American Society for Nephrology (ASN), the American Association for Kidney Patients (AAKP), and the National Kidney Foundation (NKF) all

supported the principle of optimizing nephrologist-dialysis patient interaction, which is included in the proposal. However, the RPA contended that the proposal as currently constituted is unworkable, may negatively impact some dialysis patients and is being put on an unreasonably precipitous implementation schedule. The AAKP outlined similar concerns but believed that increased nephrologist-dialysis patient interaction will lead to improved outcomes and also urged that an advisory committee be established to assist in the effort to further improve quality and coordination of care for dialysis